



OFFICE OF THE STATE MEDICAL COMMISSIONER (KAR)
EMPLOYEES' STATE INSURANCE CORPORATION
NO. 10, Binny Pet, Binny Field, Bengaluru - 560023

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FORM – MEDICAL RE-IMBURSEMENT FOR INSURED PERSON

- **Name of Insured Person (I.P.) :**
- **Insurance No. :**
- **Employer Code No :**
- **Date of appointment :**
- **Date of registration :**
- **Postal Address of I.P :**
- **Mobile/Telephone No. :**
- **Name of patient :**
- **Age : Years Sex : Male/Female**
- **Relation ship with I.P :**
- **Name and address of the Reg. Practitioner :**
- **Hospital/diagnostic centre where treatment is taken or test done :**
- **Treatment for which reimbursement claimed : OPD/INDOOR**
- **Whether treatment taken in emergency : Yes/No**
- **Total Amount claimed:-**
 - OPD Treatment : Rs.**
 - Consultation :**
 - Tests/Investigations :**
 - Minor Procedures(if any) :**
 - Medicines/Drugs :**
 - INDOOR TREATMENT**
 - Hospital bill. Invoice :**
 - Tests/Investigations :**
 - Medicines/Drugs :**

- **Name of Bank :** **SBI A/c No.**
- **Branch Code :** **IFSC CODE :**
- **Total Number of enclosures :**

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 medial expenses were incurred is wholly dependent on me. I am an insured person and my card was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Date:
Person
Place:

Signature of the Insured

To be submitted at nearest Branch Office of ESIC

Documents to be attached

- Photocopy of the Pehchan/Insurance Card
- Photocopy of Aadhaar Card
- Emergency Certificate (If any) duly signed & stamped by treating doctor.
- **Original** discharged summary/card duly signed & stamped by treating doctor.
- **Original** OPD paper duly signed & stamped by treating doctor.
- Copy of Investigation report (lab/ X ray etc.) duly countersigned & stamped by treating doctor.
- **Original** Prescriptions duly signed & stamped by treating doctor.
- **Original** bills/cash memo/vouchers stamped & countersigned by treating doctor.
- Details of bills attached as per format given below.

IMPORTANT

Kindly ensure to provide the following information/documents, wherever

applicable.

- Obtain break up of investigation from the hospital/diagnostic centre (details and rates of individual tests and the exact number of tests, X – ray etc) as the reimbursable amount is calculated as per rates per test.
- In case of implants/IOL, Invoice no along with sticker of implant/IOL to be attached.

DETAILS OF BILLS, ATTACH SEPERATELY IN FOLLOWING FORMAT

Sr. No.	Bill No.	Date	Amount