

## Annexure –I

### **CENTRAL GOVERNMENT HEALTH SCHEME MODIFIED CHECK LIST FOR REIMBURSEMENT OF MEDICAL CLAIMS**

- 1 CGHS Token no. and place of issue :
- . .
- 2 Validity of CGH Card(for pensioners)& Entitlement :
- . .
- 3 Full name of Card Holder (Block letters) :
- . .
- 4 Status (Govt. servant/Pensioner/other) :
- . .
- 5 The following documents are submitted :
- . .
- (please tick the relevant column) :
- a) Medical 2004 form : yes/no
- b) Photocopy of CGHS card : yes/No
- c) No. of original bills : yes/no
- d) Copy of discharge summary :
- e) Copy of referral by specialist /CMO : yes/no
- f) Whether the hospital has given breakup for lab.inv : yes/no
- g) Original papers have been lost the following documents are submitted
- i) Photocopies of claim papers : yes/no
- ii) Affidavit on stamp paper : yes/no
- h) In case of death of card holder the following documents are submitted --
- i) Affidavit on stamp paper y claimant : yes/no
- ii) No objection from other legal heirs on stamp paper : yes/no
- iii) Copy of death certificate : yes/no

Dated \_\_\_\_\_

Signature of CGHS Card Holder  
Tel no.

**CENTRAL GOVERNMENT HEALTH SCHEME  
MEDICAL 2004 FORM FOR REIMBURSEMENT OF MEDIAL CLAIMS OF CGHS  
BENEFICIARIES**

**(TO BE FILLED BY THE CLAIMANT)**

1. CGHS Token No. and place of issue :
2. Validity of CGHS Token card & entitlement : from \_\_\_\_\_ to \_\_\_\_\_ entitlement\_\_\_\_
3. Full name of the card holder (block letters) :
4. Full address :
5. Telephone no. : (o) \_\_\_\_\_ (R) \_\_\_\_\_  
E-mail: \_\_\_\_\_
6. Name of the patient & relationship with card holder :
7. Status tick(Govt. servant/Pensioner) :
8. Basic pay/ Basic pension :
9. Name of the Hospital with address  
a) OPD treatment and investigations :  
b) Indoor treatment :
10. Date of admission : \_\_\_\_\_ date of discharge\_\_\_\_\_ (in case of indoor treatment only)
11. Total amount claimed  
a) OPD treatment :  
b) Indoor treatment :
12. Details of Referral :
13. Details of Medical advance if, any :

**DECLARATION**

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me. I am a CGHS beneficiary and the CGHS card was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Dated:

Signature of CGHS Card Holder

**Note:** Misuse of CGHS facilities is a criminal offence. Suitable action including cancellation of CGHS card shall be taken in case of willful suppression of facts or submission of false statements. Suitable disciplinary action shall be taken in case of serving employees.