Pre-Hospitalisation Claim Form(Employee Id : 1244692)
Claim No : H1401181244692F002

TATA CONSULTANCY SERVICES

Z0002855726

Employee Details

Employee Id :	1244692	**Employee name :**	Deepak .
EmailId :	deepak.37@tcs.com	**Mobile No :**	9991088146

Patient Details

Name of Patient :	Sumitra	**Gender**	F
Relationship :	Mother	**Age**	42

Hospitalisation Claim Details

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

Type of claim :	Pre-Hospitalisation		
State :	Haryana	**City :**	Sonepat
Hospital Name :	Gemini Hospital	**Hospital Address :**	Gemini Clinic Gohana Road Sonipat
Date of Admission	23-Nov-2017	**Date of Discharge**	26-Nov-2017
Name of treating doctor :	Dr Atul Jaimini	**Details of illness/injury :**	Dengue Fever

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	☑	1	
Original Hospital Main Bill	☐		
Hospital Detailed/Break up Bill	☐		
Original prenumbered Cash Paid Receipt	☐		
Hospital Tariff Chart	☑	1	
Prescription for Medicine & Investigation	☑	1	
Original Investigation/Lab Report & Bill	☑	3	Rs.950
Original Pharmacy & Consulatation Bills	☑	5	Rs.2584
Any other documents	☐		
Total no. of documents & claimed amount		11	Rs.3534

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

On	Branch	Address
15-Jan-2018	HIS Helpdesk - GURGAON	HIS Helpdesk, Tata Consultancy Services Ltd., Ground to 8th Floor, Building No 1 & 2, Sky view Corporate Park, Sector-74A, NH-8, Gurgaon - 122004.

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	