

**PREFERRING OF MEDICAL CLAIMS BY THE CGHS
BENEFICIARIES (BOTH SERVING/PENSIONER) AND
REIMBURSEMENT THEREOF (CGHS)**

(G.o.I. M.H.&F.W., Lr. No. Misc. 3/04/R & H/CGHS/CGHS(P), dated. 9.3.04)
(G.o.I. M.H. & F.W. No. 4.18/2005-C&P (Vol.1 pt (1) Dated. 20.2.09)

I am directed to forward herewith the Medical 2004 Form, Checklist, and Essentiality-cum-Statement of expenditure Certificate to enable the CGHS beneficiaries (both serving/Pensioner) to prefer their medical claims for reimbursement from the Government.

In view of the above, the CGHS beneficiaries may be requested to henceforth prefer their medical claims as per the revised Medical 2004 Form, Checklist and Essentiality-cum-Statement of expenditure Certificate being circulated with this letter.

**Central Government Health Scheme
Checklist for reimbursement of medical claims**

1. CGHS Token No. and Place of issue: _____
2. Validity of CGHS Card: from _____ to _____
(For Pensioner) and Entitlement Pvt/Semi Pvt. /General
3. Full Name of Card Holder: _____
(BLOCK LETTERS)
4. **Status** (Government Servant/Pensioner/Other): _____
5. The following documents are submitted [Please tick(✓) the relevant column at 4 :
 - A) Medical 2004 Form : Yes/No
 - B) Photocopy of CGHS Card : Yes/No
 - C) No. of Original Bills : _____
 - D) Copy of discharge summary : Yes/No
 - E) Copy of Referral by Specialist/CMO : Yes/No
 - F) Whether the Hospital has
Given break-up for Lab
Investigations : Yes/No
 - G) Original papers have been lost hence the following documents are submitted-
 - I. Photocopies of claims papers : Yes/No
 - II. Affidavit on Stamp Paper : Yes/No

H) In case of death of Card holder, the following documents are submitted-

I. Affidavit on Stamp Paper by Claimant : Yes/No

II. No Objection from other legal heirs : Yes/No
On Stamp Paper

III. Copy of the Death Certificate : Yes/No

Date_____

Signature of CGHS Cardholder

Tel. No. (O)_____

®_____

(M)

E-mail Address:_____

Name of the Bank_____ Branch_____

S.B A/c No._____