

B.C.C.L.

Contributory Post Retirement Medicare Scheme for Non-Executive				Format - E	
(DETAILS OF THE AMOUNT CLAIMED)					
		Rs.	P.	HOSPITALIZATION CASE	AMOUNT
		Rs.	P.		Rs. P.
1. Consultation fees Date Amount a) b) c) d) TOTAL - 1				5. ACCOMMODATION CHARGES FOR THE PERIOD FROM : TO : Rs. per day.	
2. INJECTION ADMINISTRATION FEES Date Amount a) b) c) d) TOTAL - 2				6. SURGICAL OPERATION CONFINEMENT CHARGES	
3. MEDICINES PURCHASED FROM MARKET Date Amount a) b) c) d) TOTAL - 3				7. COST OF MEDICIENS	
A. TOTAL (1+2+3)				C. TOTAL (5+6+7)	
4. PATHOLOGICAL / OTHER TESTS Name of the test Amount a) b) c) d) B. TOTAL - 4				8. TOTAL AMOUNT CLAIMED (A+B+C+)	
Date : _____					
<u>DETAILS OF AMOUNT DISALLOWED</u>				(Signature of the seperated Non-Executive / living spouse in case of death)	
Reason 1) 2) 3) 4)				Amount	
				Sr. A.O. / A.O.	

