Medi Assist

Domiciliary Claim Form(Employee Id : 979848)
Claim No : D1508180979848A002

TATA CONSULTANCY SERVICES

Z0003688964

Employee Details

Employee Id :	979848	Employee name :	Akhila Balakrishnan
EmailId :	akhila.balakrishnan@tcs.com	Mobile No :	9773795636

Patient Details

Name of Patient :	Akhila Balakrishnan	Gender	F
Relationship :	Self	Age	25

Domiciliary Claim Details

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

Details of illness/injury :	Dental (Expeses related to Extraction, Filling & Root Canal only)||Dental filling and Root Canal Treatment		
Name of treating doctor :	Dr. Pankaj T. Desale		
Clinic Name :	DiDi Dental and Cosmetic Care Center	Clinic PinCode :	421202
Treatment Start Date	05-Jun-2018	Treatment End Date	30-Jun-2018

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	☐		
Original Dr. Consultation Bill with Receipt No.	☑	1	Rs.7000
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.7000

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

On	Branch	Address
16-Aug-2018	HIS Helpdesk - MUMBAI, GOA, NAGPUR & OVERSEAS	HIS Helpdesk, Tata Consultancy Services (Olympus),Rodas Enclave, Park Lane, Hiranandani Estate,Thane West, Thane - 400607.Drop box location: Mail & Dispatch area (Ground Floor)

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	