

FROM

TO

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

The Commissioner of School Education.,
Ibrahimpattam, 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. _____/- - 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 sbmitted 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 : _____
Relation with beneficiary : _____
Clame Submitted by :

NAME

Relation with 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 Concerned Authority.

- * 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.