

DATE : _____

To
The Sr. State Medical Commissioner
ESI Corporation,
Panchdeep Bhawan,
108, N.M. Joshi Marg,
Lower Parel,
Mumbai – 400013.

SUBJECT : Reimbursement of expenditure incurred by employer on treatment of its employee covered under ESI for providing medical care in emergency.

Sir/Madam,

With reference to the subject cited, it is informed that an amount of Rs. _____ has been incurred by M/s _____ (Name & Address), Code No. _____ towards treatment of our employee for providing the medical care in emergency.

The details of medical reimbursement claim are as under :

- 1) Name of the Insured person (IP):
- 2) Insurance No. :
- 3) Treatment for which reimbursement claimed :
- 4) **Total amount claimed : Rs.**

The break-up of amount claimed is as under :

a) Hospital Bill	Rs.
b) Tests/Investigations	Rs.
c) Medicines/Drugs	Rs.
d) Others	Rs.

I am aware that my claim will be reimbursed in accordance with prevailing CGHS/ ESIC rates and rules applicable in the respective city.

In view of above, it is requested to kindly reimburse the expenditure incurred at the earliest.

Yours faithfully,

Encl. :- Documents as per Annexure -A

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Mobile No.

LIST OF DOCUMENTS TO BE ATTACHED WITH MEDICAL REIMBURSEMENT CLAIM

1. Emergency Certificate of treating hospital / doctor.
2. Copy of Accident Report admitted by the Branch Manager, if applicable.
3. Copy of Police Report / FIR or Panchnama, if applicable.
4. Attested copy of e-Pehchan card.
5. Original Hospital Bill, duly signed by the authority, duly stamped and dated.
6. Original Admission Discharge Card of treating hospital, duly verified by treating doctor.
7. Original Medical Bills (Cash Memos) duly signed by pharmacist and counter signed by treating doctor alongwith proper prescriptions of treating doctor.
8. Relevant treatment papers viz, case history, OT notes, indoor papers etc.
9. Original investigation reports alongwith break-up of investigations from the hospital / diagnostic centre.
10. In case of implants / IOL, original authentic invoice number alongwith sticker of implant / IOL, verified by treating doctor.
11. In case of replacement of pacemaker/ ICD etc., copy of the warranty certificate of earlier pacemaker/ICD.
12. Copy of death certificate, if applicable.
13. Original money receipt of hospital showing bill paid by employer / Bank Statement of employer showing bill paid to the hospital duly attested by bank authority.
14. Cancelled cheque in r/o employer.
15. Affidavit of Insured person/ nominee on Rs. 100/- stamp paper declaring that entire expenditure towards treatment, has been incurred by employer & he/she does not have any objection regarding reimbursement of medical claim in favour of employer.

Note: Please tick the documents whichever applicable.

Note: Bills submitted after one year from discharge date, shall be considered as time barred.