



दिल्ली पब्लिक लाइब्रेरी (भारत सरकार का संगठन, संस्कृति मंत्रालय)

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C G H Scheme , Medical reimbursement claim form

(to be filled by the Principal card holder/Claimant in Block Letters)

- 1 (a) Name of the Principal CGHS Card Holder :
- (b) CGHS Ben ID No. :
- (C) CGHS Wellness Center to which the Card is attached :
- (d) validity of CGHS Card :
- (e) Ward Entitlement-Pvt : Pvt. /Semi –Pvt./General
- (f) Full Address :
- (g) Mobile telephone No and Emali address, if any :
- 2 (a) Name of patient in Block Letters) :
- (b) Patient's CGHS Ben ID No :
- (C) Ralation with the CGHS Card Holder :
- 3 Category of pensioner beneficiary Please specify ; Autonomous Body
- 4 Name &address of the hospital/diagnostic center / imaging center where treatment is taken or tests done :
- 5 Whether the hospital /diagnostic/imaging center is empanelled under CGHS : Yes/No
- 6 Treatment for which reimbursement claimed
 - (a) OPD/Test & investigations
 - (b) Indoor treatment
- 7 Whether credit facillty was availed : Yes /No
- 8 whether treatment was taken in emergency :
- 9 whether prior permission from DPLwas taken for the treatment : Yes /No
- 10 whether subscribing to any health/medical insurance Scheme, If yes, amount claimed/received : Yes/No
- 11 **Total amount claim(a+b+c) :-**
 - (a) OPD Treatment :
 - (b) Indoor Treatment :
 - (c) Tests/Investigation :
- 12 Name of tbe Bank : SBA/c No
- Branc MICR Code : IFSC Code

I hereby declare that the statements made in the application are true to the best of my Knowledge and belief and the person for whom mdeical expenses were incurred is wholly dependent on me. I am a CGHS beneficiary and the CGHS card was valid at the time of treatment. I agree for the reimbujrsement as is admissible under the rules.

Date ;
Place :

Signature of the principal CGHS Card Holder /Claimant
PPO No.

List of Enclosers: Application, claim Form, alongwith photocopy of CGHS card, prescription/referral copy of Disp/Hosp., Permission letterof DPL(if necessary) / emergency certificate of Hosp. All the original bills/Cashmemo duly verified from CMO/Hosp. (in admit cases)