

Proforma for Reimbursement of Medical Claim

ANNEXURE (A) TO LETTER NO. 494-E/O.VII Dated 24/02/99

- 1 Name of Employee/Ex-Employee :
- 2 Whether Servicing or Retired :
- 3 Designation :
- 4 Office/Unit of posting :
- 5 Pay & Scale of employee/pay last drawn in case of ex-employee. :
- 6 Name of patient :
- 7 Relationship with Railway Employee for whom reimbursement is claimed :
- 8 Age of patients :
- 9 Medical/RECHS/I. Card No. :
Registration of Health Unit Name :
- 10 Whether referred or Non-referred :
- 11 If referred, by whom :
- 12 Name of the Institution where treatment is taken :
- 13 Date of Admission :
- 14 Date of Discharge :
- 15 Date of submission of claim :
- 16 Reason for delayed, submission of claim, if delayed for more than 6 months :
- 17 Total period of stay as Indoor patient :
- 18 Reason for long stay (if stay more than 48 hrs) :
- 19 Type of Medical emergency :
- 20 Was there no Railway govt. facility available to deal it? :
- 21 Distance of the nearest Govt. Hospital and whether facilities available there. :
- 22 Distance of nearest Railway Hospital and whether facilities available there, if no, how far is the Railway Hospital with the facilities available. :