

CENTRAL GOVERNMENT HEALTH SCHEME

MEDICAL REIMBURSEMENT CLAIM FORM

(To be filled by the Principal Card Holder in BLOCK LETTERS)

1. (a) Name of the Principal CGHS Card Holder :
(b) Designation :
(c) Level and Basic Pay :
(d) CGHS Card No and Validity :
(e) Employee Code No. :
(f) Ward Entitlement : Private/Semi-Private/General
(g) Full Address :

(f) Mobile No :
 Email address :
2. (a) Patient's Name and Age :
(b) Patient's CGHS Card No. and Validity :
(c) Relationship with the principal card holder :
3. Name & address of the Hospital/Diagnostic center/
Imaging center where treatment is taken or test done :
along with dates and period of treatment
4. Whether the hospital/diagnostic/imaging center is
empanelled under CGHS : Yes/No
5. Treatment for which reimbursement claimed
(a) OPD Treatment/Test & Investigations :
(b) Indoor Treatment :
6. Whether treatment was taken in emergency : Yes/No
7. Whether prior permission was taken for treatment : Yes/No
8. Whether subscribing to any health/medical insurance : Yes/No
scheme, if yes, amount claimed/received
9. Details of Medical Advance taken, if any :
10. Total Amount Claimed
(a) OPD Treatment :
(b) Indoor Treatment :
(c) Tests/Investigations :

Total :

11. Name of the Bank:..... SB A/c No:.....
Branch MICR Code:..... IFSC Code.....
(Mandate form is compulsory)

DECLARATION

I hereby declare that the statements made in this application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me. I am a CGHS beneficiary and the CGHS card was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Date:.....

Place:.....

Signature of the Principal CGHS Card Holder
Name and Designation:

Documents to be attached

1. Photo copy of the CGHS Card of the employee along with the CGHS Card.
2. Copy of the permission letter, if any.
3. Emergency certificate (original), in case of Emergency Treatment.
4. Copy of Discharge Summary, in case of inpatient treatment.
5. Ambulance Certificate (original), if any.
6. Original bills/cash memo/vouchers etc for the reimbursement amount claimed.

IMPORTANT

Kindly ensure to provide the following information/documents, wherever applicable:

- A) Obtain breakup of investigation from the hospital/diagnostic/imaging center(details and rates of individual test and the exact number of tests, X-ray films, etc.,) as the reimbursable amount is calculated as per CGHS approved rates per test.
- B) In case of loss of original papers, Affidavit as per Annexure I to be submitted. All photocopies of the bill to be attested by the treating doctor/specialist.
- C) In case of death of the card holder, Affidavit as per Annexure II to be filled and attached to claim reimbursement.
- D) In case of Coronary Stents, outer pouch of stents to be enclosed.
- E) In case of replacement of pacemaker. ICD etc., copy of warranty certificate of earlier pacemaker/ICD may be enclosed.

Note: Misuse of CGHS facilities is a criminal offence. Penal action including cancellation of CGHS card may be taken in case of willful suppression of facts or submission of false statements. Suitable disciplinary action shall be taken in case of serving employees.