Medi Assist ®

Z0002320977

TATA CONSULTANCY SERVICES

Employee Details

Employee Id :	1185775	Employee name :	Manas Patel
EmailId :	manas.patel@tcs.com	Mobile No :	9437766389

Patient Details

Name of Patient :	Manas Patel	Gender	M
Relationship :	Self	Age	22

Domiciliary Claim Details

All Hospitalisation claim should be raised within 90 days from the date of discharge

Details of illness/injury :	Skin Related treatments (Non Cosmetic)||scalp peeling(infection)		
Name of treating doctor :	Dr.Gayatri Devi		
Clinic Name :	DERMA MED SPA	Clinic PinCode :	600018
Treatment Start Date	19-Aug-2017	Treatment End Date	19-Aug-2017

Medical Documents

Note: Please click on the check box 'Available' to update further details i.e. No.of Bills/Documents & Amount

Document Type	Available	No. of bills/documetns	Amount
Copy of Prescription for Medicine & Investigation	☑	1	
Original Pharmacy Bills/Receipts	☑	1	Rs.1505
Original Dr. Consultation Bill with Receipt No.	☐		
Original Investigation/Lab Bills/Receipts & Copy of Reports	☐		
Case Summary/ X-Ray Report (for Dental Treatments)	☐		
Any Other Document	☐		
Total no. of documents & claimed amount		2	Rs.1505

I will retain the scanned copies & submit the hard copies of all Original Medical bills and Documents with this claim form:

On	Branch	Address
21-Aug-2017	HIS Helpdesk - CHENNAI & COIMBATORE	HIS Helpdesk, Tata Consultancy Services Ltd., 185/188, Lloyds Road, Chennai ? 600086.

DISCLAIMER/TERMS OF AGREEMENT

All information provided in this claim form is true and correct. If it is found to be false and/or if it is proved that claim documents are manipulated then, I understand and agree that TCS can initiate appropriate disciplinary action which may also lead to termination of my employment with TCS.

Date	Employee Signature
Date of Submission	