



Hospitalisation Claim Form(Employee  
Id : 1244692)  
Claim No : H1201181244692F001



#### 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 :	Hospitalisation		
State :	Haryana	City :	Sonepat
Hospital Name :	Gemini Hospital	Hospital Address :	Gemini Clinic, Gohana Road Sonipat, Near Sambhu Dayal School, Malhana Chowk
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	<input checked="" type="checkbox"/>	1	
Original Hospital Main Bill	<input checked="" type="checkbox"/>	1	Rs.2250
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"/>	13	Rs.1650
Original Pharmacy & Consulatation Bills	<input checked="" type="checkbox"/>	5	Rs.797
Any other documents	<input type="checkbox"/>		
Total no. of documents & claimed amount		22	Rs.4697

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	