



ANNEXURE-II

**DELHI GOVERNMENT EMPLOYEES HEALTH SCHEME**  
**REVISED MEDICAL 2004 FORM FOR REIMBURSEMENT OF MEDICAL CLAIMS OF DGEHS BENEFICIARIES**  
(To be filled by the claimant)

1. DGEHS Card No. and Place of issue:- 246283, New Delhi
2. Validity of DGEHS Card: - from..... to 31/03/2030
3. Ward Entitlement (if Admitted in Hospital): - ☒ Private. / Semi Private. / General.
4. Full Name of Employee/Beneficiary (Block Letters):- Mr./Ms. VEENA NEGI
5. Full Address:- 164-D, MIG FLATS, Pocket-A, Dilshad Garden, Delhi-95
6. Telephone No. (O)..... (M) 9958584391
7. E-mail Address if, any: .....
8. Name of the Bank. CANARA Branch. GTNH/UCMA SB A/C No. 3009101056222
- Branch MICR Code. 110015088 IFS Code. CNRB0003009 Tel. No. of Bank Branch.....
9. Name of the Patient & Relationship with the Card Holder:- Mr. P. S. Negi, Spouse
10. Basic Pay (Excluding Grade Pay):- Rs. 56,900/-
11. Name of the Hospital with Address:- Centre for Sight, Vikas Marg, Pocket Vikas, Delhi
- ☒ (a) OPD Treatment (Investigations) & Period of treatment:- 11/02/2023.
- (b) Indoor Treatment:- Date of Admission..... Date of Discharge.....

12. Total Amount Claimed: - Total Rs.

Total Amount Claimed	Consultation Charges	Investigation Charges	Medicine Charges	Other Charges
For OPD Treatment	254	2500	1000	= Total - 3754/-
For Indoor Treatment				

13. Details of Referral:-

14. Details of Medical Advance if, any:-

**DECLARATION**

I hereby declare that statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependant on me. I am a DGEHS beneficiary and the DGEHS card was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Dated:- 23/02/2023

Signature of DGEHS Card Holder

Note: Misuse of DGEHS facilities is a criminal offence. Suitable action including cancellation of DGEHS card shall be taken in case of willful suppression of facts or submission of false statements. Suitable disciplinary action shall be taken in case of serving employees.

# CALCULATION SHEET

is of medical reimbursement claim charges in respect of Sh/Smt. Veena Negi working as Section Officer

Dept of Education for the  
EUCS in Divided

ne of the Patient & Relationship Sh. P. S. Negi Spouse

me of treating hospital Centre for Sight

Whether Govt/Panel/Non Panel Panel Hospital

S.No	Cash Memo No. & Date	Name of Investigation/ Treatment / Medicine	Treatment/DGHS code	Rates charged by Hospital	DGEHS Approved Rates	Restricted Claim	Remarks
1	PRTV/OP/BILL/ 22-23/45395 dt. 11/02/2023	IOP measurement Refraction Consultation	89 63 01	58 46 150	58 46 150	58/- 46/- 150/-	
2	PRTV/OP/BILL/ 22-23/45412 dt. 11/02/2023	OCT (Both Eye)	83	2500	2500	2500/-	