

**GOVERNMENT OF ANDHRA PRADESH
SCHOOL EDUCATION DEPARTMENT**

FROM

TO

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

The Chief Executive Officer.,
Dr.YSR Aarogyasri Health Care Trust,
Govt.of AP,D.No.241,MGM Capital Building.
Near NRI Junction,Beside Little Village Restaurent,
Chinakakani,Mangalagiri-522 508,Guntur Dist.

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 Employee	:	_____
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 Employee 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.

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.