



Domiciliary Claim Form(Employee Id :  
1565614)  
Claim No : D1803191565614A002



#### Employee Details

Employee Id :	1565614	Employee name :	Mehakdeep Brar
EmailId :	m.brar@tcs.com	Mobile No :	9888250091

#### Patient Details

Name of Patient :	Mehakdeep Brar	Gender	M
Relationship :	Self	Age	30

#### Domiciliary Claim Details

All Hospitalisation claim should be raised within 90 days from the date of discharge			
Details of illness/injury :	Skin Related treatments (Non Cosmetic)  skin infection		
Name of treating doctor :	Dr. Nidhi Rao		
Clinic Name :	Jain Hospital	Clinic PinCode :	122001
Treatment Start Date	09-Mar-2019	Treatment End Date	09-Mar-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.302
Original Dr. Consultation Bill with Receipt No.	<input checked="" type="checkbox"/>	1	Rs.400
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.702

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

On	Branch	Address
19-Mar-2019	HIS Helpdesk - GURGAON	HIS Helpdesk, Tata Consultancy Services Ltd., Ground to 8th Floor, Building No 1 & 2, Sky view Corporate Park, Sector-74A, NH-8, Gurgaon - 122004.

#### 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	