



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

Tel: 48015707 / 08 / 09 Email: mail@mfswt.com Website: www.mfswt.com

HOSPITALISATION 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 _____ Resi. Tel. No. _____

Mobile _____ Email : _____

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

Name of A/c Holder _____

Bank Name _____ IFSC Code _____

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.
- Photocopies of discharge / summary for both mother and child to be submitted in case of maternity.
- Photocopy of the Child's Birth Certificate (Claims can be submitted without photocopy of the birth certificate, which can be submitted at later date, if the birth certificate is under process by the issuing authority).
- 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, B, C & D 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 / Consultant to fill up section C & D.
- 3) Appeal for reimbursement should be submitted immediately after completion of treatment but not later than two months.
- 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. Hospital Room Charge Admission / Registration Charges

Admission / Registration Chages Rs. _____

Admitted on _____ at _____ am/ pm

Discharged on _____ at _____ am / pm

Charges for _____ days at Rs. _____ per day Rs. _____

Total of Hospital Room Charges Rs. _____

B. Details of Hospital Charges

1. Operation Theatre Charges Rs. _____

2. Investigation (Pre / Post) Rs. _____

3. Medicine from Hospital Rs. _____

4. MRI, C.T. Scan Rs. _____

5. Laboratory Charges Rs. _____

6. Medicine from Markets Rs. _____

7. Others Rs. _____

Total of Hospital Charges Rs. _____

C. Surgeon's Fees (To be completed by the Surgeon / Gynaecologist)

Nature of Procedure _____

Fees for the above procedures Rs. _____

Assistant Charges (if any) Rs. _____

Total Surgeon's Fees Rs. _____

Doctor's Stamp and Signature

D. Consultant's Fees (To be completed by Physician / Consultant)

Diagnosis _____

No of Consultation at Rs. _____

Total of Consultation Fees Rs. _____

E. Total amount of this appeal (A+B+C+D) Rs. _____

Declaration:

I, hereby declare that all the details of treatment and expenses incurred by me as given in section A, B, C & D are 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 my me or my spouse.

Date _____

Signature of Officer / Spouse