



Domiciliary Claim Form(Employee Id : 193353)
Claim No : D2908160193353E001



Employee Details

Employee Id :	193353	Employee name :	Venkataiah Kandula
EmailId :	venki203k@gmail.com	Mobile No :	8220470434

Patient Details

Name of Patient :	Hazarath Kandula	Gender	M
Relationship :	Father	Age	65

Domiciliary Claim Details

All Hospitalisation claim should be raised within 90 days from the date of discharge			
Details of illness/injury :	Thyroid		
Name of treating doctor :	R.Indumathi		
Clinic Name :	Dr Kamakshi Memorial Hospital PVT LTD	Clinic PinCode :	600100
Treatment Start Date	24-Jun-2016	Treatment End Date	26-Jun-2016

Medical Documents

Note: Please click on the check box 'Available' to update further details i.e. No.of Bills/Documents & Amount			
Document Type	Available	No. of bills/documetns	Amount
Original prescription for medicine & investigation	<input checked="" type="checkbox"/>	1	
Original pharmacy & pre-numbered Dr. consultation bills	<input checked="" type="checkbox"/>	3	Rs.1018
Original investigation/Lab report & bill	<input checked="" type="checkbox"/>	11	Rs.5130
Case summary or X-ray report in case of any dental treatment	<input type="checkbox"/>		
Any other documents	<input type="checkbox"/>		
Total no. of documents & claimed amount		15	Rs.6148

I will retain the scanned copies & submit the hard copies of all Original Medical bills and Documents with this claim form:

On	Branch	Address
31-Aug-2016	HIS Helpdesk - CHENNAI & COIMBATORE	HIS Helpdesk, Tata Consultancy Services Ltd., 185/188, Lloyds Road, Chennai ? 600086.

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	