



भारतीय स्टेट बैंक
STATE BANK OF INDIA

सेवानिवृत्त कर्मचारी चिकित्सा लाभ योजना
RETIRED EMPLOYEES MEDICAL BENEFIT SCHEME
चिकित्सा संबंधी व्यय की प्रतिपूर्ति हेतु दावा फार्म

Please Tick the Appropriate Box

1. Domicillary :
2. Hospitalization :
3. Post Hospitalisation :
(Cancer / Paralysis /
Kidney / Transplant /
Diabetes / Arthritis)

CLAIM FORM FOR REIMBURSEMENT OF MEDICAL EXPENSES

01. सेवा निवृत्त कर्मचारी का नाम
Name of the Retired Employee : Shri / Smt.
02. रोगी का नाम / Patient Name : Shri / Smt.
03. पी एफ संख्या / PF Number (Mandatory) : _____
04. सदस्यता संख्या / Membership No. : _____
05. पेन्शन खाता सं / Pension Account Number : _____
06. पेन्शन भुगतान करने शाखा /
Pension paying Branch : _____
07. पता सहित टेलिफोन नं /
Address with Telephone No.
सेल नं / Cell No. : _____
08. अस्वस्थता का स्वरूप / Nature of Illness : _____
09. कुल बिल रकम / Total Bill Amount : _____

FOR USE BY SENIOR MEDICAL OFFICER

1. I have examined, analyzed and scrutinized hospital discharge summary. YES / NO
2. Name of the Disease covered under the scheme in terms of Corporate Centre Circular No. CDO / PM / CIR / 40 dated 12.09.1996 & Circular No. CDO / P & HRD - PM / 45 / 2009 - 10 dated 14.10.2009 YES / NO

3. My opinion about the bill Reasonable / Unreasonable

Date :

SMO No.

SENIOR MEDICAL OFFICER
NETWORK - 1, AU, CHENNAI

SANCTIONED : Rs. _____/-

Rupees _____ only)

By Credit to A/c No. _____ of Sri. / Smt. / _____

OR

Cheque No. _____ issued in favour of _____

FOR CHIEF MANAGER (HR)

FOR CHIEF MANAGER (GB)

अस्पताल विवरण सहित खर्च के विवरण :
Details of Expenditure with Hospital Details :

बिल / कैश मेमो के विवरण (कृपया संबंधित मुख्या संलग्न करें) :
Details of Bills / Cash Memos :

अं.क. S.No.	विवरण / Particulars	बिल की तारीख / Date of Bill	रशिमा / Amount Rs.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
कुल / Total			

स्थान / Place :
दिनांक / Date :

सेवानिवृत्त कर्मचारी के हस्ताक्षर
Signature of the Retired Employee

स्थान / Place :
दिनांक / Date :

भुगतान हेतु प्रेषित
Forwarded for Payment

शाखा प्रबंधक / Branch Manager
शाखा / Branch

CHECK LIST REIMBURSEMENT OF REMBS MEDICAL BILLS

1. Medical Bills should be submitted in the proper claim form.
2. Doctor's prescriptions (current) to be enclosed.
3. Medical Bills to be Countersigned by the Pensioner.
4. Original Medical Bills should be submitted with Break-up of Medicines.
5. Nature of disease and treatment for self or spouse to be mentioned and claimed separately.
6. Discharge Summary & Final Bill has to be enclosed in case of Hospitalisation.
7. P.F. No., Present Address and Phone No. Details are mandatory.
8. Medical Bills should always be forwarded through the pension drawing branch.