



Domiciliary Claim Form(Employee Id :
1039555)
Claim No : D1912181039555A006



Employee Details

Employee Id :	1039555	Employee name :	Vinay Jashtadhi
EmailId :	vinay.jashtadhi@tcs.com	Mobile No :	9676085021

Patient Details

Name of Patient :	Vinay Jashtadhi	Gender	M
Relationship :	Self	Age	24

Domiciliary Claim Details

All Hospitalisation claim should be raised within 90 days from the date of discharge			
Details of illness/injury :	Fracture/Injury/Dislocation/Sprain/Strain of Joints/Other Orthopedic Ailments Injured with wounds and abrasions on face and neck in an accident		
Name of treating doctor :	Dr. M.V.Naveen Reddy		
Clinic Name :	CARE hospitals	Clinic PinCode :	500032
Treatment Start Date	13-Dec-2018	Treatment End Date	13-Dec-2018

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
Copy of Prescription for Medicine & Investigation	<input checked="" type="checkbox"/>	1	
Original Pharmacy Bills/Receipts	<input checked="" type="checkbox"/>	2	Rs.894
Original Dr. Consultation Bill with Receipt No.	<input checked="" type="checkbox"/>	1	Rs.500
Original Investigation/Lab Bills/Receipts & Copy of Reports	<input type="checkbox"/>		
Case Summary/ X-Ray Report (for Dental Treatments)	<input type="checkbox"/>		
Any Other Document	<input checked="" type="checkbox"/>	1	Rs.970
Total no. of documents & claimed amount		5	Rs.2364

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

On	Branch	Address
20-Dec-2018	HIS Helpdesk - HYDERABAD	HIS Helpdesk, Tata Consultancy Services Ltd.,Deccan Park, Plot No 1,Survey No. 64/2, Software Units Layout, Serilingampally Mandal, Madhapur, Hyderabad ? 500034.

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	