

**INFORMATION FOR MEDICAL REIMBURSEMENT ONLINE PROPOSAL
IN Dr.NTR VAIDYASEVA TRUST –AHCT (EHS PORTAL _____)**

(Vide Proc.Rc.No.ESE02-24021/11/2021-MDCL-CSE Dt.16/12/2021 of CSEAP wef 1-1-2022)

****EMPLOYEE DETAILS:**

Employee Type:_____ Employee Treasury ID:_____

Name:_____ E-Mail:_____

Mobile NO:_____ Employee Desgn:_____

****ADDRESS DETAILS:**

1) Residential Address: House NO.:_____ Street:_____

State:_____ District:_____ Vilalge:_____

2) Office Address: House NO.:_____ Street:_____

State:_____ District:_____ Vilalge:_____

****EMPLOYEE PAY DETAILS:**

Pay Source:_____ PRC:_____ Basic Pay:_____

D.A Rs._____ PP Rs._____ HRA Rs._____ TOTAL Rs._____

****TREATMENT DETAILS:**

Treatment for:_____ Patient Gender:_____

Patient Name:_____ Patient DOB:_____

Age:_____ Relation with Employee:_____

Is Hyper Tension: Yes / NO Patient Type: IP / OP Is Diabetic Yes / No

Date of Admission:_____ Date of Discharge:_____

Total Amount Claimed:Rs._____ Hospital State:_____ District:_____

Hospital Name&Location:_____

****CLAI ME REIMBURSEMENT ATTACHMENTS:**

1. Photo of the Patient
2. Appendix-II
3. Non-Drawal Certificate
4. Emergency Certificate
5. Essentiality Certificate
6. IP Bill
7. Discharge Summary
8. Consolidate Bills
9. Declaration
10. Referral Hospital Copy
11. Other Relevant Med.Reports
12. Others Documets
13. DDO Covering Letter & Employee Requisition Letter
- 14) Dependent Certificate
15. Aadhar Cards
- 16) Bank Pass Book If any Required Documents.

Note: Maximum Size of Attachments Allowed is 500kb and Attached Type(PDF,JPG or JPEG) are allowed.

STUAP