

# INDIAN INSTITUTE OF TECHNOLOGY, BOMBAY

## MEDICAL CLAIM FORM - INDOOR TREATMENT

Application for claiming reimbursement of medical expenses incurred in connection with medical attendance/treatment for members of staff of the Indian Institute of Technology and their families.  
[N.B. 1) Attach all original bill receipt/s, IIT Hospital reference & Xerox copy of discharge summary.  
2) Separate form should be used for each patient.]

I. Status Information of the Claimant				
Claimant's Name		Designation	Department	
Salary Code/Roll No.	Pay in Pay Band & Grade Pay (Rs.)	Entitlement of ward	Tel. No.	E-Mail ID

II. Information regarding the patient				
Patient's Name	Relationship	Nature of illness & its period	Name of Referring M.O/Date	Referred Hospital Name

III. Hospital Expenses Information					
Sr. No.	Particulars	Total Amount (Rs.)	Sr. No.	Particulars	Total Amount (Rs.)
1	Accommodation Bed Charges		7	Hospital Charges	
2	Registration Fee		8	Physiotherapy Charges	
3	Consultation/ Doctor Visit Charges		9	Imaging Service Charges	
4	Surgeon Charges		10	Blood Charges	
5	Operation Theater Charges		11	Miscellaneous Charges	
6	X-Ray		12	Any other Charges paid to Hospital	

Sr. No.	Particulars	Total Amount (Rs.)	Sr. No.	Particulars	Total Amount (Rs.)
13	Diagnostic Charges		17	Medicine provided by Hospital	
14	ECG		18	Angioplasty Package Charges	
15	Consumable Charges		19	Medicine Charges refund to Hospital	
16	Test & Procedures		20	Cost of Medicine Purchased from market	
Total Amount Claimed					
Advance Taken					
No. Of Enclosures					

**Note:**

1. If the treatment was received by a member of the staff at his residence, give particulars of such treatment and attach certificate from the Authorised Medical Attendant, as required by rules.
2. If treatment was received at a Hospital other than a Government/Recognized Hospital, necessary details and the certificate of the Authorised Medical Attendant to the effect that the requisite medical treatment was not available in any nearest Government Hospital should be furnished.

**DECLARATION TO BE SIGNED BY THE MEMBER OF THE STAFF**

I hereby declare that the statement made in this application are true to the best of my knowledge and belief/and that the person for whom medical expenses were incurred is wholly dependent upon me and is not an earning member of the family.

Date

Claimant Signature

**Countersigned and certified that the claim:**

1) is genuine. 2) is covered by rules and orders on the subject. 3) is supported by bills, receipts and other certificates etc. 4) was not drawn before, and 5) has been sanctioned by Dean (AA)/Registrar.

**Registrar/Dy. Registrar (Admin.I)  
Indian Institute of Technology Bombay**