FORM – MRC (P)
*(For pensioner beneficiaries)*

# CENTRAL GOVERNMENT HEALTH SCHEME

## MEDICAL REIMBURSEMENT CLAIM FORM

(To be filled by the Principal Card holder/Claimant in BLOCK LETTERS)

1. (a) Name of the Principal CGHS Card Holder :
   (b) CGHS Ben ID No. :
   (c) CGHS Wellness Center to which the card is attached :
   (d) Validity of CGHS Card :
   (e) Ward Entitlement – Pvt./Semi-Pvt./General :
   (f) Full Address :

   (g) Mobile telephone No. and e-mail address, if any :
2. (a) Patient's Name :
   (b) Patient's CGHS Ben ID No. :
   (c) Relationship with the Principal CGHS card holder :

3. Category of pensioner beneficiary - please specify :
   (Central Govt. Pensioner/Pensioner of Autonomous/Statutory body/Ex- MP/ Ex-Governor/ Former Judge of Supreme Court/ Former Judge of High Court/Freedom Fighter/Legal Heir/Others)

4. Name & address of the hospital / diagnostic center / imaging center where treatment is taken or tests done:

5. Whether the hospital/diagnostic/imaging center is empanelled under CGHS : Yes/No

6. Treatment for which reimbursement claimed
   (a) OPD/Test & Investigations :
   (b) Indoor Treatment :
7. Whether credit facility was availed. If not, reasons thereof (clarification may be attached) :

8. Whether treatment was taken in emergency : Yes/No

9. Whether prior permission was taken for the treatment : Yes/No

10. Whether subscribing to any health/medical insurance : Yes/No
    scheme, If yes, amount claimed/received :
11. **Total amount claimed** :
    (a) OPD Treatment :
    (b) Indoor Treatment :
    (c) Tests/Investigation :

12. 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 Principal CGHS card holder / Claimant**