



Domiciliary Claim Form(Employee Id :  
1185775)  
Claim No : D1109191185775F001



#### Employee Details

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

#### Patient Details

Name of Patient :	Sudharani Naik	Gender	F
Relationship :	Mother	Age	52

#### Domiciliary Claim Details

All Hospitalisation claim should be raised within 90 days from the date of discharge			
Details of illness/injury :	neuro: Cervicalgia  neuro: Cervicalgia		
Name of treating doctor :	Dr.Akhila Kumar Panda		
Clinic Name :	AMRI Bhubaneswar	Clinic PinCode :	751030
Treatment Start Date	11-Sep-2019	Treatment End Date	11-Sep-2019

#### Medical Documents

No	Bill No.	Bill Date	Bill Amount	Remarks
1	2123	17-Aug-2019	10002	Pharmacy & Medicine Charges

#### 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	