

**NHPC RETIRED EMPLOYEES' HEALTH SCHEME
APPLICATION FOR REIMBURSEMENT OF MEDICAL EXPENSES
(IN CASE OF OUTDOOR TREATMENT)**

1.	Name of the retired/deceased employee			
2.	Employee Number			
3.	Date of Retirement/Death			
4.	Designation at the time of Retirement/Death			
5.	Scale of pay with grade code and the basic pay on the date of retirement/death			
6.	Division/Office from where separated			
7.	Division / office where registered for medical benefits under the Scheme			
8.	Address			
9.	Medical Card Regn. No.			
10.	Name of the Patient			
11.	Place at which the patient fell ill			
12.	If treatment taken at a place other than the place of residence, explain the reason.			
13.	Name of the Hospital where treatment taken or the name of the AMA consulted			
14.	Total amount claimed			
15.	Details of expenditure incurred			
	Sl.No.	Bill / Cash Memo No. & Date	Classification	Amount (Rs.)

Total :

I hereby declare that :

- i. The statements made in the claim are true to the best of my knowledge and belief.
- ii. I am a member of the NHPC Retired Employees' Health Scheme.
- iii. I continue to fulfill the conditions of eligibility for availing the medical benefits under the scheme.
- iv. The medical expenses were incurred for self / spouse/children (in case of deceased employee).
- v. That children (in case of deceased employee) are not employed. Their income from all sources does not exceed to Rs.6000/-, they have not attained the age of 25 in case of son and 30 in case of daughter and are not married/The child/children named _____ is/are physically handicapped / mentally retarded.
- vi. That no claim is preferred in respect of diseases as listed in Rule 10.4.1 to 10.4.6.
- vii. I fully understand that the Company may refuse / terminate my membership of the Scheme at any time without any notice and without assigning any reason thereof.

NOTE:

1. Claim for reimbursement should be submitted along with prescription from the doctor, bills of the Hospital receipt for consultation and injection fees, cash memo for the purchase of medicines, cash receipt from clinical laboratories for pathological tests, X-Ray, etc. if any.
2. The prescription of Doctor should contain the date of consultation, the name of medicines, dosages and number of days for which medicines are prescribed.
3. The cash receipt from the clinical laboratory should contain details of the tests, etc., conducted.
4. The employees should sign on the back of cash memos, cash receipts, X-Rays and other test result sheets.
5. All the enclosures should be serialed date-wise.
6. Each cash memo for medicines purchased should be attached with the relevant prescription from the Doctor.

Certified that I am not re-employed on full time basis elsewhere and am not availing medical cover in consequence of employment of my spouse or as dependent of my ward(s).

Date:_____

Signature of the claimant

FOR USE IN OFFICE

Admitted for Rs..... Passed for Paid by Cheque No.....

Dated for Rs..... .

Signature