

BHARAT PETROLEUM CORPORATION LIMITED
CLAIM FOR REIMBURSEMENT OF MEDICAL EXPENSES FOR RETIRED STAFF
(MGMT)

Name _____ Medical _____ No. _____
 Telephone _____
 Address _____ :

Scheme : BPCL Scheme / Medical Fund Scheme (tick the scheme applicable)

	1	2	3	4
Name of patient				
Age				
Relationship				
Ailment(Block letters)				
Name of treating Doctor: Gen. Practitioner				
Specialist				
Reference from treating Doctor provided :	YES/NO	YES/NO	YES/NO	YES/NO
Period of treatment :- From :				
To :				
Over / will continue				
<u>SUMMARY OF EXPENSES</u>				
Dr's consultation (GP)				
Day / Night visit				
Medicines/Injections				
Pathological tests/ Investigations				
<u>HOSPITALISATION</u>				
Surgeon Fees				
Anaesthesia charges				
Operating Theatre charges				
<u>DENTAL EXPENSES</u>				
<u>OPTICAL EXPENSE</u>				
Any other expenses				
Total (Rs.)				

SIGNATURE OF RETIRED STAFF _____ DATE _____ TOTAL AMOUNT CLAIMED (1+2+3+4) _____

AMOUNT SANCTIONED : _____ DATE _____ DEDUCTIONS, IF ANY :