

# 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
- Doctor'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.