

Key Elements of Medical Reimbursement

Application Format

Date of Application: _____

To: The HR Department / Concerned Authority

From: _____ (Employee Name)

Employee ID: _____

Department: _____

Contact Number: _____

Subject

Application for Medical Reimbursement

Respected Sir/Madam,

I am writing this application to request reimbursement of medical expenses incurred by me/my dependent(s) as per company policy. The details of the expenses are provided below.

Details of Medical Expenses

Patient Name: _____

Relation: _____

Date of Treatment: _____

Hospital/Clinic Name: _____

Nature of Illness/Treatment: _____

Total Amount Claimed: Rs. _____

List of Enclosures

- Original bills and receipts
- Doctorâ€™s prescription
- Medical insurance documents (if any)
- Discharge summary/Medical reports
- Copy of employee ID

I kindly request you to process my reimbursement as per company policy at the earliest.

Thank you,

(Signature)

Important Notes

- Ensure all supporting documents are complete and attached with the application.
- Claims should be submitted within the stipulated time period as per policy.
- Incorrect or incomplete information may lead to delay or rejection of the claim.

- Keep photocopies of all submitted documents for your records.