

UNDER ESI SCHEME MEGHALAYA SHILLONG.

(To be submitted in duplicate by the Insured Person)

To,

The Administrative Medical Officer,
Employees State Insurance Scheme,
Meghalaya, Shillong.

(Through Proper Channel)

Sir/Madam,

Date _____ The _____

Shri/Smti _____ Ins. No _____ I submit as hereunder
a bill of D _____

(Rupees _____

_____) only for favour of early payment in reimbursement
of the amount incurred by me in the purchase of medicines prescribed for _____

by the Medical Officers, ESI Dispensary as referred to you on _____

I enclosed relevant original prescription or attached copy thereof and cash memo as
mentioned below.

Cash Memo No.

Date

Amount

Total Amount D _____

Rupees _____ only.

Your Faithfully,

Certify that the applicant was not
debarred from Medical benefit
during the period of this treatment.

Ins. No. _____

Address _____

(Signature of Medical Officer)

ESSENTIAL CERTIFICATE

Certified that Shri/Smt _____

Son/Daughter of Shri/Smt _____

Insurance No. _____ of M/s _____

been under the treatment at E. S. I. Dispensary / Civil Hospital Shillong / G. D. Hospital / Reid Chest Hospital / Dr. H. G. Robert Hospital / NEIGRIHMS / Nazareth Hospital, Shillong on account of _____

from _____ to _____. And that the under mentioned medicines prescribed by me or referred to the above authority for prescribed Institutions. In this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not in stock at E. S. I. S. Dispensary, Shillong, for supply to the Insured person and do not include proprietary preparation for which cheaper substances of equal therapeutic value are available, nor preparation which are primarily foods, toiletries or disinfectant.

Name of Medicines

Quantity

Price

Signature of Medical Officer
With Seal

Signature of Medical Officer
E. S. I. Dispensary