

To

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.

(THROUGH PROPER CHANNEL)

Sir,

Sub: Request to Sanction the Medical Reimbursement in respect of

Sri / Smt. _____

_____ District – Proposals submitted-Req.- Reg.

- Ref: 1) G.O.Ms.No.74 M&H Deptt. Dated:15/03/2005.
2) G.O.Ms.No.105 M&H Deptt. Dated: 09/04/2007.
3) Rc.No.ESWE02-24021/11/2021-MDCL-CSE, Dated:16-12-2021 of CSEAP
4) Medical Bills issued by the Doctor Concerned.

–XXXX–

With reference to the subject cited, I submit herewith the Medical Bills with all the enclosures for Medical Reimbursement for an amount of Rs. _____/-

(Rupees _____ Only), as I / My dependant have undergone Treatment for the disease _____

_____ in the Recognized Hospital by the Andhra Pradesh State Government/ Telangana State i.e., at _____

_____ during the period from _____ to _____ and onward transmit to the higher authorities for future necessary action in the matter at an early date.

Thanking your sir,

Yours faithfully,

Enclosures:

- 1) Emergency Certificate
- 2) Essentiality Certificate
- 3) Disicharge Certificate
- 4) I.P Final Bill & Medical Bills
- 5) Appendix – II
- 6) Check List
- 7) Non-Drawal Certificate
- 8) Dependand Certificate