

**KERALA POLICE HOUSING
CO-OPERATIVE SOCIETY LTD No.4348**

H.O: ERNAKULAM -20

Branches : Thiruvananthapuram, Kozhikode

Head Office Ph: 0484 -2313981, 9846101101, 9846101102 e-mail: policehcsekm@kphcs.com
Thiruvananthapuram Branch Ph: 9495469101, e-mail: policehcestvm@kphcs.com
Kozhikode Branch Ph: 8281551101 e-mail: policehcskdd@kphcs.com
website: www.kphcs.com

CARE PLUS FORM

| | |
|------------|-----------|
| MEMBER No. | SCHEME No |
|------------|-----------|

I

| | | | |
|---|-------------------|--|---------------------|
| A | Name of Applicant | | |
| B | Rank & GL.No | | |
| C | Unit | | |
| D | Office Address | | Residential Address |
| | | | |
| E | Phone No. | | |
| | | | |

II DETAILS OF HOSPITALISATION

| | | |
|---|----------------------------------|--|
| A | Name of patient | |
| B | Age | |
| C | Relationship | |
| D | Address | |
| | | |
| E | Name and Address of the Hospital | |
| F | Hospital Inpatient No | |
| G | Hospital Op No | |
| H | Nature of Disease/Injury/Illness | |
| I | Date of Admission | |
| J | Date of Discharge | |
| K | Present stage of Patient | |

III. DETAILS OF AMOUNT CLAIMED

| SL No | Items | Amount claimed | FOR OFFICE USE ONLY | |
|-------|------------------------------------|----------------|---------------------|-------------|
| | | | Amount Payable | Amount Paid |
| 1 | Doctors Consulting fee | | | |
| 2 | Nursing Charges | | | |
| 3 | Room Rent | | | |
| 4 | ICU Charges | | | |
| 5 | Diagnostic Materials and X-ray etc | | | |
| 6 | Operation Charges | | | |
| 7 | Cost of Medicines and Drugs | | | |
| 8 | Other Hospital Expenses -details | | | |
| TOTAL | | | | |

IV a. Amount Previously claimed :

b. Amount applied Now :

c.Total Claimed (a+b) :

I here by declare that the above Statements are true to the best of my knowledge

Signature :

Name of Applicant :

Place : Member No :

Date : Scheme No :

FOR OFFICE USE ONLY

| | |
|-------------------------------|---------------------------|
| Prepared by : | Total Amount claimed Rs : |
| Checked by : | Amount not payable Rs : |
| Approved by: | Net Amount Payable Rs : |
| Board Resolution No and date: | |

Passed for payment of Rs

Place :

SECRETARY

Date :

Kerala Police Housing Co
Operative Society Ltd No 4348
Ernakulam

DETAILS OF OTHER DOCUMENTS TO BE ATTACHED

- **DISCHARGE SUMMARY**
- **DISCHARGE BILL**
- **DETAILED BILL OF DISCHARGE BILL**
- **ADMISSION PERIOD OTHER CASH BILL**
- **ORIGINAL OR COPY TO BE ATTESTED BY CONCERNED DOCTOR ITSELF**
- **HOSPITAL SEAL, DOCTOR SEAL AND DOCTOR SIGN AS ATTESTATION**
- **ONLY ADMISSION PERIOD BILLS TO BE SUBMITTED**
- COPY OF BANK PASSBOOK FRONT PAGE**
- **AADHAAR CARD OF PATIENT**

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MEDICAL CERTIFICATE

To be filled by the consulting Physician/ Surgeon

1. Name and address of the patient :
2. Age of the Patient :
3. Name of the Hospital Treatment was taken :
4. 1) Date of Admission :
2) Date of Discharge :
5. Hospital Inpatient No :
6. Hospital O P no :
7. Are you the regular medical
Practitioner of the patient? : Yes/No
8. Describe fully the nature of illness /Injury :
9. Describe fully the nature of treatment :
10. Was the patient referred to you by
Some other Doctor/Hospital : Yes/No
If yes
a) Name and address of the Doctor/
Hospital :
b) Diagnosis of the Previous Doctor/
Hospital :
11. Probable duration of the illness when
the patient was first attended by you :
12. Other Remarks :

I certify that the above named patient was treated in the Hospital and the details given above are true to the best of my knowledge.

Place :

Signature :

Date

(Office Seal)

Name of the Doctor :

Registration No :

Address :



VOUCHER

Date :.....

KERALA POLICE HOUSING CO-OPERATIVE SOCIETY LTD., NO. 4348

H.O Elamkulam, Kochi -20, Br. Thiruvananthapuram, Kozhikode

| Particulars | Amount | |
|-------------|--------|-----|
| | Rs. | Ps. |
| | | |
| | | |
| | | |
| | | |

Checked, Recommended for Payment of
Rs.....

.....
Accountant

Passed of Payment of Rs.....
.....

Secretary

Received a sum of Rs.....

.....only) by cash/

Cheque No.....dt.....of.....

.....Bank.....

.....

Name & Signature of Payee

BANK ACCOUNT DETAILS

MEMBER NO :

NAME :

RANK & GLNo :

PEN :

NAME OF BANK :

BRANCH :

ACCOUNT NO :

IFSC CODE :