



Domiciliary Claim Form(Employee Id :
2221749)
Claim No : D02122408552221749A005



Employee Details

Employee Id :	2221749	Employee name :	Ramya Eppalapalli
EmailId :	ramya.eppalapalli1@tcs.com	Mobile No :	9963967158

Patient Details

Name of Patient :	Ramya Eppalapalli	Gender	F
Relationship :	Self	Age	24

Domiciliary Claim Details

All Hospitalisation claim should be raised within 90 days from the treatment end date			
Details of illness/injury :	Injury/Fractures / Joint pains/ Bone related treatments		
Name of treating doctor :			
Hospital Name :	Shreya hospital,Lingampalli, K.V.Rangareddy,Telangana,500019	Hospital Address :	Shreya hospital,Lingampalli, K.V.Rangareddy,Telangana,500019
Treatment Start Date	25-Nov-2024	Treatment End Date	01-Dec-2024

Medical Documents

No	Bill No.	Bill Date	Bill Amount	Remarks
1	251124INV011	01-Dec-2024	5564	Pharmacy and Medicine

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	