

**DELHI GOVERNMENT EMPLOYEES HEALTH SCHEME**  
**MODIFIED CHECK LIST FOR REIMBURSEMENT OF MEDICAL CLAIMS**

1. DGEHS Card No. and Place of Issue :
  2. Validity of DGEHS Card : from..... to .....
  3. Ward Entitlement (If Admitted in Hospital) : Pvt. / Semi Pvt. / General
  4. Full name of Employee/Beneficiary (Block letters):
  5. Designation:
  6. The following documents are Attached (Please tick (/) the relevant column)
- |   |        |
|---|--------|
| (a) Revised Medical Form - 2004 :   | Yes/No |
| (b) Photocopy of DGEHS card showing validity:   | Yes/No |
| (c) Photocopy of referral/authorization form from AMA:  | Yes/No |
| (d) Original Bills:   | Yes/No |
| (e) Copy of prescription for OPD cases/Discharge summary for indoors Cases:                                   | Yes/No |
| (f) Breakup for lab investigation:  | Yes/No |
| (g) Breakup of drugs prescribed:  | Yes/No |
| (h) Emergency certificate from hospital empanelled/registered with Government in case of emergency admission: | Yes/No |
| (i) Self explanatory letter showing the need of emergency visit (In emergency case):                          | Yes/No |
| (j) Non availability certificate from AMA (attached dispensary/Hospital) for drugs prescribed in OPDs:        | Yes/No |
| (k) If original papers have been lost the following documents are submitted (if applicable):                  | Yes/No |
| (i) Photocopies of claim papers:  | Yes/No |
| (ii) Affidavit on Stamp Paper:  | Yes/No |
| (l) In case of death of card holder the following documents are submitted (if applicable):                    | Yes/No |
| (i) Affidavit on Stamp paper by claimant:   | Yes/No |
| (ii) No objection from other legal Heirs on Stamp paper:  | Yes/No |
| (iii) Copy of death certificate:  | Yes/No |
7. Name of the Bank.....Branch address.....  
.....Branch MICR Code.....  
IFS Code..... Tel. No. of Bank Branch .....

Signature of DGEHS card holder

Tel. No. (O).....

(R) .....

Dated:

Note :

1. Kindly enclose photocopy of cancelled cheque for online transfer of money to the account of beneficiary.
2. Provide one original copy and two photocopies of complete set of claim.