

**INFORMATION FOR MEDICAL REIMBURSEMENT ONLINE PROPOSAL  
IN Dr.YSR AROGYASRI HEALTH CARE TRUST –AHCT (EHS PORTAL)**

( Vide Proc.Rc.No.ESE02-24021/11/2021-MDCL-CSE Dt.16/12/2021 of CSEAP wef 1-1-2022)

**\*\*EMPLOYEE DETAILS:**

Employee Type:\_\_\_\_\_ Employee Treasury ID:\_\_\_\_\_  
Name:\_\_\_\_\_ E-Mail:\_\_\_\_\_  
Mobile NO:\_\_\_\_\_ Employee Desgn:\_\_\_\_\_

**\*\*ADDRESS DETAILS:**

. 1) Residential Address: House NO.:\_\_\_\_\_ Street:\_\_\_\_\_  
State:\_\_\_\_\_ District:\_\_\_\_\_ Vilalge:\_\_\_\_\_  
. 2) Office Address: House NO.:\_\_\_\_\_ Street:\_\_\_\_\_  
State:\_\_\_\_\_ District:\_\_\_\_\_ Vilalge:\_\_\_\_\_

**\*\*EMPLOYEE PAY DETAILS:**

. Pay Source:\_\_\_\_\_ PRC:\_\_\_\_\_ Basic Pay:\_\_\_\_\_  
. D.A Rs.\_\_\_\_\_ PP Rs.\_\_\_\_\_ HRA Rs.\_\_\_\_\_ TOTAL Rs.\_\_\_\_\_

**\*\*TREATMENT DETAILS:**

Treatment for:\_\_\_\_\_ Patient Gender:\_\_\_\_\_  
Patient Name:\_\_\_\_\_ Patient DOB:\_\_\_\_\_  
Age:\_\_\_\_\_ Relation with Employee:\_\_\_\_\_  
Is Hyper Tension: Yes / NO Patient Type: IP / OP Is Diabetic Yes / No  
Date of Admission:\_\_\_\_\_ Date of Discharge:\_\_\_\_\_  
Total Amount Claimed:Rs.\_\_\_\_\_ Hospital State:\_\_\_\_\_ District:\_\_\_\_\_  
Hospital Name&Location:\_\_\_\_\_

**\*\*CLAIME REIMBURSEMENT ATTACHMENTS:**

1. Photo of the Patient
2. Appendix-II
3. Non-Drawal Certificate
4. Emergency Certificate
5. Essentiality Certificate
6. IP Bill
7. Discharge Summary
8. Consolidate Bills
9. Declaration
10. Referral Hospital Copy
11. Other Relevant Med.Reports
12. Others Documets
13. DDO Covering Letter & Employee Requisition Letter
- 14) Dependent Certificate
15. Aadhar Cards
- 16) Bank Pass Book If any Required Documents.

Note: Maximum Size of Attachments Allowed is 500kb and Attached Type(PDF,JPG or JPEG) are allowed.

**STUAP**