

CHECK SLIPS FOR SENDING MEDICAL REIMBURSEMENT PROPOSALS

1. Name and address of the employee : _____
& Employee Code : _____

2. If Retired
a) Date / Year of Retirement : _____
b) Designation : _____
c) P.P.O.No : _____

3. Communication of the Applicant Address : _____
For all purposes with Cell No. : _____

4. Name and address of the Hospital
a) Whether it is private Hospital (or) : _____
Recognized Hospital : Govt. Recognised Hospital
b) Whether referral letter produced (or) : _____
(Recognized orders to be enclosed along : _____
With the proposals)

5. Whether the Medical Reimbursement proposals : _____
Sent with in 6 months from the date of discharge

6. Whether the following are enclosed.
1. Appendix-II duly attested by the D.D.O/H.O : YES / NO
2. Non Drawal Certificate in Prescribed proforma : YES / NO
3. In case Retired complete set of PPO Copy duly : YES / NO
attested by the forwarding authority.
4. Emergency Certificate : YES / NO
5. Essentiality certificate : YES / NO
6. Discharge Summary : YES / NO
7. In case Dependant, Dependant Certificate : YES / NO

7. If the patient is dependent on the Govt.Employee in : _____
case of dependants above the age of 18 years Un-
Employee Certificate and Marital Status of Dependent
are to be enclosed with Medical Reimbursement Proposal:

8. In case of the dependent of deceased Govt. Employee / : _____
Retired Employee whether Death & Legal Heir
Certificate enclosed or not.

9. Whether the Medical reimbursement proposals is prepared and : _____
submitted with reference to G.O. Ms.No.74 Dt:15-3-2005 &
G.O.Ms.No. 60 Dt.15-10-2003 & G.O.Ms.No.105 Dt.9-4-2007
And also G.O.Ms.No.180 Dt. 11-05-2006.

10. Whether the Medical Reimbursement claim in processed through : _____
the drawing officer and received within the stipulated time

11. And whether the availment of No.of installments : _____
recorded (or) not

12. Whether an entry is made in the service register (or) : _____
not for previous claim and drawal.

I _____
hereby declare that My Wife/Father/Mother/Son/Daughter _____ has no
property or income of his/her own and that he/she is wholly dependent on me as per APIMA Rules 1972.

Signature of the Government Servant.

Signature of the Forwarding Authority.