



New Health Insurance Scheme



Reimbursement / Intimation Form

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 :

Amount Approved by TPA :

Remarks:

Signature of Employee/Pensioner