

**CENTRAL GOVERNMENT HEALTH SCHEME  
MEDICAL 2004 FORM FOR REIMBURSEMENT OF MEDICAL CLAIMS OF CGHS  
BENEFICIARIES.**

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Computer No.

(To be filled by the claimant)

5. CGHS Ben.I.D.No. and Place of issue :  
6. Validity of CGHS Token Card : from.....to.....  
& entitlement :  
7. Full name of the card holder (block letters) :  
8. Full address :
5. Telephone no. (O)..... (R)  
6. E-mail address if, any. :  
7. Name of the Bank.....Branch.....SB A/C  
Branch MICR Code.....Tel. No. of the Bank Branch.....  
12. Name of the patient & relationship :  
With the card holder :  
13. Status tick (-/) ( Govt. Servant/Pensioner/Serving employee or pensioner of autonomous  
body/Member of Parliament/Ex-M.P./Ex-Governor/Former Judge of Supreme Court/Former  
Judge of Supreme Court/Former Judge of High Court/Freedom Fighter/Legal Heir/others)  
14. Basic Pay/Basic Pension : ₹.  
15. Name of the Hospital with Address :  
(a) OPD treatment and investigations : ₹  
(b) Indoor treatment :  
12. Date of admission.....Date of discharge.....(In case of Indoor  
Treatment only)  
13. Total amount Claimed  
(a) OPD treatment and investigations : ₹.  
(b) Indoor treatment :  
14. Details of Referral :  
15. Details of Medical advance if, any :

**DECLARATION**

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependant on me. I am a CGHS beneficiary and the CGHS card was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

**Dated:.....**

**Signature of CGHS Card holder**

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6. CGHS Ben.I.D.No. and place of issue :  
7. Validity of CGHS Card (For pensioners) & Entitlement : From.....to.....  
8. Full name of Card Holder (Block Letters) :  
9. Status (Govt. Servant/Pensioners/Other) :  
10. The following documents are submitted: {Please tick(-/) the relevant column}  
(a) Medical 2004 Form : **Yes/No**  
(b) Photocopy of CGHS Card : **Yes/No**  
(c) No. of Original Bills : **1 (one)**  
(d) Copy of discharge summary : **Yes/No**  
(e) Copy of referral Specialist/CMO : **Yes/No**  
(f) Whether the hospital has given break up For lab investigations : **Yes/No**  
(g) Original papers have been lost the following documents are submitted --  
    I. Photocopies of claim papers : **Yes/No**  
    II. Affidavit on Stamp Paper : **Yes/No**  
(h) Incase of death of card holder the following documents are submitted --  
    I. Affidavit on Stamp paper by Claimant : **Yes/No**  
    II. No objection from other legal Heirs on Stamp paper : **Yes/No**  
    III. Copy of death certificate : **Yes/No**

**Dated:.....**

**Signature of CGHS Card holder**