

To

The Chief Medical Officer,
Paradip Port Trust

Sub: Submission of M.R bill for reimbursement.

Sir,

With due respect & humble submission that the M.R bill submitted herewith for reimbursement.

Details mentioned below:-

Name of the Patient -

Identity Card No -

PPO No -

Contact No. with address -

Nature of disease -

Amount claimed -

Period of treatment -

Yours faithfully,