

# 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.**