

CENTRAL GOVERNMENT HEALTH SCHEME
MEDICAL REIMBURSEMENT CLAIM FORM
(To be filled up by the Principal Card holder in BLOCK LETTERS)

1. (a) Name of the Principal CGHS Card Holder :
(b) CGHS Ben. ID No. :
(c) Employee Code No. :
(d) Ward Entitlement- Pvt./Semi Pvt./General :
(e) Full Address :
(f) Mobile telephone No. and e-mail Address if any :
2. (a) Patient Name :
(b) Patient's CGHS Ben ID No. :
(c) Relationship with the Principal CGHS Card holder :
3. Name & address of the hospital/diagnostic center/imaging Center where treatment is taken, or test taken. :
4. Whether the hospital/diagnostic/ imaging center is empaneled Under CGHS. :
5. Treatment for which reimbursement claimed :
(a) OPD Treatment/Test & investigations :
(b) Indoor Treatment :
6. Whether treatment was taken in emergency :
7. Whether prior permission was taken for the treatment :
8. Whether subscribing to any health/medical insurance 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) Test/Investigation : Rs.
11. Name of the Bank _____ SB A/C No. _____
Branch MICR Code _____ IFSC Code _____

DECLARATION

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

Date:

Signature of the Principal CGHS Card holder

Place: DELHI

EXPENDITURE/CALCULTION SHEET

List of expenditure incurred on the Consultation and test of _____ at _____.

CGHS Token/Card No. _____

SL. NO.	BILL NO. & NAME OF CHEMIST	DATE OF BILL	NAME OF THE TEST/MEDICINE, ETC. (IN CAPITAL LETTERS)	AMOUNT CLAIMED	AMOUNT ADMISSIBLE (FOR OFFICE USE)
TOTAL					

Certified that the calculation has been made as per CGHS Package Deal Rates/CGHS approved Rated or Appendix-VII of CS (MA) Rule - 1944

ASSTT. COMMISSIONER OF POLICE:
GH HDQRS.: ,DELHI.

D/H

HAG/BRANCH**Insp./Admn.**