Form No. MED-BIL-01



OIL AND NATURAL GAS CORPORATION LTD

MEDICAL REIMBURSEMENT BILL

CPF No:	Na	Name:				E	Bill Code:	
Designation:			Section/Site:	Site:	Org. Unit:		Location:	
Date of joining ONGC: [[]			Date of Retirement (for retired employee)	nent	Bank A/C No.: .	:		
Basic Pay	SP Rs.	3 Tracheste	PP Rs.	DA Rs.	Bank Name:	me:		
SINo Name of the patient	Age	Relation -ship	Nature of illness	Name of Doctor / Specialist	Indoor / Outdoor (struck off whichever is not applicable)	Amount	For Of	For Office Use only
End 12th of the Pollowing	Toll glids	pard freq	M andreamed /		Particulars of Cash Memo / Receipt No. Date		Passed for	Deduction particulars
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Amount Claimed (in words)					Total			
Certified that – (a) the claim is as per actual expenditure incurred. (b) the person for whom dependent on me.	is as pe	r actual ex	penditure incurred.	(b) the person f	expenses	incurred is	Passed for Rs. (Rupees_	Passed for payment of Rs. (Rupees
Sanctioned subject to admissibility, verification by M.O. or Medical section (if claim amount > Rs.2500/-) and pre-audit.	sibility, vo	erification s.2500/-) a	-	m verified and re	Claim verified and recommended for payment of Rs.	s.		



		Total	
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Block of the State	SCHOOL SECTION	A LONG TO THE STATE OF THE STAT	
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Individual (Rs.)	(Rs.)	No. Date	Name of patient
Sub-Total for each	Amount	Cash Mamo/Receipt	
pts	emos / Recei	Datails of enclosed Cash Memos / Receipts	1

INSTRUCTIONS

- Each claim shall be supported by prescription, original cash memo, bill, no countersigned by the concerned employee.
- Particulars of expenses on hospitalisation may separately along with relevant documents like certificate, receipts, cash memo, bill etc.

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- This form can be used for whole family and also full inpatient and Outpatient Bills.
- Medical reimbursement claim of each employee is restricted to once in a quarter. The employee may submit claim on completion of each quarter (ending June, September, December, March) preferably before 15th of the following month.
- However, to reduce hardship of employees whose medical expenses exceed Rs.5000/- may submit their claim at any time during the quarter. Further claim generated during the same quarter may be submitted after completion of that quarter.
- Outdoor medical claim upto Rs. 2500/- per quarter/employee will be passed directly by the Finance without routing through Medical Section. Claim exceed Rs.2,500/- per quarter / employee will be verified by Medical Section before passing by Finance.

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