



Hospitalisation Claim Form(Employee
Id : 226563)
Claim No : H12122104060226563B054



Employee Details

Employee Id :	226563	Employee name :	Nunna Subbarao
EmailId :	nunna.subbarao@tcs.com	Mobile No :	6363236430

Patient Details

Name of Patient :	Nunna Venkata Varalakshmi	Gender	F
Relationship :	Spouse	Age	29

Hospitalisation Claim Details

All Hospitalisation claim should be raised within 90 days from the date of discharge

Type of claim :	Hospitalisation		
Hospital Name :	Suraksha Hospitals (A P J Doctors Llp),13-8-138, 8TH LANE, GUNTURUVARI THOTA, KOTHAPET, GUNTUR,Andhra Pradesh	Hospital Address :	Suraksha Hospitals (A P J Doctors Llp),13-8-138, 8TH LANE, GUNTURUVARI THOTA, KOTHAPET, GUNTUR,Andhra Pradesh
Date of Admission	11-Oct-2021	Date of Discharge	15-Oct-2021
Name of treating doctor :	Prathibha guruguri	Details of illness/injury :	C-Section / LSCS

Medical Documents

Note: Please click on the check box 'Available' to update further details i.e. No.of Bills/Documents & Amount

Original Discharge Summary	<input type="checkbox"/>		
Original Hospital Main Bill	<input checked="" type="checkbox"/>	1	Rs.56000
Hospital Detailed/Break up Bill	<input checked="" type="checkbox"/>	1	
Original prenumbered Cash Paid Receipt	<input checked="" type="checkbox"/>	1	
Hospital Tariff Chart	<input checked="" type="checkbox"/>	1	
Prescription for Medicine & Investigation	<input checked="" type="checkbox"/>	1	
Original Investigation/Lab Report & Bill	<input checked="" type="checkbox"/>	1	Rs.2200
Original Pharmacy & Consultation Bills	<input checked="" type="checkbox"/>	1	Rs.18346
Any other documents	<input type="checkbox"/>		
Government Photo ID Proof	<input type="checkbox"/>		
Total claimed amount			Rs.76546

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

On	Branch	Address
12-Dec-2021	HIS Helpdesk - BANGALORE (Think Campus)	HIS HELPDESK, Tata Consultancy Services, Mediassist team, # 42(P) & 45(P), Think Campus, Electronic City, Phase II, Bangalore 560 100.

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	