

**Check list for Applicant of Medical Reimbursement Cases**

Name of Patient : Name of Employee :  
 Relation to Employee : Contact Number :  
 Department : Designation :  
 Basic Pay & Grade Pay : Bill Unit No. :  
 Whether referred by AMO : Yes / No (If Yes please attach referral memo copy)

Total Claim	Rs
Application by employee explaining circumstances of taking treatment	CP
Annexure IV (Para 653, IRMM 2000) (G227F)	CP
Annexure III (Para 645, 653, IRMM 2000) (G228/F/A) Certificate B with all three parts A, B &C	CP
Emergency Certificate from treating Doctor	CP
Original Bills	CP
Original Reports	CP
If stents have been used, whether original bill, outer pouch of stent, sticker with serial number of stent is placed on file	CP
Discharge / Transfer Summary/ Death summary in original	CP
Clinical Details at time of admission and signed by treating doctor	CP
Certificate of full & final claim from claimant	CP
Forwarding Letter by Concerned Dept/Officer/Supervisor – for serving employees and their dependents	CP
Copy of Medical/RELHS Card	CP
For RELHS: G15 Form	CP
Other Papers	CP
Acceptance of time barred cases (Para 652 IRMM 2000)	CP

Received on date

Signature and seal/stamp