

(DETAILS OF THE AMOUNT CLAIMED)

	HOSPITALIZATION CASE		AMOUNT	
	Rs	P.	Rs	P.
1. Consultation fees Date Amount a) b) c) d) TOTAL - 1			5. ACCOMMODATION CHARGES FOR THE PERIOD FROM : TO : Rs. per day.	
2. INJECTION ADMINISTRATION FEES Date Amount a) b) c) d) TOTAL - 2			6. SURGICAL OPERATION CONFINEMENT CHARGES	
3. MEDICINES PURCHASED FROM MARKET Date Amount a) b) c) d) TOTAL - 3			7. COST OF MEDICINES	
A. TOTAL (1+2+3)			C. TOTAL (5+6+7)	
4. PATHOLOGICAL/OTHER TESTS Name of the test Amount a) b) c) d) B. TOTAL - 4			TOTAL AMOUNT CLAIMED (A+B+C)	

Date :

(Signature of the seperated Non-Executive/
living spouse in case of death)

DETAILS OF AMOUNT DISALLOWED

Reason

Amount

- 1.
- 2.
- 3.
- 4.

Sr. A.O./A.O.