



Domiciliary Claim Form(Employee Id :
1373724)
Claim No : D1510191373724A002



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 :	Eye related diseases and Non cosmetic treatments Eye related diseases and Non cosmetic treatments		
Name of treating doctor :	Anand Parthasarathy		
Clinic Name :	Centre for Vision & Eye Surgery	Clinic PinCode :	603130
Treatment Start Date	03-Oct-2019	Treatment End Date	03-Oct-2019

Medical Documents

No	Bill No.	Bill Date	Bill Amount	Remarks
1	4345	03-Oct-2019	450	Consultant Charges
2	4347	03-Oct-2019	1297	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	