



Domiciliary Claim Form(Employee Id :  
2213653)  
Claim No : D15072308572213653A001



#### Employee Details

Employee Id :	2213653	Employee name :	Yugesh T
EmailId :	t.yugesh@tcs.com	Mobile No :	7569372152

#### Patient Details

Name of Patient :	Yugesh T	Gender	M
Relationship :	Self	Age	23

#### Domiciliary Claim Details

All Hospitalisation claim should be raised within 90 days from the treatment end date			
Details of illness/injury :	Infectious diseases/Fever  undefined		
Name of treating doctor :			
Hospital Name :	Amrik Hospital,#209,PRASANTH LAYOUT,WHITEFIELD,Bengaluru, Karnataka	Hospital Address :	Amrik Hospital,#209,PRASANTH LAYOUT,WHITEFIELD,Bengaluru, Karnataka
Treatment Start Date	15-Jul-2023	Treatment End Date	15-Jul-2023

#### Medical Documents

No	Bill No.	Bill Date	Bill Amount	Remarks
1	4827c	15-Jul-2023	1333	OPD-Consultation

#### 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	