



Domiciliary Claim Form(Employee Id :
135892)
Claim No : D16102211190135892B122



Employee Details

Employee Id :	135892	Employee name :	Rupesh Raut
EmailId :	rupesh.raut@tcs.com	Mobile No :	9757124387

Patient Details

Name of Patient :	Pratika R Raut	Gender	F
Relationship :	Spouse	Age	48

Domiciliary Claim Details

All Hospitalisation claim should be raised within 90 days from the treatment end date			
Details of illness/injury :	Dental related ailments and Non cosmetic treatments (root canal, extraction only) undefined		
Name of treating doctor :			
Hospital Name :		Hospital Address :	
Treatment Start Date	29-Sep-2022	Treatment End Date	29-Sep-2022

Medical Documents

No	Bill No.	Bill Date	Bill Amount	Remarks
1	609	29-Sep-2022	3900	Consultant 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	