



Domiciliary Claim Form(Employee Id :
1373724)
Claim No : D1709191373724B002



Employee Details

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

Patient Details

Name of Patient :	Usha Gangaraju	Gender	F
Relationship :	Spouse	Age	31

Domiciliary Claim Details

All Hospitalisation claim should be raised within 90 days from the date of discharge			
Details of illness/injury :	Injury/Fractures / Joint pains/ Bone related treatments Injury/Fractures / Joint pains/ Bone related treatments		
Name of treating doctor :	Venkataramanan Swaminathan		
Clinic Name :	Apollo Speciality Hospitals	Clinic PinCode :	600028
Treatment Start Date	12-Sep-2019	Treatment End Date	12-Sep-2019

Medical Documents

No	Bill No.	Bill Date	Bill Amount	Remarks
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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	