



Hospitalisation Claim Form(Employee
Id : 1244692)
Claim No : H0503181244692A005



Employee Details

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

Patient Details

Name of Patient :	Deepak	Gender	M
Relationship :	Self	Age	23

Hospitalisation Claim Details

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

Type of claim :	Hospitalisation		
State :	Uttar Pradesh	City :	Ghaziabad
Hospital Name :	Raghavendra Hospital	Hospital Address :	Plot No 243, Shakti Khand 3, Indrapuram, Ghaziabad PIN-201014
Date of Admission	25-Feb-2018	Date of Discharge	28-Feb-2018
Name of treating doctor :	Dr Anurag Mishra	Details of illness/injury :	Kidney Stone Infection and Bleeding

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	Rs.16000
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"/>	8	Rs.1800
Original Pharmacy & Consultation Bills	<input checked="" type="checkbox"/>	4	Rs.3660
Any other documents	<input type="checkbox"/>		
Total no. of documents & claimed amount		16	Rs.21460

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

On	Branch	Address
06-Mar-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	