

National Council for Cement and Building Materials
Reimbursement of Medical Expenses (Hospitalization) to officials
retired on Superannuation
(NCB Medical Benefit Rules, 1977)

Employee No.: _____

Contact No.: _____

SB A/c No.: _____

Name :

Name of patient & his / her
relationship with NCB Official :

Period of Hospitalization : From _____ To _____

Name of Hospital :

Particulars	Sl No	Receipt Cash Memo No & Date	Amount	
			Rs	Ps

1 HOSPITALIZATION TREATMENT

- (a) Room Charges, Board & Nursing Attendance
- (b) Operation Charges including fees
- (c) Special Services
 - i) Anesthesia, Oxygen Blood transfusion Operation Theatre or Room Surgical Appliances
 - ii) Medicines & Drugs
 - iii) Diagnostic Materials (X-ray, Pathological Test, ECG etc.
 - i) Consultants / Physicians

Total _____
_____)
(Rupees _____)

- 1) The paid up bills and relevant prescriptions are enclosed.
- 2) **Requisite declaration** in accordance with the clause 4.8 of NCB Medical Benefit Rules, 1977, duly signed by me, is enclosed.
- 3) The amount as admissible may please be reimbursed to me.

Date

Signature :

P.T.O.

DECLARATION

I, _____ declare that:

- i) The reimbursement claimed is in respect of myself and my spouse only.
- ii) I was not re-employed on full time : Yes / No
basis during the period of claim preferred.
- iii) I am neither availing nor entitled : Yes / No
to any other medical facilities from
any other source either in consequence
of my past employment or employment
of the spouse and / or of the wards
or for any other account.
- iv) The amount claimed has been actually spent by me on medical services and
medicines. No part of the amount has been incurred on treatment of a Venereal
disease, psychiatric treatment or intentional self injury, Intemperance or the use of
intoxicating drugs or liquor / or any injury, disease or illness directly or indirectly
attributable to one or more of these causes.
- v) The amount claimed does not include the following:
 - (a) Charges incurred on diagnostic or X-ray, or laboratory examinations or other
diagnostic tests not consistent with and incidental to the diagnosis and
treatment of ailment, sickness or injury and not prescribed by the
Medical Attendant.
 - (b) Treatment of congenital defects/ diseases if these are incurable.
 - (c) Expenditure on treatment pertaining to menopause.
 - (d) Expenditure on special nursing.
 - (e) Expenditure towards cosmetic surgery.

SIGNATURE

Date:

**NOTE: EACH PRESCRIPTION OR BILL FOR TREATMENT SHOULD
CLEARLY SPECIFY THE DISEASE FOR WHICH TREATMENT HAS
BEEN PRESCRIBED TO FACILITATE TIMELY PAYMENT.**