



**INDRAPRASTHA COLLEGE FOR WOMEN**

( University of Delhi )

31, Sham Nath Marg, Delhi – 110054

Website: www.ipcollege.ac.in

Email: ipc1924@gmail.com

Tel. : 23954085, 23962009 FAX : 23976392

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IPC/216/05

**NOTICE**

**RE: REIMBURSEMENT OF MEDICAL BILLS – CHECK LIST**

Colleagues are requested to ensure that documents are submitted in the following sequence while submitting medical bills for reimbursement :-

- A) **IN CASE OF MEDICAL TREATMENT FROM A.M.A./ AS AN O.P.D. PATIENT OF AN EMPANELLED HOSPITAL:-**
1. Prescribed Application / Claim Form, duly signed. Please fill the column of List of enclosures documents-wise. Do not leave this or any other column blank or partially filled.
  2. Current working mobile number / e-mail i.d. below the signatures on application/claim form.
  3. Self attested original Receipt towards Consultation Fee.
  4. Prescription of the Doctor (Please request the Doctor to write the prescription in as legible manner as possible).
  5. Self attested original Receipt towards Charges for pathological, bacteriological, radiological or other similar tests during diagnosis, clearly mentioning separate charges for each procedure.
  6. Self attested original Bill(s) for medicine(s) purchased. The medicine(s) mentioned in the bill(s) must not be different from what has/have been prescribed. Substitute, if any, purchased due to any reason, must be got prescribed from the treating Doctor. Cost of vitamins (except becasule capsules when prescribed with antibiotics) is not to be claimed.
  7. Any other, as may be informed to the applicant on case to case basis.
- B) **IN CASE OF MEDICAL TREATMENT AS AN IN-PATIENT :-**
1. Prescribed Request Letter (available in the Office ) for issue of letter to the empanelled hospital for dependant patient in case of hospitalisation at the time of each incident of hospitalisation.
  2. Discharge Summary.
  3. Itemized bill.
  4. Bill of implant.
  5. Box / sticker of implant.
  6. Any other, as may be informed to the applicant on case to case basis.

Section Officer (Admn.)

Administrative Officer