

**DELHI GOVERNMENT EMPLOYEES HEALTH SCHEME
MODIFIED CHECK LIST FOR REIMBURSEMENT OF MEDICAL CLAIMS**

- 1 DGEHS Card No. and place of issue
- 2 Validity of DGEHS Card & Entitlement from.....to.....
Pvt./Semi Pvt./General
- 3 Full name of Employee/Beneficiary (Block letters)
- 4 Designation
- 5 The following documents are submitted
(Please tick (✓) the relevant column)
- | | |
|--|---------|
| (a) Revised Medical 2004 Form: | Yes/No |
| (b) Photocopy(s) of DGEHS card (Emp./Patient): | Yes/No |
| (c) Photocopy of permission letter: | Yes/No |
| (d) Original Bills: | Yes/No |
| (e) Copy of prescription/discharge summary: | Yes/No |
| (f) Copy of referral by Govt. Specialist/CMO: | Yes/No |
| (g) Breakup for lab investigations: | Yes/No |
| (h) Self explanatory letter (in emergency cases) | Yes/No |
| (i) Original papers have been lost the following documents are submitted – | |
| I. Photocopies of claim papers | Yes/No |
| II. Affidavit on Stamp Paper: | Yes/No. |
| (j) 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 DGEHS card holder

Tel.No (O)

(R)

e-mail Address

Name of the Bank.....Branch.....SB A/C No.....

Branch MICR Code.....Tel.No. of Bank Branch.....