CENTRAL GOVERNMENT HEALTH SCHEME

MEDICAL 2004 FORM FOR REIMBURSEMENT OF MEDICAL CLAIMS OF CGHS BENEFICIARIES

Computer No.___________________

(To be filled by the Claimant)

1. CGHS Token No. and place of Issue : ____________________________
2. Validity of CGHS Token Card and entitlement : From____________________________ : To________________________ Pvt./SemiPvt./General
3. Full name of the Card Holder (Block Letters) :______________________________
4. Full address :_____________________________ :_____________________________ :_____________________________ :_____________________________
5. Telephone No. (O)___________________ ®_______________ (M)_____________
6. E-mail address, if any.__________________________________
7. Name of the Bank__________________________________
   Branch__________________S.B. A/c. no.________________
   Branch MCR code______________ Ph no. of Bank_______________
8. Name of the patient and relationship with the Card Holder____
9. Status tick(√) (Government servant/Pensioner/serving employee or Pensioner of Autonomous Body/Member of Parliament/Ex. M.P./Ex. Governor/Former Judge of Supreme Court/Former Judge of High Court/Freedom Fighter/Legal Heir/others).
10. Basic Pay/Basic Pension :_____________________

11. Name of the Hospital with Address :________________________________

12. Date of admission___________ Date of discharge____________

(In case of Indoor Treatment only)

13. Total amount claimed :________________

a) OPD Treatment :_________________

b) Indoor Treatment :__________________

14. Details of Referral :__________________

15. Details of Medical advance, if any :__________________

DECLARATION

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me. I am a CGHS beneficiary and the CGHS Card was valid at the time of treatment. I agree for the reimbursement as is admissible under the Rules.

Date: ___________

Signature of CGHS Card Holder