

Employee Details

Employee Id :	1226927	Employee name :	Chris Pereira
EmailId :	chris.pereira@tcs.com	Mobile No :	8087396987

Patient Details

Name of Patient :	Irene Lucy Pereira	Gender	F
Relationship :	Mother	Age	55

Domiciliary Claim Details

All Hospitalisation claim should be raised within 90 days from the date of discharge			
Details of illness/injury :	Fever Fever		
Name of treating doctor :	Dr. V. Muralidharan		
Clinic Name :	Dr. V. Muralidharan clinic	Clinic PinCode :	421501
Treatment Start Date	17-Mar-2017	Treatment End Date	17-Mar-2017

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.277
Original Dr. Consultation Bill with Receipt No.	<input type="checkbox"/>		
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		2	Rs.277

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

On	Branch	Address
29-Mar-2017	HIS Helpdesk - MUMBAI, GOA, NAGPUR & OVERSEAS	HIS Helpdesk (Desk No.18/23),Tata Consultancy Services Ltd.,Ground Floor, Prafullit Niwas,Road No.13, MIDC, Andheri (E),Mumbai - 400093.

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	