

CENTRAL GOVERNMENT HEALTH SCHEME
MODIFIED CHECK LIST FOR REIMBURSEMENT OF MEDICAL CLAIMS

1. CGHS Token No. and place of issue :
(or Ben ID of Employee/Pensioner)
2. Validity of CGH Card (For pensioners)& Entitlement : from.....to.....
: Pvt. / Semi Pvt./General
3. Full name of Card Holder (Block Letters) :
4. Status (Govt. Servant/Pensioner/Other) :
5. The following documents are submitted :
{Please tick (-/) the relevant column}
- (a) Medical 2004 Form : Yes/No
- (b) Photocopy of CGHS card : Yes/No.
- (c) No. of Original Bills :
- (d) Copy of discharge summary : Yes/No.
- (e) Copy of referral Specilaist/CMO : Yes/No.
- (f) Whether the hospital has given breakup : Yes/No.
for lab investigations
- (g) Original papers have been lost the following documents are submitted—
 - I. Photocopies of claim papers : Yes/No
 - II. Affidavit on Stamp Paper : Yes/No.
- (h) Incase of death of card holder the following documents are submitted—
 - I. Affidavit on Stamp paper by Claimant : Yes/No.
 - II. No objection from other legal Heirs on Stamp papers : Yes/No.
 - III. Copy of death certificate : Yes/No.

Dated:.....

Signature of CGHS card holder

Tel. No. (O)

(R)

e-mail Address

Name of the Bank Branch.....SB A/C No.

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