

**INDIAN COUNCIL OF FORESTRY RESEARCH AND EDUCATION PENSIONERS
HEALTH SCHEME – 2012**

**FORM FOR REIMBURSEMENT OF MEDICAL CLAIMS OF (ICFREPHS)
BENEFICIARIES.**

Computer No.

(To be filled by the claimant)

1. ICFREPHS Token No:
2. Validity of ICFREPHS 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 BankBranch.....SB A/C
8. Name of the patient & relationship with the card holder:
9. Basic Pension
10. Name of the Hospital with Address:
 - (a) OPD treatment and investigations.
 - (b) Indoor Treatment.
11. Date of admission.....Date of discharge.....(In case of
Indoor Treatment only)
12. Total amount Claimed
 - (a) OPD Treatment.
 - (b) Indoor Treatment.
13. Details of Permission:

14. 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 pension for whom medical expenses were incurred is wholly dependent on me. I am a ICFREPHS beneficiary and the ICFREPHS card was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Signature of ICFREPHS card holder

Date:

Note: Misuse of ICFREPHS facilities is a criminal offence. Suitable action including cancellation of ICFREPHS card shall be taken in case of willful suppression of facts or submission of false statements. Suitable disciplinary action shall be taken in case of serving employees.

**Indian Council of Forestry Research and Education Pensioners Health Scheme
(ICFREPHS)
MODIFIED CHECKLIST FOR REIMBURSEMENT OF MEDICAL CLAIMS**

1. ICFREPHS Token No. :
2. Validity of ICFREPHS Card : From.....to.....
& Entitlement Pvt./ Semi Pvt. / General
3. Full Name of Card Holder (Block Letters) :
4. Name of Primary Card Holder (PCH):
and relationship with the PCH
5. The following documents are submitted
(Please tick the relevant column)
 - (a) Application (Annexure I) : Yes/ No
 - (b) Photocopy of ICFREPHS Card : Yes/ No
 - (c) No. of Originals Bills :
 - (d) Copy of discharge summary : Yes/ No
 - (e) Copy of referral by Specialist/CMO : Yes/ No
 - (f) Whether the hospital has given
Break up for lab investigations : Yes/ No
 - (g) Original papers have been lost/ original Prescription slip etc. are not attached for
requirement for treatment in future the following documents are submitted –
 - I. Photocopies of claim papers : Yes/ No
 - II. Affidavit on Stamp Paper : Yes/ No
 - (h) In case of death of card holder the following documents are submitted
 - I. Affidavit on Stamp paper by
Claimant : Yes/ No
 - II. No objection from other
legal heir on Stamp papers : Yes/ No
 - III. Copy of death certificate : Yes/ No
 - (i) Declaration of having Medclaim
Policy, if applicable : Yes/ No

Dated.....

Signature of ICFREPHS Card Holder

Name of the Bank.....Branch.....SB A/c No.....
IFS Code.....Branch MICR Code.....Tel. No. of Bank
Branch.....