

# New Health Insurance Scheme

## Reimbursement /Intimation

Employee

Pensioner

Employee /Pensioner Name :

Patient Name :

ID card No :

Relationship :

Department :

Contact No :

Hospital Name :

Treatment /Procedure :

Date of Admission :

Date of Discharge :

Estimate Amount sent to hospital :

Cashless Utilized : YES / NO

Approved by TPA :

Remarks :