



Domiciliary Claim Form(Employee Id :
352000)
Claim No : D1508200352000B002



Employee Details

Employee Id :	352000	Employee name :	Samar Sahoo
EmailId :	samar.sahoo@tcs.com	Mobile No :	7893479400

Patient Details

Name of Patient :	Punya Utkalika Sahoo	Gender	F
Relationship :	Spouse	Age	27

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 :	Dr deepa K		
Clinic Name :	Appollo clinic	Clinic PinCode :	560034
Treatment Start Date	17-May-2020	Treatment End Date	10-Jun-2020

Medical Documents

No	Bill No.	Bill Date	Bill Amount	Remarks
1	AA577201219688872	17-May-2020	2000	Investigation & Lab Charges
2	CSAR-OCS-154881	16-May-2020	600	Consultant Charges
3	CSAR-OCS-154977	19-May-2020	2100	Consultant Charges
4	14813CC0123865	16-May-2020	751	Pharmacy & Medicine Charges
5	14813CC0123994	19-May-2020	1342	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	