

Structured Outline of Medical Reimbursement Application

1. Applicant Details

Name: _____

Employee/Patient ID: _____

Designation/Relation to Employee: _____

Department/Unit: _____

Contact Number: _____

2. Medical Details

Name of Patient: _____

Relation to Employee: _____

Diagnosis/Illness: _____

Treatment Period:
From _____ To _____

Hospital/Clinic Name: _____

Treating Doctor: _____

3. Claim Details

Date	Bill No.	Type of Expense	Amount (â‚¹)	Remarks
_____	_____	Consultation/Medicine/Lab etc.	_____	_____
_____	_____	_____	_____	_____
Total Amount Claimed:			_____	

4. Supporting Documents Attached

- Original Bills & Receipts
- Discharge Summary/Doctor's Prescription
- Diagnostic Reports
- Copy of Insurance Card
- Any other relevant documents

5. Declaration

I hereby declare that the above information is true and correct to the best of my knowledge, and that the expenses claimed have not been reimbursed previously.

Signature: _____ Date: _____

Important Notes

- All submitted bills must be original and duly signed/stamped.
- Incomplete applications or missing documents may delay processing.
- Ensure that the claim complies with the organization's medical reimbursement policy.
- Retain photocopies of all documents for your personal records.
- False claims may result in disciplinary action as per policy.