



I have incurred on the treatment of Disease/illness/Accident referred of above, the expenses as per the details given by me in Schedule of Expenses given overleaf.

In support of the above claim, I enclose the following documents (please indicate by ✓) :

1. Bill, Receipt and Discharge certificate card and from the Hospital.
2. Cash Memos from the Hospital Chemist(s) supported by the proper prescription.
3. Receipt and Pathological test reports from a pathologist supported by the note from the attending Medical Practioner Surgeon demanding such pathological tests.
4. Surgeon's Certificate stating nature of operation performed and Surgeon's bill and receipt.
5. Attending Doctor's / Consultants/Specialist's/Anaesthesist's bill and receipt and certificate regarding diagnosis .
6. In case of Domicillary Hospitalisation, receipt from a qualified nurse who attended the patient at his/her residence duly supported by a certificate from attending Medical Practioner.
7. Certificate from the attending Medical Practioner giving reasons for allowing treatment at home.
8. Certificate from the attending medical Practioner/Surgeon that the Patient is fully cured.

I hereby warrant the truth of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppression or concealment, my right to claim reimbursement of the said expenses shall be absolutely fortified. I further declare that in respect of the above treatment, no benefits are admissible under any other Medical Scheme or Insurance.

Dated at ..... this ..... day of ..... 200 .....

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Signature of the Claimant

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**FOR OFFICE USE ONLY**

Date of Claim

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Date

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Month

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Year

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1. Name of the insured (Staff) :
  2. EMP No / PFM No :
  3. Name of the Bank : UCO Bank
  4. Name and address of the branch :
  5. Account No (14digit) :
  6. Type of account : SB / OD / CC
  7. MICR Code No :
  8. IFSC No :