



# The Maritime Floating Staff Welfare Trust

Regd. No. E-14328 (Bombay) 1993 - Regd. Under Maharashtra Public Trust Act, 1950

Unit No. 1 & 2 AB, Abhishek Premises, Gr. Floor, Kuber Complex Lane,  
Veera Desai Industrial Estate, Off New Link Road, Andheri - (W), Mumbai - 400 053  
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## DOMICILIARY TREATMENT FORM

MFSWT No.: \_\_\_\_\_

### Particulars of the Officer

Name \_\_\_\_\_

Surname

First Name

Father's Name

Rank \_\_\_\_\_ Last Sign on \_\_\_\_\_ Last Sign off \_\_\_\_\_

Name of the last Vessel & Company \_\_\_\_\_

Residence Address \_\_\_\_\_

Pin Code \_\_\_\_\_ Tel. No. \_\_\_\_\_

Mobile \_\_\_\_\_ Email : \_\_\_\_\_

### Bank Details (Normal Savings Account of the Officer / Spouse)

Name of A/c Holder \_\_\_\_\_

Bank Name \_\_\_\_\_

Account No. \_\_\_\_\_ Branch \_\_\_\_\_

Bank Address \_\_\_\_\_

Pin: \_\_\_\_\_

### Particulars of the Patient

Name \_\_\_\_\_

Surname

First Name

Father's / Husband's Name

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_

Nature of Illness \_\_\_\_\_

### Documents to be submitted:

- Original Bills and receipts.
- Photocopies of prescription, discharge card / discharge summary and reports.
- Photocopy of the last voyage contract letter and relevant copies of CDC (Photo page & last two voyage stamping page) must be submitted. Photocopy of current voyage stamping and contract in case the officer is on board.
- Photocopy of exam proof (Passing certificate / completion certificate, admission certificate, etc. Applicable in case the officer has been on leave for exams).

#### Important Notes:

- 1) Entries in Section A must be supported by all original bills and receipts from respective parties i.e. Hospital, Surgeon, Consultants, Pharmacy, Laboratory, etc.
- 2) It is mandatory for the Surgeon to fill Section A.
- 3) Appeal for reimbursement should be submitted immediately after completion of treatment but not later than two months. Refer the medical brochure for further information.
- 4) Officer and family covered under personal TPA may refer to the medical brochure for further guidelines.
- 5) Ensure bills and receipts have Invoice numbers and invoice date.

(P.T.O.)

**A. Consultant's Charges** ( To be completed by Physician / Consultant)

Diagnosis \_\_\_\_\_

No. of Consultation \_\_\_\_\_ at Rs. \_\_\_\_\_

Medicines given by Doctor Rs. \_\_\_\_\_

Medicines purchased from Pharmacy Rs. \_\_\_\_\_

Investigation Rs. \_\_\_\_\_

**Total Medical Expenses incurred Rs.** \_\_\_\_\_

**Doctor's Stamp and Signature**

**B. Dental Treatment** (To be completed by Dentist)

Diagnosis \_\_\_\_\_

No. of Consultation \_\_\_\_\_ at Rs. \_\_\_\_\_

Medicines given by Doctor Rs. \_\_\_\_\_

Medicines purchased from Pharmacy Rs. \_\_\_\_\_

Investigation Rs. \_\_\_\_\_

**Total Dental Expenses incurred** Rs. \_\_\_\_\_

**Total amount of this appeal** \_\_\_\_\_ **Rs.** \_\_\_\_\_

**Declaration:**

I, hereby declare that all the details of treatment and expenses incurred by me as given in section A is true and to the best of my knowledge. I agree that if it is found that the above given statements are in any respect incorrect or untrue, then The Maritime Floating Staff Welfare Trust shall reject my appeal for reimbursement made by me or my spouse.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Officer / Spouse