# B.C.C.L.

**Contribrutory Post Retirement Medicare Scheme for Non-Executive** — **Format - E**

**(DETAILS OF THE AMOUNT CLAIMED)**

| | Rs. | P. | HOSPITALIZATION CASE | AMOUNT Rs. | P. |
|---|---|---|---|---|---|
| 1. Consultation fees<br>Date Amount<br>a)<br>b)<br>c)<br>d)<br>TOTAL - 1 | | | 5. ACCOMMODATION CHARGES FOR THE PERIOD<br>FROM :<br>TO :<br>Rs. ..... per day. | | |
| 2. INJECTION ADMINISTRATION FEES<br>Date Amount<br>a)<br>b)<br>c)<br>d)<br>TOTAL - 2 | | | 6. SURGICAL OPERATION CONFINEMENT CHARGES | | |
| 3. MEDICINES PURCHASED FROM MARKET<br>Date Amount<br>a)<br>b)<br>c)<br>d)<br>TOTAL - 3 | | | 7. COST OF MEDICIENS | | |
| A. TOTAL (1+2+3) | | | C. TOTAL (5+6+7) | | |
| 4. PATHOLOGICAL / OTHER TESTS<br>Name of the test Amount<br>a)<br>b)<br>c)<br>d) | | | 8. TOTAL AMOUNT CLAIMED (A+B+C+) | | |
| B. TOTAL - 4 | | | | | |

Date :

(Signature of the seperated Non-Executive / living spouse in case of death)

DETAILS OF AMOUNT DISALLOWED

Reason — Amount

1)
2)
3)
4)

Sr. A.O. / A.O.

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# B.C.C.L.

Contribrutory Post Retirement Medicare Scheme for Non-Executive — Format - D

CLAIM FORM FOR REIMBURSEMENT OF MEDICAL EXPENSES INCURRED BY SEPERATED NON-Executives

Name & Code .....

Registration of Medical Card : .....

Present address at which the Cheque is to be sent : .....

1. Name of the Patient : .....
2. Relationship with the (Retired Non - Executive) .....
3. Place at which patient fell in : .....
4. If treatment taken at place other than place of residence, give reasons : .....
5. Name of the doctor & hospital : from where treatment taken .....
6. Qualification of the Doctor : .....

Note

1. Doctors prescription and case memos in orginal should be attached
2. Receipts of amount claimed should be enclosed.
3. Separate claims should be prepared for each patient and each spell of treatment.

(To be certified by the retired Non Executive)

I do hereby declare that :

i) The statments made in the claim are true to the best of my knowledge and belief.
ii) I am a member of Contributory Post Retirement Medicare Scheme and my Medical Card is vaid since .....
iii) I continue to fulfill the conditions of eligibility for availing the benefits under the scheme.
iv) The Medical expenses were incurred for self / spouse.
v) I fully understand that the Company may refuse / terminate my membership of the scheme at any time without any notice and without assigning any reason.
vi) Myself and my spouse are not availlling any medical facilities from or through the Central / Stat Govt. / Public Sector Undertaking / Quasi Govt. Body either in individual capacity or as dependent.

Date :

( Signature of the seperated Non-Executive/ living spouse in case of death )

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The claim has been serutinised and recommended for payment of Rs. ..... (Rupees ..... ) only.

Chief of Medical Services

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(To be filled by the Account Department)

Claim passed for payment of Rupees (in wards) .....

(in figures) .....

Accountant Sr. A.O. / A.O. Date :

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# B.C.C.L.

Contribrutory Post Retirement Medicare Scheme for Non-Executive — Format - F

CLAIM FORM FOR REIMBURSEMENT OF MEDICAL EXPENSES INCURRED BY SEPERATED NON-Executives out patient / domicillary treatment :

Name & Code .....

Registration of Medical Card : .....

Present address at which the Cheque is to be sent : .....

1. Name of the Patient : .....
2. Relationship with the ..... (Retired Non - Executive)
3. Place at which patient fell in : .....
4. If treatment taken at place other than place of residence, give reasons : .....
5. Name of the doctor & hospital : ..... from where treatment taken
6. Qualification of the Doctor : .....

Note

1) Doctors prescription and cash memos in orginal should be attached.

2. Receipts of amount claimed should be enclosed.

3. Separate claims should be prepared for each patient and each spell of treatment.

(To be certified by the retired Executive)

I do hereby declare that :

i) The statments made in the claim are true to the best of my knowledge and belief.
ii) I am a member of Contributory Post Retirement Medicare Scheme and my Medical Card is vaid since .....
iii) I continue to fulfill the conditions of eligibility for availing the benefits under the scheme.
iv) The Medical expenses were incurred for self / spouse.
v) I fully understand that the Company may refuse / terminate my membership of the scheme at any time without any notice and without assigning any reasons.
vi) Myself and my spouse are not availling any medical facilities from or through the Central / Stat Govt. / Public Sector Undertaking / Quasi Govt. Body either in individual capacity or as dependent.

Date :

( Signature of the seperated Non-Executive/ living spouse in case of death )

The claim has been serutinised and recommended for payment of Rs. ..... (Rupees ..... ) only.

Chief of Medical Services

(To be filled by the Account Department)

Claim passed for payment of Rupees (in wards) .....

(in figures) .....

Accountant — Sr. A.O. / A.O. — Date :

BCCL Press 10 / 182 / 15 - 16 - 5000 Nos.