

STUDENT MEDICAL REIMBURSEMENT POLICY

The objective of this policy is to support the needy students by reimbursement of medical claim in case of medical emergency or any severe medical complication/treatment in view of their financial situation. The Institute reserves the right to alter/amend/make changes in the policy without prior intimation to the students and shall be displayed through the college website only.

Following are the some important points of the policy but not limited to -

1. The policy is only for the Bonafide and Regular student of the College who paid Medical Insurance Charges to the Institute for that academic session and before the occurrence medical emergency/treatment.
2. This Policy covers reimbursement of a maximum amount of Rs.50,000/- (Rupees Fifty Thousand Only) against medical expenses including any type of treatment / medical test required / cost of medicine / doctor consultation, etc.
3. This policy does not cover normal OPD and minimum 24 Hours hospitalization is required to be entitle.
4. The student can claim the reimbursement only within 30 days from date of discharge from the Hospital and NO claim is admissible thereafter.
5. The student has to submit all relevant documents alongwith Claim Form (as annexed) and Payment Receipts (in Original) to get the reimbursement.
6. The normal cycle to settle the mediclaim is 90 days from the date of Claim Form submission.
7. The policy does not cover or admissible in case of Death / Injury or disability of the student by self-injury, suicide or attempted suicide, whilst under the influence of intoxication liquor or drugs, etc.

CLAIM FORM FOR MEDICAL REIMBURSEMENT

Note: To be filled in neat & legible handwriting.

To,
The Dean-Student Welfare
GL Bajaj Group of Institutions
Mathura (Uttar Pradesh)

Date : ___/___/___

Sir / Madam,

I am submitting herewith Medical Reimbursement Claim of Rs. _____ (in words _____) on account of Medical Expenditure incurred by me for my medical treatment and all documents are verified by the Hospital.

Enclosures:

1. Doctor's Prescriptions and Reports : _____ Pages
2. Details of Payment Receipts as given below : _____ Pages

S No	Cash Memo / Bill Receipt No.	Amount (Rs.)
Total		

DECLARATION

I hereby declare that the above said expenses have been born by the undersigned and also have not been claimed from any government/non-government organization and/or insurance company.

Student's Bank Account Details

Account Holder Name : _____
 Bank Name : _____
 Bank Account No. : _____
 IFSC : _____

Signature of Student : _____

Name of Student : _____ Mobile No. : _____

Admission No. : _____ Email Id : _____