CHECKLIST

1	Name and Address of the employee Employee Code	
2	If Retired a) Date/ Year of Retirement b) Designation c) P.P.O.No.	
3	Communication of the Applicant Address For all purposes with cell No.	
4	Name and Address of the Hospital	
	a) Whether it is Private Hospital (or) Recognized Hospital	
	b) Whether referral Letter produced (or) Recognized orders to be enclosed along with the proposals	
5	Whether the Medical Reimbursement Proposal sent within 6 Months from the Date of discharge.	
6	Whether the following are enclosed	
	1) Appendix-II duly attested by the Head of the office	
	2) Emergency Certificate	
	3) Discharge Summary	
	4) Non drawl certificate	
	5) Essentiality certificate, attested by the authorized doctor, who undertakes treatment	
	6) If the Patient is dependent on the Govt.Employee-An employee certificate and dependency certificate are to be enclosed with the Medical Reimbursement Proposals.	
	7) In case of the dependents of deceased Govt. Employee/Retired employee whether legal heir certificate is enclosed (or) not.	
	8) Whether the medical reimbursement proposal is prepared and submitted with reference to G.O. Ms.No.74 H.M.& FW (K1) Dept.dt.15-03-2005 and G.O.Ms.No. 60HM &FW(K1) Dept. dt 15-10-2003 and also G.O. Ms. No. 105 HM & FW(K1) Dept. dt.09-04-2007 and also G.O. Ms.No180 dt. 11-05-2006	
7	Whether the medical reimbursement claim is processed through the drawing officer and received with in the stipulated time.	
8.	And whether the availment of No. of installments recorded (or) not.	
9	Whether an entry is made in the Service Register (or) not for previous claim	

SIGNATURE OF FORWARDING AUTHORITY