Annexure-III (Revised)

Post-Retirement Medical Scheme (PRMS)

GAIL (India) Limited

{Form for Claiming Reimbursement of Medical Expenses under PRMS for Chronic Ailments & Normal Ailments}

Name ☐ **Employee No.** ☐

Designation at the time of Superannuation/Separation ☐

Grade at the time of Superannuation/Separation ☐

Place of Posting ☐

System of Medicine: **Allopathy** ☐ **Homeopathy** ☐ **Ayurvedic** ☐ **Unani** ☐ **Tibetan** ☐
(Please tick whichever is applicable)

Patient's Detail

S. No.	Name	Relation	Place of Treatment
1.			
2.			
3.			
4.			

Brief Nature of Illness:

Chronic ☐ **Normal** ☐ **Both** ☐ (Please tick whichever is applicable)

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(A) Consultation Charges

Patient S.No.	Date	Name of Physician	Consultation No.	Place of Treatment	Chronic/Normal illness	Amount (Rs.)	
						Claimed	Passed
1.							
2.							
3.							
4.							
				Total (A) :			

(B) Medicines, Injections, Dressings & Other Charges

Patient S.No.	Date	Cash Memo No.	Particulars	Chronic/Normal illness	Amount (Rs.)	
					Claimed	Passed
1.						
2.						
3.						
4.						
				Total (B) :		

Post-Retirement Medical Scheme (PRMS)

(C) Pathological, Bacteriological and Radiological Tests etc.

Patient S.No.	Date	Cash Memo No.	Name of Clinic / Lab	Particulars of tests	Recommended (Yes/ No)	Chronic/Normal illness	Amount (Rs.)	
							Claimed	Passed
1.								
2.								
3.								
4.								
						Total (C) :		

Total Amount Claim/Passed :
Total Amount Claimed (A) to (C), Rs. ____________

Net Amount Passed (A) to (C), Rs. ____________

1. Certified that the expenses as mentioned above have been actually incurred by me.
2. I am enclosing duly signed copies of doctor's prescription and relevant medical reports.
3. In case of the claim being filed by me is found to be false/forged, GAIL has the right to reject the same apart from initiating any other action as deemed fit.

Date: _______________ **(Signature of Member/Dependent)**

Location: ____________ **Name:** _______________________

For use in F&A Department

Bill No. ____________ **Date** ____________ **Total Amount Passed, Rs.** ____________

Amount passed in words, Rs.____ **Only**

(Signature of Accountant) **(Signature of F&A Executive)**

Name:_____________________ **Name :**_____________________

Designation:________________ **Designation:**_______________

Date:_________________________ **Date:**_________________________

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