



Domiciliary Claim Form(Employee Id :
979848)
Claim No : D1007180979848A001



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	24

Domiciliary Claim Details

All Hospitalisation claim should be raised within 90 days from the date of discharge			
Details of illness/injury :	Dental (Expenses related to Extraction, Filling & Root Canal only) Filling for 2 teeth and Ceramic cap for one tooth		
Name of treating doctor :	Dr. Pankaj T. Desale		
Clinic Name :	"DiDi" Implant & Cosmetic Dentistry Clinic	Clinic PinCode :	421202
Treatment Start Date	05-May-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	<input checked="" type="checkbox"/>	1	
Original Pharmacy Bills/Receipts	<input type="checkbox"/>		
Original Dr. Consultation Bill with Receipt No.	<input checked="" type="checkbox"/>	1	Rs.7200
Original Investigation/Lab Bills/Receipts & Copy of Reports	<input type="checkbox"/>		
Case Summary/ X-Ray Report (for Dental Treatments)	<input type="checkbox"/>		
Any Other Document	<input type="checkbox"/>		
Total no. of documents & claimed amount		2	Rs.7200

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

On	Branch	Address
11-Jul-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	