## Medical Claim Form

Continues

## **CMS ID:** CMS/201

**Enrolment No.:** 

(Office use only)

	I. Documents enclosed :					
SI. No.	Particulars	Marked As	Hospital's/Doctor's Name	No. of F Enclos	Pages sed	
			· · · ·			
	II. Bills enclosed :					
SI.	Dill No. 9 Data		Handita Ka (Danta da Nama	Amount	Amount	
Na	Dill No. 9 Data		Heavitel's /Deater/s Norra		-	
No.	Bill No. & Date	Marked As	Hospital's/Doctor's Name	Rs.	Р.	
No.	Bill No. & Date	Marked As	Hospital's/Doctor's Name Brought Forward		-	
No.	Bill No. & Date	Marked As			-	
No.	Bill No. & Date	Marked As			-	
No.	Bill No. & Date	Marked As			-	
No.	Bill No. & Date	Marked As			-	
No.	Bill No. & Date	Marked As			-	
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	Bill No. & Date	Marked As			-	