



Domiciliary Claim Form(Employee Id :
1558130)
Claim No : D2111181558130C002



Employee Details

Employee Id :	1558130	Employee name :	Ramesh Chimmula
EmailId :	ramesh.chimmula@tcs.com	Mobile No :	9052354822

Patient Details

Name of Patient :	Aadhya	Gender	F
Relationship :	First Child	Age	0

Domiciliary Claim Details

All Hospitalisation claim should be raised within 90 days from the date of discharge			
Details of illness/injury :	Cold/Cough/Fever/Infectious Disease Cough and cold		
Name of treating doctor :	Kamalakar		
Clinic Name :	Lotus hospitals	Clinic PinCode :	500072
Treatment Start Date	05-Oct-2018	Treatment End Date	05-Oct-2018

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
Copy of Prescription for Medicine & Investigation	<input checked="" type="checkbox"/>	1	
Original Pharmacy Bills/Receipts	<input checked="" type="checkbox"/>	1	Rs.160
Original Dr. Consultation Bill with Receipt No.	<input checked="" type="checkbox"/>	1	
Original Investigation/Lab Bills/Receipts & Copy of Reports	<input type="checkbox"/>		
Case Summary/ X-Ray Report (for Dental Treatments)	<input type="checkbox"/>		
Any Other Document	<input type="checkbox"/>		
Total no. of documents & claimed amount		3	Rs.160

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

On	Branch	Address
22-Nov-2018	HIS Helpdesk - HYDERABAD	HIS Helpdesk, Tata Consultancy Services Ltd.,Deccan Park, Plot No 1,Survey No. 64/2, Software Units Layout, Serilingampally Mandal, Madhapur, Hyderabad ? 500034.

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	