

**APPLICATION FOR REIMBURSEMENT OF HOSPITALISATION EXPENSES /  
INSURANCE PREMIUM AMOUNT FOR MEDICLAIM FOR SELF / SPOUSE**

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Date : \_\_\_\_\_

Through : Branch \_\_\_\_\_

Zone \_\_\_\_\_

1. Membership No. : \_\_\_\_\_

2. Name of the member : \_\_\_\_\_

3. Name of the spouse : \_\_\_\_\_

4. Whether the claim is for  
self / spouse : \_\_\_\_\_

5. Claim is for Hospitalisation Expenses/ Insurance Premium :  
\_\_\_\_\_

6. Nature of illness (in case of hospitalisation) :  
\_\_\_\_\_

7. Date of Admission in Hospital : \_\_\_\_\_

Date of Discharge from hospital : \_\_\_\_\_

8. Details of expenses incurred -

(i) Hospital Bills : Rs. \_\_\_\_\_

(ii) Cost of Medicines : Rs. \_\_\_\_\_

(iii) Other expenses : Rs. \_\_\_\_\_

**Total expenses** : Rs. \_\_\_\_\_

9. Details of Medi-Claim Policy :

(i) Period of Policy : From \_\_\_\_\_ To \_\_\_\_\_

(ii) Amount of premium paid : Rs. \_\_\_\_\_

(iii) Coverage provided to : Self and / or Spouse

**(Signature of the applicant)**

NB : Please enclose a copy of Medi-Claim Policy.