

## GENERAL PRACTITIONER FEES REIMBURSEMENT FORM

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- 1. Complete ALL information requested below.
- 2. Enclose ORIGINAL bills.
- 3. Please keep a copy for your records.
- 4. Reimbursement form should be submitted within one week of consultation.

IS THE REQUEST FOR: Self	
Family Member	

Sr. No	Name	Customer ID	Service Date	Diagnosis	Treatment Given	Consultation Cost	Doctor's Name,Sign and Stamp with Registration No.

Authorized member: - Member ID: Name and sign: