

DELHI GOVERNMENT EMPLOYEES HEALTH SCHEME

REVISED MEDICAL 2004 FORM FOR REIMBURSEMENT OF MEDICAL CLAIMS OF DGEHS BENEFICIARIES

(To be filled by the claimant)

1. DGEHS Card No. and Place of Issue :
 2. Validity of DGEHS Card : from..... to.....
 3. Ward Entitlement (if admitted in Hospital) : Pvt./Semi Pvt./General
 4. Full name of Employees/Beneficiary (Block Letters):
 5. Full address:
 6. Telephone No. (O).....(R).....(M).....
 7. E-Mail address if, any.....
 8. Name of the Bank.....Branch.....SB A/c No.....
 Branch MICR Code..... IFS Code.....Tel. No. of Bank Branch.....
 9. Name of the Patient and Relationship with the card holder
 10. Basic Pay (Excluding grade pay).....
 11. Name of the Hospital with address:-.....
 (a) OPD treatment (Investigations) & period of treatment.....
 (b) Indoor treatment: Date of admission.....Date of discharge.....

12.

Total amount claimed	Consultation charges	Investigation charges	Medicine charges	Other charges
For OPD treatment				
For indoor treatment				

13. Details of Referral:
 14. Details of medical advance, if any.....

DECLARATION

I hereby declare that 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 dependent on me. I am a DGEHS beneficiary and the DGEHS card was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Date:

Signature of DGEHS and holder

Note: Misuse of DGEHS facility is a criminal offence. Suitable action including cancellation of DGEHS Card shall be taken in case of willful suppression of facts or submission of false statement. Suitable disciplinary action shall be taken in case of serving employees.

**DELHI GOVERNMENT EMPLOYEES HEALTH SCHEME
MODIFIED CHECK LIST FOR REIMBURSEMENT OF MEDICAL CLAIMS**

1. DGEHS Card No. and Place of Issue :
 2. Validity of DGEHS Card :from..... to.....
 3. Ward Entitlement (if admitted in Hospital) : Pvt./Semi Pvt./General
 4. Full name of Employees/Beneficiary (Block Letters):
 5. Designation:
 6. The following documents are attached (Please tick the relevant column)

(a) Revised Medical Form - 2004:	Yes/No
(b) Photocopy of DGEHS card showing validity	Yes/No
(c) Photocopy of referral/authorization form from AMA:	Yes/No
(d) Original Bills:	Yes/No
(e) Copy of prescription for OPD cases/Discharge summary for indoor cases:	Yes/No
(f) Break up for lab investigations:	Yes/No
(g) Emergency certificate	Yes/No
(h) Self explanatory letter (in emergency case)	Yes/No
(i) Non Availability certificate from AMA for Drugs prescribed in OPDs.	Yes/No
If original papers have been lost the following documents are submitted (if applicable):	Yes/No
(i) Photocopies of claim papers:	Yes/No
(ii) Affidavit of stamp paper :	Yes/No
(j) In case of death of card holder the following documents are submitted (if applicable):	
(i) Affidavit on stamp paper by claimant:	Yes/No
(ii) No Objection from other legal Heirs on Stamp Paper:	Yes/No
(iii) Copy of death certificate	Yes/No
- Name of the Bank.....Branch
- Address.....Branch.....
- MICR Code.....IFS Code.....Tel
- No. of Bank Branch.....

Place of Posting:

Whether spouse is working or not:

Signature of DGEHS Card Holder

Dated:

Tel. No. (O).....

(R).....