MEDICAL REIMBURSMENT BILL							
Employee Name With ID							
Name of Patient and Relationship							
Name Of Treating Hospital							
Whether Govt / Panel / Pvt. Hospital							
Period Of Treatment	·						

CALCUL ATION SHEE

	<u> </u>	<u>CALCULATION SHEET</u>								
5.N	Name of Treatment / Investigation	Treatment / Investigation DGEHS Code	Rates Charged By The Hospital	DGEHS Approved Rate	Restricted Claim	Bill No. & Date / Other Remarks				
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Signature of HOS