



Domiciliary Claim Form(Employee Id :
1373724)
Claim No : D2908191373724C002



Employee Details

Employee Id :	1373724	Employee name :	Kiran Guntumadugu
EmailId :	kiran.guntumadugu@tcs.com	Mobile No :	9962270770

Patient Details

Name of Patient :	Juhith Varma Guntumadugu	Gender	M
Relationship :	First Child	Age	1

Domiciliary Claim Details

All Hospitalisation claim should be raised within 90 days from the date of discharge			
Details of illness/injury :	Digestive System Disorders/Food Poisoning/Diarrhea/Gastritis Digestive system disorder and skin rashes		
Name of treating doctor :	Karthik		
Clinic Name :	Dr Karthik's Children's Clinic	Clinic PinCode :	603100
Treatment Start Date	15-Aug-2019	Treatment End Date	15-Aug-2019

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"/>	1	Rs.483
Original Dr. Consultation Bill with Receipt No.	<input checked="" type="checkbox"/>	1	Rs.200
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 type="checkbox"/>		
Total no. of documents & claimed amount		3	Rs.683

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

On	Branch	Address
30-Aug-2019	HIS Helpdesk - CHENNAI & COIMBATORE	HIS Helpdesk, Tata Consultancy Services Ltd., 185/188, Lloyds Road, Chennai ? 600086.

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	