



Domiciliary Claim Form(Employee Id :
1185775)
Claim No : D1109191185775E001



Employee Details

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

Patient Details

Name of Patient :	Nepal Chandra Patel	Gender	M
Relationship :	Father	Age	59

Domiciliary Claim Details

All Hospitalisation claim should be raised within 90 days from the date of discharge			
Details of illness/injury :	Diabetes and related disorders Diabetes and related disorders		
Name of treating doctor :	Dr. Samir mishra		
Clinic Name :	AMRI BHUBANESWAR	Clinic PinCode :	751030
Treatment Start Date	10-Sep-2019	Treatment End Date	11-Sep-2019

Medical Documents

No	Bill No.	Bill Date	Bill Amount	Remarks
1	2122	15-Aug-2019	7548	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	