

**CSIR-Human Resource Development Centre**  
Postal Staff College Area, Sector 19, Kamla Nehru Nagar,  
Ghaziabad, Uttar Pradesh 201002

FORM- MRC (S)  
(For serving employees)

**CENTRAL GOVERNMENT HEALTH SCHEME / AUTHORISED MEDICAL ATTENDANT**

**MEDICAL REIMBURSEMENT CLAIM FORM**

(To be filled up by the Principle Card holder in BLOCK LETTER)

1. (a) **Name** of the Principle CGHS Card Holder :  
    **& Designation**  
(b) CGHS Ben ID No. :  
(c) Employee Code No. :  
(d) Ward Entitlement- Pvt./Semi- Pvt./ General :  
(e) Full Address :  
  
(f) Mobile No./ landline No./ Extension No. :  
(g) E-mail address :
2. (a) Patient's Name :  
(b) Patient's CGHS Ben ID No. :  
(c) Relationship with the Principle CGHS card holder :
3. Name & address of the hospitals/ diagnostic center/ imaging :  
    Centre where treatment is taken or tests done
4. Whether the hospital/ diagnostic imaging center is :  
    Empaneled under CGHS
5. Treatment for which reimbursement claimed :  
(a) OPO Treatment/ Test & investigations  
(b) Indoor Treatment
6. Whether treatment was taken in emergency :
7. Whether prior permission was taken for the treatment :
8. Whether subscribing to any health/ medical insurance :  
    Scheme, if yes, amount claimed/ received
9. Whether prior permission was taken for the treatment / :  
    Details of Medical Advance taken, if any
10. Total amount claimed  
(a) OPD Treatment  
(b) Indoor Treatment  
(c) Tests / Investigation
11. Name of the Bank: \_\_\_\_\_ SB A/C No.: \_\_\_\_\_  
    Branch MICR Code \_\_\_\_\_ IFSC Code: \_\_\_\_\_

**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 dependent 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.

Date:  
Place:

Signature of the Principle CGHS card holder

SECTION:

### **Documents to be attached**

1. Photo copy of the CGHS card of the employee along with the patient's CGHS Card.
2. Copy of permission letter, if any.
3. Emergency certificate (original), in case of emergency.
4. Copy of the discharge summary.
5. Ambulance certificate (original), if any
6. Original bills/ cash memo/ vouchers etc. for the reimbursement amount claimed.

### **IMPORTANT**

Kindly ensure to provide the following information/ documents, wherever applicable:

- (a) Obtain Break up of Investigations from the hospital/ diagnostic center/ imaging center (details and rates of individual tests and the exact number of tests, X- ray films, etc.,) as the reimbursement amount is calculated as per approved CGHS rates per tests.
- (b) In case of loss of original papers, Affidavits as per Annexure I to be submitted. All photocopies of the bills to be attested by the treating doctor/ specialist.
- (c) In case of death of the card holder, Affidavit as per Annexure II to be filled and attached to claim reimbursement.
- (d) In case of implants, Invoice No. along with serial number of the implant to be attached.
- (e) In case of Coronary Stents, outer pouch of stents is to be enclosed.
- (f) In case of replacement of pacemaker/ ICD etc., copy of the warranty certificate of earlier pacemaker/ ICD may be enclosed.

**Note:** *Misuse of CGHS facilities is a criminal offence. Penal action including cancellation of CGHS card may be taken in case of willful suppression of facts or submission of false statements. Suitable disciplinary action shall be taken in case of serving employees.*