

Checklist for reimbursement of Medical Expenses Claim

Name of patient

Relationship with employee

Employee designation

Diagnosis

Name of Hospital

Date of submission of claim

Amount claimed

Amount recommended

S. No.	Document	Attached at Sl No.
1.	Medical Identity card/ RELHS card duly attested	
2.	Bank account details of applicant	
3.	Referral form in case of referred cases	
4.	Discharge ticket of the hospital/ death certificate	
5.	Cash memos in original verified by treating doctor	
6.	Sticker/S.No. of stent/Pacemaker other implants if used	
7.	Statement of expenditure	
8.	Details of circumstances due to which he/she was admitted in Non Railway hospital without referral from AMA. (For Non referred cases)	
9.	Emergency Certificate issued by treating doctor duly certified by MD/CMS (For Non referred Cases)	
10.	Prescribed Claim form along with Essentiality Certificate and date of receipt of claim form	
11.	Medical examination report including comments of concerned specialist & countersigned by MD/CMS with the remarks confirming the identity of patient in the case of non-referred patient.	
12.	Verbatim remarks of CMS/MD justifying reimbursement. (Non referred case)	
13.	Delay condoned if applicable	
14.	Vetting of associate finance	
15.	Non-payment certificate	

Dealing Clerk

Nodal Officer/Reimb.

MD/CMS