

Letterhead of Employer with Address details

To,
The Regional Director,
ESI Corporation,
Regional Office,
NO.10, Binny fields, Tank Bund Road,
Binny pet,
Bangalore – 560 023.

SUBJECT : Reimbursement of expenditure incurred by employer on treatment of its employee covered under ESI for providing medical care in emergency.

Sir/Madam,

With reference to the subject cited, it is informed that an amount of Rs. _____ has been incurred by M/s _____
_____(Name &Address),

Employer Code No. _____ towards treatment of our employee for providing the medical care in emergency.

The details of medical reimbursement claim are as under :

- 1) Name of the Insured person (IP):
- 2) Insurance No. :
- 3) Treatment for which reimbursement claimed :
- 4) Total amount claimed : Rs.

The break-up of amount claimed is as under :

- a) Hospital Bill Rs.
- b) Tests/Investigations Rs.
- c) Medicines/Drugs Rs.
- d) Others Rs.

I am aware that my claim will be reimbursed in accordance with prevailing CGHS/ESIC rates and rules & Regulation.
In view of above, it is requested to kindly reimburse the expenditure incurred at the earliest

Yours faithfully,

Encl. :- Documents as per Annexure -A

Annexure-A

LIST OF DOCUMENTS TO BE ATTACHED WITH EMPLOYER MEDICAL REIMBURSEMENT CLAIM

1. Emergency Certificate of treating hospital /doctor.
2. Copy of Accident (Form-12) Report admitted by the Branch Manager, if applicable.
3. Copy of Police Report / FIR or Panchnama/MLC, if applicable.
4. Attested copy of e-Pehchan card.
5. Original Hospital Bill, duly signed by the authority, duly stamped and dated.
6. Original Admission Discharge Summary of treating hospital, duly verified by treating doctor.(Specialist/Super Specialist-Specify).
7. Original Medical Bills (Cash Memos) duly signed by pharmacist and counter signed by treating doctor along with proper prescriptions of treating doctor.
8. Relevant treatment papers viz, case history, OT notes, indoor papers etc.
9. Original investigation reports along with break-up of investigations from the hospital / diagnostic centre.
10. In case of implants / IOL, original authentic invoice number alongwith sticker of implant / IOL, verified by treating doctor.
11. In case of replacement of pacemaker/ ICD etc., copy of the warranty certificate of earlier pacemaker/ICD.
12. Copy of death certificate, if applicable.
13. Original money receipt of hospital showing bill paid by employer / Bank Statement of employer showing bill paid to the hospital duly attested by bank authority.
14. Cancelled cheque in r/o employer. *[TV ensure money transfer to proper a/c]*
15. Declaration of Insured person/ nominee on declaring that entire expenditure towards treatment, has been incurred by employer & he/she does not have any objection regarding reimbursement of medical claim in favor of employer.