













**CHECKLIST FOR RE-IMBURSEMENT OF
MEDICAL CHARGES**

	Application Duly Recommended By The Head Or Next Higher Authority
	Medical Doucket
	Out Door Ticket
	Face Sheet
	Non Availability Certificate ,With Number , Date And Emboss Seal
	Original Voucher And Prescriptions
	Counter Signed By MS And Dy.MS
	Laboratory Reports
	Permission / Refer Letter Of District Hospital For Private Treatment
	Attested Copy Of CNIC
	Copy Of Pay Slip / Copy Of PPO
	Original Discharge Slip

NOTE:

**SUBMITTED THE ORIGINAL RMC CASE WITH (4-SET) PHOTO COPY,
WITH ORIGINAL COUNTERSIGNED BY MS AND DY,MS.**