

INDIAN INSTITUTE OF TECHNOLOGY, BOMBAY

MEDICAL CLAIM FORM - OPD TREATMENT

Application for claiming refund of medical expenses incurred in connection with medical attendance and treatment of students, Institute's Employees and their families.

(N. B. Separate Form should be used for each patient)

I. Status Information of the Claimant		
Claimant's Name	Designation	Department

Salary Code/Roll No.	Tel. No.	E-Mail ID

II. Information regarding the patient				
Patient's Name	Relationship	Nature of illness & its period	Name of Referring M.O./Date	Referred Hospital Name

III. Please provide the following details of medical expenses.						
N.B. Attach original bill receipt/s, prescription/s and IIT Hospital reference.						
Sr. No.	Particulars	Amount (Rs.)		Sr. No.	Name of the Medicine	Amount (Rs.)
1.	Imaging/MRI/CT Scan					
2.	Dialysis					
3.	Radiotherapy					
4.	Appliance Purchased					
5.	Laboratory Test/s Done					
6.	Consultation Charges					
7.	Miscellaneous Charges					
	Total				Total	
Total amount claimed :						
Total Number of enclosures :						
Advance Taken :						

DECLARATION TO BE SIGNED BY THE MEMBER OF THE STAFF

I hereby declare that the statement made in this application are true to the best of my knowledge and belief/and that the person for whom medical expenses were incurred is wholly dependent upon me and is not an earning member of the family.

Date:

Claimant Signature

Countersigned and certified that the claim:

i) is genuine. ii) is covered by the rules and orders on the subject. iii) is supported by bills, receipt and other certificates etc. iv) was not drawn before and v) has been sanctioned/countersigned by me.

**Registrar/Dy. Registrar (Admin. I)
Indian Institute Of Technology, Bombay**