



Domiciliary Claim Form(Employee Id :  
1192743)  
Claim No : D1601201192743A002



#### Employee Details

Employee Id :	1192743	Employee name :	Sahana P
EmailId :	sahana.p3@tcs.com	Mobile No :	9964855035

#### Patient Details

Name of Patient :	Sahana P	Gender	F
Relationship :	Self	Age	25

#### Domiciliary Claim Details

All Hospitalisation claim should be raised within 90 days from the date of discharge			
Details of illness/injury :	Infectious diseases/Fever  Infectious diseases/Fever		
Name of treating doctor :	SATEESHCHANDRA M DHADAKE		
Clinic Name :	Chinmaya Mission Hospital	Clinic PinCode :	560038
Treatment Start Date	25-Dec-2019	Treatment End Date	25-Dec-2019

#### Medical Documents

No	Bill No.	Bill Date	Bill Amount	Remarks
1	1591875	25-Dec-2019	300	Consultant Charges
2	18308811	25-Dec-2019	238	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	