



Domiciliary Claim Form(Employee Id :  
352000)  
Claim No : D1508200352000B003



#### 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 :	Hypothyroid  Hypothyroid		
Name of treating doctor :	Dr Jagadeesh K H		
Clinic Name :	Apollo Clinic	Clinic PinCode :	560034
Treatment Start Date	17-May-2020	Treatment End Date	31-Jul-2020

#### Medical Documents

No	Bill No.	Bill Date	Bill Amount	Remarks
1	CSAR-OCS-154975	19-May-2020	500	Consultant Charges
2	14813CC0123995	19-May-2020	172	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	