

**Central Government Health Scheme**  
**MEDICAL 2004 FORM FOR REIMBURSEMENT OF MEDICAL**  
**CLAIMS OF CGHS BENEFICIARIES.**

Computer No. \_\_\_\_\_

(To be filled by the claimant)

1. CGHS Token No. and Place of issue :
2. Validity of CGHS Token Card : From ..... To .....
- & Entitlement : Pvt./Semi Pvt./General
3. Full name of the Card Holder :  
(Block Letters) :
4. Full Address :
5. Telephone No. : (O)  
(R)
6. E-mail Address if any, :
7. Name of the Bank ..... Branch ..... SB A/C No.....
8. Name of the patient & relationship  
with the card holder :
9. Status tick(✓) (Govt. Servant/Pensioner/Serving employee or Pensioner of  
autonomous body/Member of Parliament/Ex-MP/Ex-Governor/Former Judge of  
Supreme-Court/Former Judge of High Court/Freedom Fighter/Legal Heir/others
10. Basic Pay/Basic Pension
11. Name of the Hospital with Address:  
(a) OPD treatment and investigations  
(b) Indoor Treatment
12. Date of admission ..... Date of Discharge .....
- (In case of Indoor Treatment only)
13. Total amount Claimed :  
(a) OPD Treatment  
(b) Indoor Treatment
14. Details of Permission :
15. Details of Medical advance, if any :

**Declaration**

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me. I am a CGHS beneficiary and the CGHS card was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Dated: \_\_\_\_\_

Received Payment

Signature of CGHS Card Holder