

## SRILANKA EXPORT DEVELOPMENT BOARD APPLICATION FOR RE- IMBURSEMENT — NON HOSPITALISATION

Name of Employee:	Whether the claim is in respect of		
Designation:	Employee		
Division:	If the claim is in respect of dependent/s:		
Name of the Medical Practitioner :	Name/s of dependent/s Relationship		
Nature of illness :			
	FOR OFFICE USE ONLY		
	Amount Claimed	Entitlement	Amount
1. Treatment given by Specialist 2. Routine Medical Expenses 3. Tests & Special Services 4. Corrective Treatment Appliances 5. Miscellaneous  Total  Documents attached: No of prescriptions			Payable(Rs.)
Date			of Applicant
FOR OFFICE USE ONLY Limit not exceeded .Checked and certified correct.	Payment approved overleaf.		d for reasons see
Date Subject Officer	Date	Chairman /MAS	
Date Secretary /MAS	Date	Member /MAS	
	Date		ber /MAS



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## Claims which are not accordance with the following Procedure will not be reimbursed

- Patient's name is not stated on the prescription.
- Specific period is not given for repeated drugs.
- Undated bills.
- Claims are submitted after 06 months from the date of medication or consultation.
- Prescriptions which are not on printed letter heads or do not contain the registration number, seal and signature of the physician
- Quantities of drugs purchased are found to be in excess of the quantities prescribed by the physician.
- Altered bills
- Purchase of Sustagen, Sanatogen etc not supported with the prescriptions recommended by the specialist giving details of the illness.
- Submission of Bills and prescriptions, pasted on a sheet of paper.
- Non –Submission of originals of prescription (except for repeated drugs)
- Submission of bills/claims for children above 21 years
- Non- submission of Birth certificates of dependents/s
- Non submission of Marriage certificates
- E- Channeling receipts which do not contain Doctor's / Nursing Home or Hospital seal or rubber stamp
- Using photo copies of applications for reimbursement.

## Applications should be filled clearly & completely

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