

FROM

TO

HEAD MASTER

Z.P.H.S. \_\_\_\_\_  
\_\_\_\_\_

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

Relation with Employee

\_\_\_\_\_

\_\_\_\_\_

Name of the Hospital : \_\_\_\_\_  
\_\_\_\_\_

Whether the Approved by DME or Not : Yes / No

Date of Admission : DD / MM / YY   /   /

Date of Dischage : 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  
(Incasse 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.