

Check list for Division/ Unit for Medical Reimbursement Cases

Name of Patient : Name of Employee:
 Relation to Employee : 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
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
AMO Certificate	CP
Annexure – V (Para 659, IRMM 2000) Essentiality Certificate	CP
If admissible amount is more than ` 2 lakhs, Annexure VI for Rly Bd	CP
Admissibility statement with details of rates applied (Itemwise), period of indoor admission, type of referral.	CP
Acceptance of time barred cases (Para 652 IRMM 2000)	CP
Associate finance vetting signed by not less than Jr Scale Gr B Officer.	CP
Forwarding Letter of CMS	CP

Received on date

Signature and seal/stamp