



Domiciliary Claim Form(Employee Id :
1948578)
Claim No : D05032412071948578F010



Employee Details

Employee Id :	1948578	Employee name :	Diganta Som
EmailId :	diganta.som@tcs.com	Mobile No :	9007278354

Patient Details

Name of Patient :	Rita Som	Gender	F
Relationship :	Mother	Age	51

Domiciliary Claim Details

All Hospitalisation claim should be raised within 90 days from the treatment end date			
Details of illness/injury :	Digestive system related ailments undefined		
Name of treating doctor :			
Hospital Name :	Sree Galaxy Clinic,New Town,North 24 Parganas,West Bengal,700156	Hospital Address :	Sree Galaxy Clinic,New Town,North 24 Parganas,West Bengal,700156
Treatment Start Date	09-Jan-2024	Treatment End Date	01-Mar-2024

Medical Documents

No	Bill No.	Bill Date	Bill Amount	Remarks
1	555	09-Jan-2024	600	OPD-Consultation
2	A01784	09-Jan-2024	1471	Pharmacy and Medicine
3	A01894	13-Jan-2024	722	Pharmacy and Medicine
4	OIDL240111031928292173	11-Jan-2024	270	Investigation and Labs

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	