CHECK LIST FOR SUBMISSION OF REMBURSEMENT BILL BY VETERANS

Name of the patient_____ Ralation _____ Name of the ESM _____
S.No._____ Rank _____ ECHS Reg No. _____
Name of the Hospital_____ DOA _____
DOI _____ DOD_____ Contact No of E SM _____
Aadhaar No. _____ Claim ID No. _____

S. No	Document	Enclosed Y/N
01	Individual Application for reimbursement.	
02	Emergency Information Report (EIR).	
03	Emergency Certificate of hospital.	
04	Receipt of payment done with the signature and seal of the concerned authorities (duly signed by ESM / Dependent).	
05	ECHS smart card / Temporary Slip photocopy verfied by the veterans with signature.	
06	Final Bill (duly signed by Veteran with Mobile no and e-mail ID).	
07	Bill Breakup (as per enclosure - I).	
08	Discharge Summary (Discharge Summary will be signed by treating doctor along with countersignature of OI/C Polyclinic.	
09	Lab Reports (as per enclosure - II).	
10	Invoice with Name of the Patient along with pouch / stickers / wrappers of stents / implants if used.	
11	Relevant contingent Bill with the revenue stamp and signature of ESM on it.	
12	Doctor's prescription of medicine to be purchased from outside.	
13	Account Details of veterans including mobile no and e-mail ID (if any) and Aadhaar No. (copy of Bank Pass book Front page)	
14	In case of original Papers have lost the following Documents are to be Submitted (i) Photocopies of claim paper (ii) Affidavit on stamp paper	
15	In case of Death of Card holder, the following documents are to be submitted :- (i) Affidavit on stamp paper by claimant : (ii) No objection from other legal heirs on stamp paper : (iii) Copy of death certificate :	
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