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The -----  
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Subject :- **Final Medical re-imburement bill for Medical Treatment.**

Sir,

I am to submit herewith a medical re-imburement claim/ refund in connection with medical treatment of Shri/ Smti -----  
at -----(name of Hospital) as per the particulars given below :-

1. Full name of Claimant -----
2. (A) In case of serving Govt. Employee :-
  - (i) Designation and address  
Office where employed-----
  - (ii) Basic Pay and pay scale Rs. -----

OR

(B) In case if Pensioner:

- (i) Pension Payment Order (P.P.O):-  
Number -----
- (ii) Amount of Basic Pension per month Rs. -----
- 3.(a) Relationship of patient with the applicant,  
if applicant is not the patient-----
- (b) Name of patient-----
- (c) Age of the patient-----

4.Letter number & date conveying  
approval for medical treatment  
(copy enclosed).

5. Details of all Medical Advances drawn, due to be regularised :-

- (i) Amount drawn & date of drawal Rs. -----
- (ii) Office from which drawn-----
- (iii)Amount already refunded, if any Rs. -----

6. Also enclosed are the following :-

- (i) Essentiality Certificate duly  
certified by "Authorised Medical Attendant".
- (ii) Bills/Cash memos duly listed showing
  - (a) Serial number (b) Cash memo  
Number & date (c) Particulars (d) Amount -----Nos.

(iii)Total amount Rs.-----

7. Claim/Refund Rs.-----

Place -----  
Date -----

Yours faithfully,

( Applicant )