



Domiciliary Claim Form(Employee Id :
1373724)
Claim No : D3009191373724A001



Employee Details

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

Patient Details

Name of Patient :	Kiran Guntumadugu	Gender	M
Relationship :	Self	Age	36

Domiciliary Claim Details

All Hospitalisation claim should be raised within 90 days from the date of discharge			
Details of illness/injury :	Skin related diseases Skin related diseases		
Name of treating doctor :	KarthikRaja		
Clinic Name :	Aestheticclinicque	Clinic PinCode :	600119
Treatment Start Date	23-Sep-2019	Treatment End Date	23-Sep-2019

Medical Documents

No	Bill No.	Bill Date	Bill Amount	Remarks
1	526	23-Sep-2019	800	Consultant Charges
2	38867	23-Sep-2019	124	Pharmacy & Medicine Charges
3	36173	05-Aug-2019	124	Pharmacy & Medicine Charges

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	