

NEW DELHI MUNICIPAL COUNCIL

ACCOUNTS DEPARTMENT

FORM FOR REIMBURSEMENT OF MEDICINES PURCHASED AS PRESCRIBED BY NDMC'S EMPANELLED PRIVATE HOSPITALS

1. Name of Employee/Pensioner _____
2. (a) Designation _____ (b) Emp. Code No./PPO No. _____
3. Medical Card No. _____ Validity of Medical Card From _____ to _____
4. Official/Residential Address _____
5. Phone/Mobile No. _____
6. Name of Patient _____
7. Relationship with Employees/Pensioner _____
8. Sr. No. and date of O.P.D. Slip/Prescription _____
9. Name of Hospital Prescribing the Medicine _____
10. Previous Reimbursement Received if any _____ Yes/No _____
11. If yes the Details of Voucher Nos. _____ Date _____

DETAILS OF MEDICINES PURCHASED/DETAILS OF TESTS :

<u>Sr. No.</u>	<u>Bill/Cashe Memo No.</u>	<u>Date</u>	<u>Cost of Medicines</u>	<u>Passed for payment</u>
1.			Rs.	Rs.
2.			Rs.	Rs.
3.			Rs.	Rs.
4.			Rs.	Rs.
5.			Rs.	Rs.
6.			Rs.	Rs.
7.			Rs.	Rs.
8.			Rs.	Rs.
9.			Rs.	Rs.
10.			Rs.	Rs.

(Use extra sheet if required)

Total Amount Rs. _____

Total Amount Rs. _____

DECLARATION

Certified that bills submitted for reimbursement are genuine and medicines were used treatment. I am responsible for any incorrect information furnished in the form. Drugs/Injection Administered/Advised were not/were for immunizing or prophylactic purposes.

Signature of the applicant _____

N.B. INSTRUCTIONS :

- (a) Strike out which is not applicable (b) Documents to be submitted :
- (i) Photocopy of prescription (ii) Photocopy of the test report (iii) Cash Receipts in original of medicines purchased, tests got done from other than the Hospital Laboratory, if prescribed, by Hospital.
- (iv) Photocopy of Medical Card.

(For office use only)

Recommended for payment of Rs. _____ (Rs. _____) as the Reimbursement of cost of Medicines/Tests (got done from other than the Hospital laboratory) as prescribed by the Hospital.

Accounts Officer (CBS & Accounts)
Drawing Officer