CENTRAL GOVERNMENT HEALTH SCHEME
MEDICAL 2004 FORM

FOR REIMBURSEMENT OF MEDICAL CLAIMS OF CGHS BENEFICIARIES
(To be filled by the claimant)

1. CGHS Token No. & place of issue : ______________________________

2. Validity of CGHS Card (for pensioners) : from _____________ to __________

   & Entitlement, please tick (√) : Pvt. Ward/Semi Pvt. Ward/Gen.Ward

3. Full Name of Card Holder (Block Letters) : ______________________________

4. Designation & Emp. Code of the Card Holder : ______________________________

5. Full Address : ____

   ____

6. Telephone No. : (O) ______________________(R) __________________________

7. E-Mail Address, if any : ______________________________

8. Name of the patient & relationship with the Card Holder : ______________________________

9. Status tick (√) : (a) Govt. Servant __________(b) Pensioner ________

10. Basic Pay/Basic Pension : Rs. ___________________________

11. Name of the Hospital/Diagnostic Centre with Address : _______________________________

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(a) OPD treatment and investigations : _______________________________

(b) Indoor Treatment : _______________________________

12. In Case of Indoor Treatment only :

    Date of admission_________Date of Discharge __________

13. Total Amount Claimed **:**

(a) OPD Treatment **:** Rs. _________________________

(b) Indoor Treatment **:** Rs. ________________________

14. Details of Permission **:** _______________________________

15. Details of Medical Advance. If, any **:** _______________________________

16. Name of the Bank ____________________ Branch ________________________

SB A/C NO. ________

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 dependant 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.

Signature …………………………………… Name of the Employee ……………………

Emp. Code …………………………………

Intercom/Telephone No. ……………………

Designation ………………………………..