

ANDHRA BANK
(A GOVT. OF INDIA UNDERTAKING)

ZONE :

BRANCH:

APPLICATION FOR MEDICAL REIMBURSEMENT (DOMICILIARY TREATMENT)

1. Name of the Employee
 2. Staff Code No. Designation Grade
 3. Claim made for SELF / DEPENDANT
 4. AMOUNT CLAIMED FOR Rs. _____ (in words)

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CLAIMS UNDER DOMICILIARY – TREATMENT

FOR THE AILMENTS OF CANCER, LEUKAEMIA, THALSAMESA, TUBERCULOSIS, PARALYSIS, CARDIAC INCLUDING BY-PASS SURGERY, BRAIN, LUNG-PLURESY, LEPROSY, KIDNEY AILMENTS, EPILEPSY, PARKINSONS DISEASE, PSYCHIATRIC DISORDER, DIABETES, HEPATITIS-B, HAEMOPHILIA AND MYAESTHANIAGRAVIS.

1. Name of the Patient :
2. Patient's relationship with the employee :
3. Exact Nature of Ailment – (whether a certificate From Hospital /nursing Home is submitted) :
4. Since how long the patient is under domiciliary treatment. :
5. The Names of Test/Investigations observations done to diagnose the above ailment. :
6. The course of treatment suggested i.e., the names of Medicines, dosage etc, :

