



St. Stephen's College

University of Delhi, Delhi-110007

S. No:

Date :

REIMBURSEMENT OF MEDICAL BILL

IPD

OPD

Medical Expenses incurred in connection with medical attendance and or treatment of college Employees and their families

1.	Name of the Employee	
2.	Designation & Deptt.	
3.	Basic Pay of the employee	
4.	Name of the Patient	
5.	Relationship	
6.	Actual Residential Address	
7.	Place at which the patient fell ill	
8.	Doctor's Name / Hospital	
9.	Period of Treatment	
10.	Name of the Laboratory (if other than the hospital)	
11.	Employee's Bank & Bank A/c No.	

S.No.	Discriptions	Amount of the Bill	Amount Passed
1	O.P.D. Consultations		
2	Medicines		
3	Laboratory Tests		
4	Radiology (X-Rays)		
5	E.C.G./E.E.G. Charges		
6	ECHO Doppler / Stress Test		
7	Ultra Sound (Upper / Lower / Whole)		
8	Injection Inoculation		
9	Accommodation		
10	Medical Care		
11	Spl.. Consultations / Visits		

12	M.R.I.		
13	Operation Charges		
14	O.T. Charges		
15	Anesthesia Charges		
16	Procedure & Treatment		
17	Surgical Supplies		
18	Oxygen Charges		
19	CAT Scan		
20	Physiotherapy		
21	Special Tests		
22			
23			
24			
25			
26			
27	Total		
28	Less advance taken		
29	Net Amount Claimed		
30	<u>List of enclosures :-</u> 1. 2. 3. 4. 5		

I hereby declare that statements in this application are true in the best of my knowledge and belief and that the person for whom medical expenses are incurred is wholly dependent upon me.

(Signature of the Employee)

S.O.

A.O.

Bursar

Principal