*ANNEXURE-I*

## DELHI GOVERNMENT EMPLOYEES HEALTH SCHEME
## MODIFIED CHECK LIST FOR REIMBURSEMENT OF MEDICAL CALIMS

1. DGEHS Card No. & 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 & PIN No (Eight Digit).** :
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) Breakup for lab investigation : Yes/No

(g) Breakup of drugs prescribed : Yes/No

(h) Emergency Certificate from hospitals empanelled/ registered with Government in case of emergency admission : Yes/No

(i) Self explanatory letter showing the need of emergency visit (in emergency case) : Yes/No

(j) Non availability certificate from AMA (attached dispensary/ hospital) for drugs prescribed in OPDs : Yes/No

**(k) If original papers have been lost the following documents are Submitted (if applicable)**

(i) Photocopies of claim papers : Yes/No

(ii) Affidavit on stamp paper : Yes/No

**(l) 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

7. Name of the Bank………………………………………Branch address…………………......……

………………………………………………………………………………………………..………

Branch MICR Code………………IFSC Code………………Tel. No. of Bank Branch……………

**Signature of DGEHS Card Holder**
**and Office/Court to which attached**
**with__________________________**
**Room No._____________________**

Dated:

Tel.No. (O)…………… (Extn.)……..
(R)…………………………..

***Note :***

1. ***Kindly provide one original copy and one set of complete set of claim***
2. ***All the enclosures should be self attested no claim will be accepted without Pin number***

***ANNEXURE-II***

## DELHI GOVERNMENT EMPLOYEES HEALTH SCHEME

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

*(To be filled by the claimant)*

1. DGEHS Card No. & 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 Bank………………………………Branch………………………SB A/c No………………….

   Branch MICR Code………………IFSC Code………………Tel No. of Bank Branch…….……………
9. Name of the patient & relationship with the card holder………………………………………………..
10. Basic pay (excluding grade pay)…………………………………………………………………..….
11. Name of Hospital with address…………………………………………………………………………

    ………………………………………………………………………………..………..…………
    a) OPD treatment (investigations) a period of treatment……………………………………..……...
    b) Indoor treatment: Date of Admission…………………Date of Discharge……………..……..….
12.

| Total Amount Claimed | Consultation Charges | Investigation Charges | Medicine Charges | Other Charges | T O T A L |
|---|---|---|---|---|---|
| For OPD Treatment (A) | | | | | |
| For Indoor Treatment (B) | | | | | |
| T O T A L C L A I M (A+B) | | | | | |

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 dependant 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.

***Dated :*** ***Signature of DGEHS Card Holder***

**Note :** Misuse of DGEHS facilities 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.