

**CLAIM FOR REIMBURSEMENT UNDER THE TANGEDCO PENSIONERS' COVID
NON-CRITICAL CARE FINANCIAL ASSISTANCE SCHEME**

Letter to be addressed to:

The Deputy Secretary/Miscellaneous, Secretariat Branch, TANGEDCO, IX Floor,
NPKRR Maaligai, 144, Anna Salai, Chennai-600 002.

[Cell No.9445448857]

DETAILS TO BE PROVIDED

Name of the Pensioner/Family Pensioner/ Exgratia beneficiary	
P.P.O. No.	
NHIS ID Card No.	
Patient's Name	
Relationship to the Pensioner	
Hospital Name & District	
Date of Admission	
Date of Discharge	
Total amount claimed	
Contact Number	

(FOR THE TREATMENTS TAKEN IN EMPANELLED HOSPITALS)

DOCUMENTS TO BE ATTACHED

S.No.	Documents required	Yes/No	Remarks
1	Copy of NHIS ID Card/Annexure Form		
2	Discharge summary (in original)		
3	Hospital final bill (in original)		
4	Break up bill of hospital final bill (in original)		
5	Pharmacy bills (in original)		
6	All cash receipts for the payments made to the hospital (in original)		
7	Covid-19 positive report (in original)		
8	All Blood investigation reports (in original)		