Check List of Medical Reimbursement Bill of I.P.

Attached Dispensary …… Bill Received Date ……...
Name of I.P. ……..…… Ins. No. ……
Name of Patient ……... Status of Bill: SST/ Secondary Care ……

S.L. No.	Particulars		Remarks
1	Name of Patient		
2	Relation with I.P.		
3	Essentiality Certificate	Yes/No	
4	Bank details(Cancel cheque/ Clear copy of bank passbook)	Yes/No	
5	SST eligibility	Yes/No	
6	Pehchan Card/ TIC	Yes/No	
7	Emergency Certificate	Yes/No	
8	Discharged Certificate	Yes/No	
9	Breakup bills of hospitals with details		
10	Original documents of treatment (advice slip, prescription, reports, cashmemo/ bill voucher with authorised seal and signed)		
11	Total Claim amount@Rs.		

Seal & Sign of authority/authorised officer