

EMPLOYEE OPD REIMBURSEMENT FORM

Instructions:

Please ensure the following when completing this form:

Complete the required expense details ensuring no section is left blank.

Ensure all receipts attached are original and no photocopies/scanned copies are submitted.

Receipts are not older than 3 months from submission time-line.

Claim does not exceed the available medical limit, please refer to your salary slip on [MSP Portal](#) for confirmation.

Notes:

The company reserves the right to refuse reimbursement of any medical cost not covered in the medical policy or whereby the requirements are not complete.

The company reserves the right to acquire any additional documentation/information to satisfy the requirements for expense reimbursement.

If you have any queries or require further information kindly contact MSP HR representative.

EMPLOYEE DETAILS	Employee Name:	Employee Number:
	Department:	Division:
CONTACT DETAILS	Email ID:	Official Cell #:

Expense Details:

Tick all those apply and enter amount only:

Treatment Type	Please enter amount only				
<input type="checkbox"/> Medicines Cost					
<input type="checkbox"/> Consultation Charges					
<input type="checkbox"/> Lab & X-Ray Charges					
<input type="checkbox"/> Vaccination					
<input type="checkbox"/> Vision Care (Max. Rs. 8,000 per dependent)	Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Children <input type="checkbox"/>	Parents <input type="checkbox"/>	Amount Claimed:
<input type="checkbox"/> Skin Care					
<input type="checkbox"/> Medical Equipment & Supplies					
<input type="checkbox"/> Therapy Charges (Prescription Mandatory)					
<input type="checkbox"/> Nursing Charges (Prescription Mandatory)					
<input type="checkbox"/> Others					
Total: Rs.					

Claimant's Declaration:

I hereby declare that I have read and understand the above instructions and declarations and take the full responsibility/ownership of the claim being submitted.

Claimant's Signature & Date

FOR OFFICIAL USE ONLY

Deduction Details:

MSP HR Representative Signature & Date

HR Representative Signature & Date