

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. Photocopy of the Medical Identity Card.

N.B.:

- 1) The medicine bills for reimbursement should be submitted for a spell of 3 months at a time.
- 2) If, after completion of 3 months the treating doctor is not available for advice to continuing the medicines for further period, the same may be informed to the Chief Medical Officer, PPT for continuation of medicines for a further period.