

		<b>भारत हेवी इलेक्ट्रिकल्स लिमिटेड BHARAT HEAVY ELECTRICALS LIMITED</b> <b>रामचन्द्रपुरम, हैदराबाद RAMACHANDRAPURAM, HYDERABAD 502032</b> <b>चिकित्सा बिल का प्रतिपूति MEDICAL REIMBURSEMENT CLAIM</b>				AC-049 REV 4		
रोगी का नाम Patient's Name		कर्मचारी का नाम Employee's Name						
कर्मचारी से संबंध Relationship to Employee		कर्मचारी सं/विभाग Staffno/ Dept						
जन्मतिथि/उम्र Age/DOB		पदनाम/श्रेणी Designation/Grade						
आवासेय पता Residential address		मो.नं/ईमेल आईडी Int Phone/ Mobile/ Email						
रोगी के बीमार होने का स्थान illness& place where fell ill		वर्तमान स्थिति,(सेवानिवृत्त/नियमित) Status of Employment (Retired/Regular)						
बाहर चिकित्सा कराने का कारण Reason for outstation treatment						बीएचईएल अस्पताल उपयोग के लिए For use in BHEL		
क्रमांक Sl No	दिनांक Dt (dd-mon-yy)	बिल सं Bill No	दवाई की दुकान या अस्पताल का नाम Medical Shop/Hospital Name	दवाई का नाम Medicine Name	मात्रा Qty	दावा, रूप में Claimed Rs	अनुमति नहीं Disalwd Rs	अनुमति दी Allowed Rs
<b>1.0 परामर्श शुल्क CONSULTATION CHARGES</b>								
<b>2.0 इंजेक्शन शुल्क INJECTION CHARGES</b>								
<b>3.0 प्रयोगशाला परीक्षण / स्कैन/ एक्स रे शुल्क X-RAY/SCAN/LAB TEST CHARGES</b>								
<b>4.0 दवाईयां का मूल्य COST OF MEDICINES</b>								
<b>5.0 आवास शुल्क ACCOMMODATION CHARGES (In Patient)</b> Status of accommodation: General/ Sharing/ Single/ Deluxe								
<b>6.0 सर्जिकल आपरेशन / चिकित्सा उपचार / प्रसूति SURGICAL OPERATIONS/MEDICAL TREATMENT/CONFINEMENT CHARGES (In Patient)</b>								
<b>7.0 अन्य खर्चे OTHER CHARGES</b>								
<b>EMPLOYEE DECLARATION:</b> I hereby declare that the statements made in this application are true to the best of my knowledge and belief and I certify that: <b>1)</b> My children for whom reimbursement is claimed in this bill, are below 25 Yrs. of age/ are not married / are not employed and are dependent on me. <b>2)</b> My parents for whom reimbursement is claimed in this bill, are actually residing with me and the total income from all sources (including Pension/Pension equivalent of gratuity of the parent or the combined monthly income of both parents) is less than Rs 1500/- pm and they are not covered under the central Govt. Health Scheme. <b>3)</b> My spouse for whom reimbursement is claimed in this bill, is not/is employed at ..... and is not covered under the central Govt. Health Scheme. I have given necessary declaration for claiming reimbursement from BHEL. <b>4)</b> The medicine claimed/ equivalentents were not avl at BHEL dispensary at the time of sudden illness .						कुल Total		
Signature of Employee						Date		
Signature of Controlling Officer(with seal)						OR j) Copy of re-validated RECHS Medical Card		
<b>ESSENTIALITY CERTIFICATE:</b> I, Dr ..... hereby certify that: <b>A)</b> The patient was suffering from ..... and was under my treatment from ..... to ..... <b>B)</b> I charged and received Rs.....(Rs..... only) for consultation at my consulting room/ subcutaneous injections at the hosp <b>C)</b> I charged and received Rs.....(Rs..... only) for administering intravenous/intramuscular/subcutaneous injectn at the hosp <b>D)</b> The X-ray /Scan/Lab tests on date ..... for which expenditure of Rs..... was incurred, were necessary and were undertaken on my advice at..... (which is a Govt Hosp/Lab). <b>E)</b> The patient has been under treatment at the hospital and that the above mentioned diagnostics/ medicines prescribed by me in this connection were essential for recovery/ prevention of serious deterioration in the condition of the patient and it is not a Regular health or Cardiac checkup. <b>F)</b> The medicines are not stocked in the hospital for supply to the private patients and do not include proprietary preparations for which cheaper substitutes of equal therapeutic value are available or such preparations which are primarily foods, toilets or disinfectants. <b>G)</b> The patient was not given prenatal or post natal diagnostic/ either immunizing or prophylactic treatment related to IVF or Artificial Insemination in cases of Infertility, was not treated for lunacy or mental diseases or delirium, venereal diseases, dental cosmetics like orthodontia or prosthetics & testing of eye sight for glasses etc.								
Recommended for Rs			Passed for paymt of Rs					
Medical Officer/AMA(with Dt,RegNo&HospSeal)			BHEL Medical Officer (Billing)			on Date		
						Asst/Sup		
						Accounts Executive		