



Domiciliary Claim Form(Employee Id :
534146)
Claim No : D1803210534146E001



Employee Details

Employee Id :	534146	Employee name :	Sakhamuri Divya
EmailId :	sakhamuri.divya@tcs.com	Mobile No :	9491795810

Patient Details

Name of Patient :	Sakamuri Mohanarao	Gender	M
Relationship :	Father	Age	54

Domiciliary Claim Details

All Hospitalisation claim should be raised within 90 days from the date of discharge			
Details of illness/injury :	Eye related diseases and Non cosmetic treatments undefined		
Name of treating doctor :	Sulochana rani		
Clinic Name :	Dr. Agarwals Eye Hospital	Clinic PinCode :	522001
Treatment Start Date	15-Dec-2020	Treatment End Date	15-Dec-2020

Medical Documents

No	Bill No.	Bill Date	Bill Amount	Remarks
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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	