

CENTRAL GOVERNMENT HEALTH SCHEME
MEDICAL 2004 FORM FOR REIMBURSEMENT OF
MEDICAL CLAIMS OF CGHS BENEFICIARIES.

Computer No.

(To be filled by the claimant)

1. CGHS Token No. and Place of issue :
(or Ben ID of Employee/Pensioner)
2. Validity of CGHS Token Card : from.....to.....
& entitlement : Pvt. / Semi Pvt. / General
3. Full name of the card holder (Block Letters) :
4. Full address :
5. Telephone no. (O)..... (R)
6. E-mail address if, any.
7. Name of the Bank Branch.....SB A/C
Branch MICR Code Tel. No. of Bank Branch.....
8. Name of the patient & relationship
with the card holder :
9. Status tick (-/) (Govt. Servant/Pensioner/Serving employee or pensioner
of autonomous body/Member of Parliament/Ex-M.P./Ex-
Governor/Formal Judge of Supreme Court/Formal Judge of High
Court/Freedom Fighter/Legal Heir/others)
10. Basic Pay/Basic Pension
11. Name of the Hospital with Address:
(a) OPD treatment and investigations.
(b) Indoor Treatment.
12. Date of admission.....Date of discharge.....(In
case of Indoor Treatment only)
13. Total amount Claimed
(a) OPD Treatment.
(b) Indoor Treatment.
14. Details of Referral :
15. Details of Medical advance if, any:

DECLARATION

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependant on me. I am a CGHS beneficiary and the CGHS card was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Dated:

Signature of CGHS card holder

Note: Misuse of CGHS facilities is a criminal offence. Suitable action including cancellation of CGH card shall be taken in case of willful suppression of facts or submission of false statements. Suitable disciplinary action shall be taken in case of serving employees.

ANNEXURE-I**CENTRAL GOVERNMENT HEALTH SCHEME**
MODIFIED CHECK LIST FOR REIMBURSEMENT OF MEDICAL CLAIMS

1. CGHS Token No. and place of issue :
(or Ben ID of Employee/Pensioner)
 2. Validity of CGH Card (For pensioners)& Entitlement : from.....to.....
: Pvt. / Semi Pvt./General
 3. Full name of Card Holder (Block Letters) :
 4. Status (Govt. Servant/Pensioner/Other) :
 5. The following documents are submitted :
(Please tick (-/) the relevant column)
- (a) Medical 2004 Form : Yes/No
 - (b) Photocopy of CGHS card : Yes/No.
 - (c) No. of Original Bills :
 - (d) Copy of discharge summary : Yes/No.
 - (e) Copy of referral Specilaist/CMO : Yes/No.
 - (f) Whether the hospital has given breakup : Yes/No.
for lab investigations
 - (g) Original papers have been lost the following documents are submitted —
 - I. Photocopies of claim papers : Yes/No
 - II. Affidavit on Stamp Paper : Yes/No.
 - (h) Incase of death of card holder the following documents are submitted —
 - I. Affidavit on Stamp paper by Claimant : Yes/No.
 - II. No objection from other legal Heirs on Stamp papers : Yes/No.
 - III. Copy of death certificate : Yes/No.

Dated:.....

Signature of CGHS card holder
Tel. No. (O)
(R)
e-mail Address

Name of the Bank Branch.....SB A/C No.
Branch MICR Code Tel. No. of Bank Branch.....