



DAMODAR VALLEY CORPORATION

PENSIONERS INDOOR TREATMENT REIMBURSEMENT CLAIM FORM

Certificate granted to Mr. / Mrs.....

Wife/Husband of Mr./Mrs.....

PPO No.

CERTIFICATE

(To be completed in the case of patient who are admitted to Hospital /Nursing Home for treatment)

PART - 'A'

(To be signed by treating Doctor of Hospital/Nursing Home)

I, Dr..... hereby certify

That the patient was admitted to Hospital/Nursing Home

From to

for treatment of

SL. NO.	NAME OF MEDICINES/INVESTIGATIONS/ROOM RENT ETC.	AMOUNT(RS.)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Signature of the treating Doctor of Hospital/Nursing Home)
(With Seal)

PART - 'B'

I certify that the patient has been under treatment at the
Hospital/Nursing Home and that the services of the special nurses, for which an expenditure of
Rs..... was incurred vide bills and receipts attached,
were essential for the recovery/prevention of serious deterioration in the condition of the patient.

(Signature of the treating Doctor of Hospital/Nursing Home)
(With Seal)

COUNTERSIGNED

I certify that the patient has been under treatment at the
.....Hospital/Nursing Home and that the facilities provided were the
minimum which were essential for the patient's treatment.

(Signature of the Medical Superintendent)

.....Hospital/Nursing Home
(with Seal)

Place:

Date:

PART - 'C'

SELF DECLARATION BY THE PENSIONERS/FAMILY PENSIONERS

I, Shri/Smt. PPO No.....
Certify that myself/my spouse was under treatment from to at
..... Hospital/Nursing Home and an expenditure of
Rs..... (Rupees)
had been incurred for this treatment as per the bills enclosed herewith.

Place :

Date :

(Signature of the Pensioner/Family Pensioner)
(Please mention Postal Address /e-mail Id & Phone No.)



3. CONDITIONS FOR REIMBURSEMENT OF INDOOR MEDICAL EXPENSES:

- a) Retirees and their spouses can get indoor treatment in any **approved or Tie-up** Hospital/Nursing Home of their choice (within India) and claim reimbursement of the expenses incurred limited to the conditions mentioned above under the CPRMAS.
- b) Retirees and their spouses will submit their claim for reimbursement in the enclosed format **(Annexure-C)** duly certified by the Hospital authority. The following supporting documents are required to be submitted for claiming the reimbursement.
 - i) Self-attested photo copy of PPO Book/ **Medical Identity Card**
 - ii) Self attested photo copy of any of the ID proofs: Voter ID / PAN Card / Aadhar Card / Driving License/ Passport.
 - iii) Prescription of Doctor for admission.
 - iv) All bills and cash receipts in original.
 - v) Original Discharge Summary of the discharged patient. In the event of death of the patient, Death Certificate (photocopy) issued by the Municipality/Corporation/Local Body has to be submitted.
 - vi) Original Invoice / Sticker in case of any implantation.
 - vii) Bank details along with a cancelled cheque.
 - viii) Reimbursement Claim Certificate duly filled up and signed by the treating doctor and Hospital / Nursing Home.
- c) (i) In the event of death of the patient Retirees, if spouse is alive, he / she may claim reimbursement as per Para - 3 (b) above
(ii) In all other cases, the successor may claim reimbursement by producing Succession Certificate issued by First Class Judicial Magistrate along with all supporting documents as mentioned in Para — 3 (b) above. In such case, the claimant will have to furnish separate Bank details (Name of the Account Holder, Name of the Bank and Branch, Branch Code, Account Number, IFSC Code) along with a cancelled cheque of that account."
- d) All medical bills/invoices along with supporting documents should reach to the Director of Health Services, Damodar Valley Corporation, DVC Towers, VIP Road, Kolkata- 700054 within 30 days of discharge from the hospital/Nursing Home.
- e) While sending the bills to the Director of Health Services, Retirees and their spouses must furnish his/her contact details (Phone No./e-mail Id) and complete postal address for further correspondence.
- f) After scrutiny and passing of the reimbursement medical bills, the amount will be transferred to the Bank Account via NEFT/RTGS and an Advice Note mentioning the sanctioned amount will be communicated to the Retirees and their Spouses/ Successor ~~on the address~~ of communication (e-mail ID or postal address) sent by them.

