



# Birla Institute of Technology & Science, Pilani

## K K Birla Goa Campus

### MEDICAL REIMBURSEMENT FORM – OPD (Form I)

Application for claiming reimbursement of out-patient medical expenses incurred in connection with medical attendance/or treatment of employee & dependent family members of the BITS Pilani K K Birla Goa campus.

Employee Name: ..... Group: A / B / C. GPSRN .....

Name of the patient: ..... Relation: Self / Dependent

#### DETAILS OF THE AMOUNT CLAIMED

S/n	Descriptions	Bill No/Date	Amount	Remarks (Office use only)
i	Consultation Fees			
ii	Investigation Charges			
iii	Cost of Medicines (List of Medicines, cash memos & original prescriptions should be attached)			
iv	Day care procedures / Others (if any) Charges			
	<b>Total amount claimed</b>			

Total amount in words – Rs: \_\_\_\_\_

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me as per institute norms.

Date: .....

Signature of the member of the Staff

----- (For Office use only) -----

Certified that the claim is genuine and may be admitted as per institute rules.

Remark:

Chief Medical Officer

Please pay as per rules amended up-to-date and pay 90% of the admissible amount.

Amount: Rs - \_\_\_\_\_ (in words) \_\_\_\_\_

Reference of Medical Claim Register: Page No \_\_\_\_\_ Sr. No \_\_\_\_\_

Head Accounts & Finance

OPD – Medical Reimbursement Form

For the details related to BITS Pilani medical policy and reimbursable norms please refer university home web page- <http://www.bits-pilani.ac.in/>