

Date of Submission

Domiciliary Claim Form(Employee Id : 193353) Claim No : D2908160193353D001



Medi Assist										
Employee Details										
Employee Id :	193353				Employee name :			Venkataiah Kandula		
Emailld :	vei	venkatreddy.k@tcs.com			Mobile No :			8220470434		
Patient Details										
Name of Patient :		Movitha Reddy Kandula			Gender			F		
Relationship: Second C			d Child		Age		2	2		
Domiciliary Claim Details										
-		aised wit	hin 90 days from the date of d	discharge						
Details of illness/injury : Shoulder Pain										
Name of treating doctor : Dr Sravanthi Kosuri & Dr De					uepak Kumar KS					
Clinic Name :			Dr Kamakshi Memorial Hospital PVT LTD		CI	Clinic PinCode :		600100		
Treatment Start Date			17-Jun-2016		Tr	Treatment End Date		25-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						\checkmark	4			
Original pharmacy & pre-numbered Dr. consultation bills						\checkmark	1		Rs.300	
Original investigation/Lab report & bill						\checkmark	4		Rs.1100	
Case summary or X-ray report in case of any dental treatment										
Any other documents										
Total no. of documents & claimed amount					9			9 Rs.14		
I will retain the scanned copie	es & su	ubmit the	hard copies of all Original Me	dical bills a	nd Doc	cuments with this c	laim 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	AGRE	EMENT								
·			true and correct. If it is found t disciplinary action which may a			•		•	n, I understand	
Date					Employee Signature					