

**Annexure - IX**

No: DHS/MED/F. / /  
Directorate of Health Services,  
Campal, Panaji Goa.  
Dated:

**FORM - E**

( Format of undertaking to be given to the Hospital/patient in respect of treatment and payment).

Dear Sir,

This is to certify that Shri/Smt. ....  
is eligible for benefits under Mediclaim Scheme of Government of Goa.

The reimbursement per illness under the Mediclaim Scheme will be limited to Rs. 1,50,000/- or actual Hospital expenses, whichever is the least, in respect of the following:-

- (1) Room, board and nursing expenses including surcharge, if any limited to Rs. 250/- per day;
- (2) I.C.U.;
- (3) Surgeon's and Anaesthetists fees;
- (4) Anaesthesia, blood, oxygen, operation theatre, surgical appliances;
- (5) Diagnostic materials and X-Ray;
- (6) Medical practitioner's, consultants and specialists fees;
- (7) Medicines & Drugs.

Shri/Smt. \_\_\_\_\_  
has been advised \_\_\_\_\_  
\_\_\_\_\_

We enclose a xerox copy of the certificate dated \_\_\_\_\_ issued by the Medical Superintendent, Goa Medical College and undertake to reimburse you upto Rs. 1,50,000/- on receipt of your bills.

Kindly admit/him/her and render necessary treatment and send us the claim form and your bills, duly signed by the patient, for settlement.

Thanking you in anticipation.

Yours faithfully,

**Director of Health Services.**

Copy forwarded to:-

- (1) Shri/Smt. \_\_\_\_\_
- (2) Jt. Secretary (Health), Public Health Department, Secretariat Annexe, 3rd Floor, Junta House, Panaji, Goa, for information.