

FROM

TO

DEPUTY EDUCATIONAL OFFICER,

The Commissioner of School Education,
IBRAHIMPATNAM, VIJAYAWADA,
ANDHRA PRADESH, AMARAVATHI.

Lr. Rc.No. _____, Dated: _____.

Sir / Madam,

SUB: Submission of Medical Reimbursement Bills of Sri / Smt. _____

_____ Dist.

Request for Scrutiny and Sanctioning of Admissible Amount Rs. _____/- - Reg.

-x-x-x-x-

The details of Medical Reimbursement Bills submitted to your for scrutiny and Sanctioning of Admissible Amount as per the existing G.O's are as follows:

Name of the Beneficiary (Patient) : _____

Name of the Employee / Pensioner : _____

Relation with beneficiary : _____

Claim Submitted by : _____

NAME

Relation with Employee / Pensioner

Name of the Hospital : _____

Whether the Approved by DME or Not : Yes / No

Date of Admission : DD / MM / YY / /

Date of Discharge : DD / MM / YY / /

Amount Claimed : Rs. _____/-

I certify that I have physically verified the following documents submitted by the Employee/Pensioner and found correct. I also certified that the original bills are kept under my safe custody until the sanction of the bill and when ever asked I will submit the original bills to O/O. A.P. Amaravathi.

- * Appendix – II
- * Non-Drawal Certificate
- * Dependent Certificate
- * Emergency Certificate
- * Essentiality Certificate
- * IP / OP Bills
- * Consolidated IP / OP Bills
- * Original Discharge Summary / Death Summamry
(Incase of death of the Beneficiary during treatment)
- * Copy of DME Approved Proceedings (In case of Approval Hospital)
- * Pension Payment Order in case f Pensioners
- * Any other relevant documents.

Station:

Date:

Signature of DDO with Seal.

C E R T I F I C A T E

1. It is certified the all the Original Medical Bills above Verified and found Correct.
2. If any fraud Bills Colour Xerox Bills and Duplicate Blls claimed amoun t the I am the held fully responsibility of Medical Reimbursement.
3. I have uploaded all Medical Original Bills in Original _____ No. Of documents.
4. All the Original Medical Bills kept in ICS Custody.

D.D.O. Phone No.

DDO Signature.