MEDICAL BILL FORM UNDER BCM HEALTHCARE SCHEME - 2018

V. N0: _____

To

The General Secretary
Baptist Church of Mizoram, Serkawn

Initial/Forwarded By:

.....
Head Of Dept/Institution/O.S
(Signatur with seal)

Subject : **Medical Bill Thehluh thu**

Ka pu,

BCM Healthcare Scheme 2018 -in a phal angin Damlohna avanga inenkawlna Bill ka rawn thehlut a,danin a phal ang chinah ka senso hi min reimburse theih chuan ka lawm hle ang.

Doctor prescription,investigation charge,cash memo etc.(Original copies) ka thil tel e.

Sr.No	Name	Kum Zat	Inlaichinna	Nupui / Pasal nei am?	Thla tin Income

A. DAMDAWI INA AWMNA BILLS :

Sr.No	Amounts	Sr.No	Amounts
1.	Rs _____	11.	Rs _____
2.	Rs _____	12.	Rs _____
3.	Rs _____	13.	Rs _____
4.	Rs _____	14.	Rs _____
5.	Rs _____	15.	Rs _____
6.	Rs _____	16.	Rs _____
7.	Rs _____	17.	Rs _____
8.	Rs _____	18.	Rs _____
9.	Rs _____	19.	Rs _____
10.	Rs _____	20.	Rs _____

A. TOTAL Rs _____

75% Rs _____

B. PAWNLAMA INENKAWLNA BILLS :

Sr.No	Amounts	Sr.no	Amounts	Sr.no	Amounts
1.	Rs _____	11.	Rs _____	21.	Rs _____
2.	Rs _____	12.	Rs _____	22.	Rs _____
3.	Rs _____	13.	Rs _____	23.	Rs _____
4.	Rs _____	14.	Rs _____	24.	Rs _____
5.	Rs _____	15.	Rs _____	25.	Rs _____
6.	Rs _____	16.	Rs _____	26.	Rs _____
7.	Rs _____	17.	Rs _____	27.	Rs _____
8.	Rs _____	18.	Rs _____	28.	Rs _____
9.	Rs _____	19.	Rs _____	29.	Rs _____
10.	Rs _____	20.	Rs _____	30.	Rs _____

B. TOTAL Rs _____

50% Rs _____

Total Claimed Rs _____

Poisa hi Ka dawng kim e.

_____

Bill -tu Pawisa thawnna tur hriattirna:

Holder Name :_____
Bank Name : _____
A/c . No : _____
Branch : _____
IFSC : _____

Diltu signature _____
Diltu hming _____
Diltu hnathawh _____
Diltu thawhna _____

Diltu hna Dinhmun: (Tick ngei ngei tur)

a). Substantive / Temporary / Contract / Pensioner / Family Pensioner
b). Pay Level - I / II - VIII / IX - XIV

Dawngtu Signature

FINANCE DEPT TIH TUR:

Checked And Admissible Amount is passed for payment as under :-

TOTAL AMOUNT Rs _____
Advance Drawn Rs _____
NET AMOUNT Rs _____ *(Rupees* _____
_____*) only*

Name of Dept : _____

_____
Accounts Officer

Pawisa pekchhuah ni: _____
Paid by (Tick) : Cash / Cheaque / NEFT
Cheque No : _____

_____
General Secretary

MEDICAL BILL FORM UNDER BCM HEALTHCARE SCHEME - 2025

V. N0: _____

To

The General Secretary
Baptist Church of Mizoram, Serkawn

Initial/Forwarded By:

.....
Head Of Dept/Institution/O.S
(Signatur with seal)

Subject : **Medical Bill Thehluh thu**

Ka pu, _____

BCM Healthcare Scheme 2025 -in a phal angin Damlohna avanga inenkawlna In-Patient Bill chiah ka rawn thehlut a,danin a phal ang chinah ka senso hi min reimburse theih chuan ka lawm hle ang.

Discharge certificate, Inpatient bill etc. original copies ka rawn thil tel e.

Sr.No	Name	Kum Zat	Inlaichinna	Nupui / Pasal nei em?	Thla tin Income

DAMDAWI INA AWMNA BILLS :

Sr.No Amounts	Sr.No Amounts	Sr.No Amounts
1.Rs _____	11.Rs _____	21.Rs _____
2.Rs _____	12.Rs _____	22.Rs _____
3.Rs _____	13.Rs _____	23.Rs _____
4.Rs _____	14.Rs _____	24.Rs _____
5.Rs _____	15.Rs _____	25.Rs _____
6.Rs _____	16.Rs _____	26.Rs _____
7.Rs _____	17.Rs _____	27.Rs _____
8.Rs _____	18.Rs _____	28.Rs _____
9.Rs _____	19.Rs _____	29.Rs _____
10.Rs _____	20.Rs _____	30.Rs _____

A. TOTAL Rs _____

90% Rs _____

Bill -tu Pawisa thawnna tur hriattirna:

Holder Name :_____
Bank Name : _____
A/c . No : _____
Branch : _____
IFSC : _____

Total Claimed Rs _____

Poisa hi Ka dawng kim e.

_____

Dawngtu Signature

Diltu signature _____
Diltu hming _____
Diltu hnathawh _____
Diltu thawhna _____

Diltu hna Dinhmun: (Tick ngei ngei tur) **a).** Substantive / Temporary / Contract / Pensioner / Family Pensioner

FINANCE DEPT TIH TUR:

Checked And Admissible Amount is passed for payment as under :-

TOTAL AMOUNT Rs _____
Advance Drawn Rs _____
NET AMOUNT Rs _____ *(Rupees* _____
_____*) only*

Name of Dept : _____

_____
Accounts Officer

Pawisa pekchhuah ni: _____
Paid by (Tick) : Cash / Cheaque / NEFT
Cheque No : _____

_____
General Secretary