## KARUNYA BENEVOLENT FUND

(Directorate of State Lotteries)

## **CERTIFICATE FOR REIMBURSEMENT**

(To be obtained from the Govt. Hospital where the patient undergone treatment)

1. Name of patient :			
2. Address :		3. IP No.	Date:
4. Date of Admission:		5. Date of discharge:	
6. Amount received fro	om KBF: Rs.	7. Order No.	Date:
	ed for the treatment at the Ho	spital : (Attested origina	al bills & receipts should be
attached)		Γ	
a. Investigations	Rs.	b. Drugs.	Rs.
c. Surgery	Rs.	d. Chemotherapy	Rs.
e. Radiotherapy	Rs.	f. Cost of implants	Rs.
g. Hospital stay	Rs.	h. Supportive Care	Rs.
i. Other expenses (P	l. Specify)	3.	Rs.
1.	Rs.		
		4.	Rs.
2.	Rs.	5.	Rs.
j. Total Expenditure Rs.		(Rupees:	only)
9. Amount availed from RSBY, CHIS +		10. Expenditure booked from	
for the treatment	Rs.	KBF Fund.	Rs.
12. Balance unutilised amount available in the account and the account of the second s		int of the patient:	Rs.
<ol> <li>Treatment expenses (partial / full) to be reimbursed to the patient due to non receipt</li> </ol>		Rs/-	
of money from KBF before completing the		KS/-	
treatment & presently available with the		(Rupees:	only)
hospital.			
		1	
14. Name & Address o	t the Govt. Hospital:		

Certified that the amount recommended for reimbursement as shown in Column 13 was spent by the patient actually necessitated in the course of treatment. The attested original bills and receipts are enclosed. The financial assistance provided to the patient from Govt. schemes including RSBY/CHIS Plus (if a clicible) has not included in the reimburgement amount to be undertake that the unspent balance of

eligible) has not included in the reimbursement amount. I also undertake that the unspent balance of Rs.\_\_\_\_\_\_ shown in 12 will be refunded to the Administrator, Karunya Benevolent Fund immediately.

 Signature
 Signature

 Name of the Consulting Doctor
 Name & Designation

 Place:
 Superintendent / Head of the Institution

 Date:
 (Office Seal)

\*The patient is eligible for financial assistance under KBF only from the date of receipt of application at DLO concerned. The treatment expenditure shall be calculated from that date onwards only. This date is available in ack. Receipt issued to the patient/ column No. 14 of the beneficiary list issued along with the proceedings. Otherwise get a certificate from the DLO)