

INDIAN INSTITUTE OF INFORMATION TECHNOLOGY Bhagalpur
Medical Claim Form FORM NO. M5

Application for claiming refund of medical expenses incurred in connection with medical attendance and treatment of students, members of staff of the Indian Institute of Information Technology Bhagalpur (N.B. separate form should be used for each patient)
Total no. of sheets including this:

I. Status Information for the claimant (in Block Letters) -

- a) Name :
- *b) Designation with Emp No./Roll No. :
- c) Department/ Section :
- d) Pay :
- *e) Bank Account No. :
- f) Address :

II. Information regarding the patient:

- a) Name of the Patient & Relationship :
- b) Illness :
- c) Since when ill & place where ill :

III. Amount claimed and details thereof:

- a) **Number and dates of consultation and the fee paid for each consultation**
- (i) Date of Consultation :
- (ii) Fee paid for each visit :
- c) Hospital/ Dispensary attached :
- d) Whether consulted at Hospital/ consulting Room of Doctor/ Residence :
- e) Fee paid for each consultation :

****indicates mandatory information***

IV. Charges for Pathological, Bacteriological, Radiological or other similar tests undertaken, during diagnosis indicating:

- a) Name of Hospital or Laboratory where tests :
undertaken

- b) Whether tests undertaken on advice of the :
authorized Medical Attendant (If so, attach
certificate)

c) Break-up of Expenses -

(Particulars of Cash Memo of medicines
purchased and lab tests undertaken) **(*Please
submit Cash Memo / Bills in original only)**

Sl. No.	Particulars	Amount

DECLARATION TO BE SIGNED BY THE MEMBER OF THE STAFF

I hereby declare that the statement made 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 and is not an earning member of the family.

Date: _____

Signature

Signature by Hostel Warden (for student)

FOR OFFICE USE ONLY

Inadmissible Amount :
Reasons for Inadmissibility :
Recommended an amount of Rs..... towards
the claim.

***Lab Reports :Checked/ Not Checked**

Dealing Assistant

Checked and passed for payment of Rs..... towards the claim.

Registrar Incharge

Director