



Domiciliary Claim Form(Employee Id : 1273711)
Claim No : D0907161273711E001



Employee Details

| | | | |
|---------------|------------------------------------|-----------------|-----------------------------|
| Employee Id : | 1273711 | Employee name : | Krishna Chaitanya Chiravuri |
| EmailId : | chiravuri.krishnachaitanya@tcs.com | Mobile No : | 9848576241 |

Patient Details

| | | | |
|-------------------|-------------------|--------|----|
| Name of Patient : | Ch Murali Krishna | Gender | M |
| Relationship : | Father | Age | 54 |

Domiciliary Claim Details

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|--------------------------------------------------------------------------------------|----------------------------------------|--------------------|-------------|
| All Hospitalisation claim should be raised within 90 days from the date of discharge | | | |
| Details of illness/injury : | Heart Patient | | |
| Name of treating doctor : | RAJAGOPAL RAJU | | |
| Clinic Name : | Care Outpatient and Tapadia Diagnostic | Clinic PinCode : | 500034 |
| Treatment Start Date | 23-Jun-2016 | Treatment End Date | 06-Jul-2016 |

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 |
| Original prescription for medicine & investigation | <input checked="" type="checkbox"/> | 4 | |
| Original pharmacy & Pre-numbered Dr. Consultation Bills | <input checked="" type="checkbox"/> | 5 | Rs.3683 |
| Original investigation/Lab report & bill | <input checked="" type="checkbox"/> | 7 | Rs.620 |
| Case summary or X-ray report in case of any dental treatment | <input type="checkbox"/> | | |
| Any other documents | <input type="checkbox"/> | | |
| Total no. of documents & claimed amount | | 16 | Rs.4303 |
| I will retain the scanned copies & submit the hard copies of all Original Medical bills and Documents with this claim form: | | | |
| On | Branch | Address | |
| 09-Jul-2016 | HIS Helpdesk - HYDERABAD | HIS Helpdesk, Tata Consultancy Services Ltd.,Deccan Park, Plot No 1,Survey No. 64/2, Software Units Layout, Serilingampally Mandal, Madhapur, Hyderabad ? 500034. | |

DISCLAIMER/TERMS OF AGREEMENT

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| 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 | |