



Pre-Hospitalisation Claim
Form(Employee Id : 1558130)
Claim No : H2111181558130A001



Employee Details

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

Patient Details

Name of Patient :	Ramesh Chimmula	Gender	M
Relationship :	Self	Age	28

Hospitalisation Claim Details

All Hospitalisation claim should be raised within 90 days from the date of discharge

Type of claim :	Pre-Hospitalisation		
State :	Telangana	City :	Hyderabad
Hospital Name :	Mythri Hospital	Hospital Address :	Plot No- 5-4/12 To 16, Main Road, Chandanagar
Date of Admission	06-Oct-2018	Date of Discharge	10-Oct-2018
Name of treating doctor :	PSangeeta	Details of illness/injury :	Viral pyrexia with hypotension with thrombocytopenia

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 Discharge Summary	<input checked="" type="checkbox"/>	1	
Original Hospital Main Bill	<input checked="" type="checkbox"/>	1	
Hospital Detailed/Break up Bill	<input type="checkbox"/>		
Original prenumbered Cash Paid Receipt	<input checked="" type="checkbox"/>	1	
Hospital Tariff Chart	<input checked="" type="checkbox"/>	1	
Prescription for Medicine & Investigation	<input type="checkbox"/>		
Original Investigation/Lab Report & Bill	<input checked="" type="checkbox"/>	4	Rs.700
Original Pharmacy & Consulatation Bills	<input checked="" type="checkbox"/>	2	Rs.594
Any other documents	<input type="checkbox"/>		
Total no. of documents & claimed amount		10	Rs.1294

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	