Heal	th Divisi	on												Date:	
Alfa		ance C	Company c.												
Dear	Sir/Mac	lam,													
Foll	ow-up	Treati	<u>ment</u>												
I am	submitt	ing fol	lowing doc	umen	ts in origi	nal for 1	reiml	bursemen	t of Rs	s				being follow-up treatm	nent
for tl	ne month	of			The paties	nt name	is M	r./Mrs./M	iss					having relation with	me
	Myself		Mother		Father		pous	se 🗆	Son			Daughte	r	& who is suffering from	n
		ascular	Disorders		Strokes	D 0 C		Cancer			Aids			Organs Transplants	
	CKD				Hepatitis	В&С	u	Tubercul	OS1S		SLE			Thalassemia Major	
Brea	kup of l	Follow	-up treatm	ent cl	harges is a	as unde	<u>r:</u>								
Sr.		culars			Date of	f Invoice	e	Invoice N	lo.					Claim Amount	
1			medicines	,										Rs.	
3			st/X-Rays e tancy Chars											Rs.	
	<u> </u>	Consui	tancy Charg	ges							G	rand To	tal	Rs.	
Ŀmp	loyee II) & Pla	an						Loca	tion/	Posti	ng:			
			an												
Emp	loyee Na	ame: _ obile #					_		Emai	il ID:	:	nature:			
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Emp Com <u>Man</u>	datory I 1. Pho 2. Do 3. Pho	ame: _ obile # Docum otocop octor p otocop	ents to be oy of Cons rescription oies of lab	subm sultan	itted by a t's letter, taking th	clearly	to cl	aim Follo	Emai	il ID:	e's Sig	nature: olicy)	atme		
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AGM HR – BAL

AIC Approval

BAL – In-house Consultant/ Dr