

# INDIAN INSTITUTE OF INFORMATION TECHNOLOGY, KALYANI

## Medical Reimbursement Form - OUTPATIENT

(Separate form should be filled for each patient)

Name :	Employee ID:
Designation with Department :	E-Mail ID:
Date of submission:	Mobile:

Name of the patient:	
Patient's Relationship With The Applicant:	
Name & Address Of The Hospital/Diagnostic Centre/ Imaging Centre Where Treatment Is Taken Or Tests done:-	
Treatment For Which Reimbursement Claimed :	
Whether Subscribing to Any <b>Medical Insurance</b> Scheme, If Yes , Amount Claimed /Received from Insurance	
Total Amount Claimed	
Date of Admission :	
Date of Discharge :	

I (name)\_\_\_\_\_ am a regular Employee/Officer of IIIT Kalyani.  
I hereby declare that I am entitled for Medical Reimbursement claim from the Institution for self/ my dependent family members. I also declare that any kind of excess payment given to me in Medical Reimbursement claim may be recovered according to the norms of the Institution.

Signature of Employee: \_\_\_\_\_

Designation: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

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### (A) For Investigation:

Sl. No.	Date	Original Bills / Cash Memo Number	Name of Centre / Lab / Hospital	Name of Investigation	Amount ( Rupees)
1					
2					
3					

Total Amount Claimed for Investigations(A): \_\_\_\_\_

### (B) For Medicine:

Sl. No	Date	Original Bills / Cash Memo Number	Name of Chemist / Pharmacy shop	Name of Medicine (in readable handwriting)	Quantity	Amount (in rupees)

Total Amount Claimed for Medicine(B): \_\_\_\_\_.

GRAND TOTAL(A+B): \_\_\_\_\_.

Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_

### CHECKLIST:

1. Original Tax invoice for medicine and investigations - Yes/No.
2. Money receipt for doctor fees - Yes/No.
3. Discharge summary - Yes/No.
4. Doctor prescription – Yes/No.
5. If any other documents, please specify.