

**GOVERNMENT OF ANDHRA PRADESH
SCHOOL EDUCATION DEPARTMENT**

FROM

TO

HEAD MASTER,
Z.P.H.School, _____

The Commissioner of School Education.,
Ibrahimpatnam, VIJAYAWADA.,
A.P., 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. _____/- Req. - Reg.

REF: 1) Rc.No.ESWE02-24021/11/2021-MDCL-CSE, Dated:16-12-2021 of CSEAP.

2) Other Connected Papers.

-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 Pensioner (Service / Family)	:	_____
Relation with beneficiary	:	_____
Clame Submitted by Name	:	_____
Name of the Hospital	:	_____
Whether the Approved by DME or Not	:	Yes / No
Date of Admission	:	_____
Date of Discharge	:	_____
Amount Claimed	:	Rs. _____/-

I certify that I have physically verified the following documents submitted by the 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 orginal bills to Concerned Authority.

1. Photo of the Patient	:	Yes / No
2. Appendix – II	:	Yes / No
3. Non-Drawal Certifiante	:	Yes / No
4. Dependent Certificate	:	Yes / No
5. Essentiality Certificate	:	Yes / No
6. OP Bill	:	Yes / No
7. Certificate A / OP Card	:	Yes / No
8. Consolidated Bills	:	Yes / No
9. Declaration Form	:	Yes / No
10. Referral Hospital Proceedings	:	Yes / No
11. Other Relevant Meduical Reports	:	Yes / No
12. Others	:	Yes / No

Station:

Date:

Signature of DDO with Seal.