

**CENTRAL GOVERNMENT HEALTH SCHEME**  
**MEDICAL REIMBURSEMENT CLAIM FORM**

(To be filled up by the Principal Card holder in BLOCK LETTERS)

1. (a) Name of the Principal CGHS Card Holder :  
(b) CGHS Ben ID No. :  
(c) Employee Code No. :  
(d) Ward Entitlement – Pvt./Semi-Pvt./General :  
(e) Full Address :  
  
(f) Mobile telephone No. and e-mail address, if any :
2. (a) Patient's Name :  
(b) Patient's CGHS Ben ID No. :  
(c) Relationship with the Principal CGHS card holder :
3. Name & address of the hospital / diagnostic center /  
imaging center where treatment is taken or tests done:
4. Whether the hospital/diagnostic/imaging center is  
empanelled under CGHS : Yes/No
5. Treatment for which reimbursement claimed  
(a) OPD Treatment /Test & investigations :  
(b) Indoor Treatment :
6. Whether treatment was taken in emergency : Yes/No
7. Whether prior permission was taken for the treatment : Yes/No
8. Whether subscribing to any health/medical insurance : Yes/No  
scheme, If yes, amount claimed/received
9. Details of Medical Advance taken, if any :
10. **Total amount claimed**  
(a) OPD Treatment :  
(b) Indoor Treatment :  
(c) Tests/Investigation :
11. Name of the Bank : ..... SB A/c No.: .....  
Branch MICR Code: ..... IFSC Code.....

**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.

Date : .....

Place: .....

Signature of the Principal CGHS card holder

**NATIONAL BOOK TRUST, INDIA VASANT KUNJ, NEW DELHI**  
**Modified check list for reimbursement of medical claims**

01	CGHS Token No. and place of issue (or Ben ID of Employee/Pensioner)	
02	Validity of CGHS Card	From.....to.....
03	Entitlement	Pvt. /Semi Pvt./General
04	Full name of Principal Card Holder	
05	Full name of patient & Relationship with the Principal Card Holder	
06	The following documents are submitted (Please tick (-/)) the relevant column)	
(a)	Medical 2004 Form (Revised)	Yes/No
(b)	Photocopy of CGHS Card	Yes/No
(c)	No. of original bills	
(d)	Copy of discharge summary	Yes/No
(e)	Copy of referral Specialist/CMO	Yes/No
(f)	Whether the hospital has given break up for lab investigations	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 by Claimant	Yes/No
	II No objection from other legal Heirs on stamp papers	Yes/No
	III Copy of death certificate	Yes/No

Date : .....  
Place: .....

Signature of Principal CGHS Card holder  
Tel. No. (O)  
(R)

Name of the Bank .....Branch.....SB Account No. ....  
Branch MICR Code .....Tel. No. of Bank Branch .....