



दिल्ली पब्लिक लाइब्रेरी(भारत सरकार का संगठन, संस्कृति मंत्रालय)
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CGH Scheme , Medical reimbursement claim form

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

- 1 (a) Name of the Principal CGHS Card Holder :
- (b) CGHS Ben ID No. :
- (C) Employee Code No :
- (d) 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 Name &address of the hospital/diagnostic center /
imaging center where treatment is taken or tests done :
- 4 Whether the hospital /diagnostic/imaging center is
empanelled under CGHS : Yes/No
- 5 Treatment for which reimbursement claimed
- (a) OPD/Test & investigations
- (b) Indoor treatment
- 6 whether treatment was taken in emergency :
- 7 whether prior permission from DPLwas taken for the treatment : Yes /No
- 8 whether subscribing to any health/medical insurance
Scheme, If yes, amount claimed/received : Yes/No
- 9 Details of Medical Advance was talen for the treatment :
- 10 **Total amount claim(a+b+c) :-**
- (a) OPD Treatment :
- (b) Indoor Treatment :
- (c) Tests/Investigation :
- 11 Name of the Bank : SBA/c No
- Branc MICR Code : IFSC Code

DECLARATION

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 reimburjsement as is admissibile under the rules.

Date ;
Place

Signature of the principal CGHS Card Holder

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)