For scrutiny of bills, the following original documents should be submitted along with the claim:-

1. Discharge summary original stamp & signature of Hospital authority.
2. Emergency Certificate (Except for dental and Eye ailments).
3. Essentiality Certificate.
4. Appendix-II Form (i.e. IP/OP Proforma form).
5. Prescriptions of medicines bills.
6. All items breakups of the hospital IP bill.
7. The individual should write as .Paid by me. Duly signed By him on all cash bills and on the hospital In-Patient Bill.
8. Proforma fill up to properly (each column).
9. Non drawl declaration, which should be attested by Drawing and Disbursing Officer concerned.
10. Declaration of dependence to be attested by Controlling Officer, in case the patient is dependent of Employee/pensioner.
11. One extra Xerox copy of full set.
12. Joint Declaration: If spouse is working in APGENCO or one is of the Govt. Employee, shall submit the Joint Declaration.

NOTE: (1) The Xerox copies of documents shall not be Accepted.
   (2) Claim for medical reimbursement should be Submitted within 3 months from the date of Discharge of the patient from the hospital.

13. Patient Passport size Photo.
14. Employee identity card copy.
15. Employee Passport size Photo.
16. Employee dependent list with date of birth and Passport size Photo.
17. Employee Phone Number.
18. Employee FATHER NAME.
   If he is a pensioner joined in emergency he should produce attested copy of discharge summery by APGENCO doctor/out sourcing APGENCO doctor after attending in person with PPO.NO, Employee ID No, Date of Birth, Father Name and Surname.
REQUIREMENTS TO ISSUE OF CREDIT CARD

1. CE/SE Covering letter.
2. So far availed declared by the competent authority.
3. Representation of the employee.
4. Estimation letter in original from an Empanelled Private Hospital with the following contents:-
   a) Date of Admission & IP Number.
   b) Diagnosis.
   c) Proposed treatment to be followed with CGHS Codes Nos. and package rates OR Medical Management.
5. Patients Photos with attestation from forwarding authority.
6. Cell No of the applicant.
7. If the patient is dependent of an employee, a dependency certificate from employee shall be produced with signature of Competent Authority.
8. Joint Declaration: If spouse is working in APGENCO or one is of the Govt. employee shall submit the Joint Declaration.
10. Employee identity card copy.
11. Employee Passport size Photo.
12. Employee dependent list with date of birth and Passport size Photo.
13. Employee Phone Number.
14. Employee Father Name.
15. Referral Letter from AP Genco Doctor/ out sourcing APGENCO Doctor.
   If he is a pensioner joined in emergency he should produce attested copy of discharge summery by APGENCO doctor/out sourcing APGENCO doctor after attending in person with PPO.NO, Employee ID No, Date of Birth, Father Name and Surname

JOINT DECLARATION
I, Sri/Smt.................................................................................................................... employee in
................................................................................... hereby declare

that my wife/husband is working as ................................................................. will prefer medical
reimbursement claim for me and my dependents from ...........................................................
only. I will not prefer any claim towards medical reimbursement from my wife/husband department.
(i.e,................................................................................................................... Department)

1. Signature (Wife) with Designation

2. Signature (Husband) with Designation.