

To

The Chief Medical Officer,
Medical Department, Paradip Port Trust,
Paradip, Jagatsinghpur-754142 (Odisha).

Sub: Submission of M.R bill for reimbursement.

Sir,

I am submitting herewith the M.R bill of Self/Spouse for reimbursement as per details mentioned below.

1. Name of the Patient ::
2. Name of Retired Employee ::
3. Medical Identity Card No ::
4. Monthly Medicine Issue Card No.(if any) ::
5. PPO No ::
6. Contact Mobile Phone No. ::
7. Address for Correspondence ::
8. Name of disease ::
9. Period of claim ::
10. Amount claimed ::

Certified that I have not received these medicines from PPT Hospital for claimed amount. If, it will be proved, action as deemed fit may be taken.

Date:

Yours faithfully,

Signature of Employees/spouse

Encl:1. Copy of the Prescription.

2. Original Money Receipt (counter signed by treating physician)

3. Copy of the Medical Identity Card.