

**BITS, PILANI- K. K. BIRLA GOA CAMPUS**  
**NH 17B, Bypass Road, Zuarinagar, Goa 403 726**

**MEDICAL REIMBURSEMENT - IN PATIENT ADMISSIONS (Form - II)**

Application for claiming refund of Medical expenses incurred in connection with medical attendance/or treatment of members of the BITS Pilani -Goa Campus and their families. NB - Separate form should be used for each patient.

Name of Claimant: \_\_\_\_\_ GPSRN: \_\_\_\_\_

**DETAILS OF THE AMOUNT CLAIMED**

Name of Patient: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Hospital (where Admission taken): \_\_\_\_\_

Admission Unit/Doctor: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Duration of Hospital Stay: \_\_\_\_\_ days

Fees -	Amount (Rs)		Remark
a) Accommodation charges			
b) Consultation charges			
c) Nursing charges			
d) Ambulance charges(if any)			
e) Any other charges			
f) Charges for Pathological Bacteriological/Radiological / other similar tests undertaken during the admission.			
g) Cost of MEDICINES purchased for present illness (List of Medicines/Cash Memos and Essentiality Certificates should be attached).			
TOTAL AMOUNT:			

**Total Amount in words - Rs:** \_\_\_\_\_

I certify that the claim - is covered by the rules and orders on the subject and was not drawn before,

Date: \_\_\_\_\_ Signature of the Member \_\_\_\_\_

**(MEDICAL CENTRE - BITS PILANI GOA CAMPUS)**

Certified that the claim is genuine and may be admitted.

Date: \_\_\_\_\_ Medical Consultant  
Medical Centre

**(For Finance office use only)**

Please pay as per rules

Amount: Rs - \_\_\_\_\_ (in words) \_\_\_\_\_

Reference of Medical Claim Register: Page No \_\_\_\_\_ Sr. No \_\_\_\_\_

**Finance Officer**