

SPECIMEN CHECK LIST

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. Recognized Hospital
 - b) Whether referral letter produced (or) (Recognized orders to be enclosed along With the proposals) : Yes
5. Whether the Medical Reimbursement proposals Sent with in 6 months from the date of discharge : Yes
6. Whether the following are enclosed.
 1. Appendix-II duly attested by the D.D.O/H.O : YES / NO
 2. Emergency Certificate : YES / NO
 3. Discharge summary : YES / NO
 4. Non-Drawal Certificate : YES / NO
 5. Essentiality certificate, attested by the authorised doctor, who undertakes treatment : YES / NO
6. If the patient is dependent on the Govt. Employee-Un employee certificate and Dependency certificate are to be enclosed With the Medical Reimbursement Proposals : _____
7. In case of the dependents of deceased Govt. Employees/Retired employee whether legal heir certificate is enclosed(or) not : _____
- 8 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. : _____
7. Whether the Medical reimbursement claim is Processed through the drawing officer and Received with in the stipulated time. : _____
8. And whether the availment of No.of instalments recorded (or) : _____
- 9.. Whether an entry is made in the Service Register (or) not for previous claim and drawal. : _____

D.D.O.