

REFERRAL LETTER

- 1. Name of the Insured Person :
- 2. Insured Person No. :
- 3. Name of the Patient :
- 4. Relationship of the Insured Person :
- 5. Name of the organisation in which insured person is working :
- 6. Whether the Insured Person in the Live list :
- 7. Whether the Insured Person is eligible for Medical Benefit :
- 8. Whether the treatment period is within the eligible Medical Benefit period (certificate must be obtained from Branch office) :
- 9. Pay Certificate of the Insured Person (current month) :
- 10. Whether the Insured Person has availed any assistance for the treatment from Hon'ble Prime Minister's Relief Fund/Hon'ble Chief Minister's Relief Fund/ Employer/Others :
- 11. Nature of disease (as recommended by specialist) :
- 12. Whether the treatment is available by ESI Hospital :

**MEDICAL OFFICER INCHARGE
ESI DISPENSARY**

UNDERTAKING BY INSURED PERSON

I fully understand the rules governing the medical benefits extended to ESI Insured Persons under the package deal. I undertake to settle the bills pertaining to the treatment imparted by the empanelled medical institution, in the event, I am not eligible avail the medical benefit in any way. I also undertake to pay any charge levied by the empanelled hospital for any additional facility availed by me over and above the facility included in the treatment package.

Station:
Date :

SIGNATURE OF THE INSURED PERSON

UNDERTAKING BY MEDICAL OFFICER INCHARGE

All the above particulars furnished are true/correct. The Insured Person has signed the undertaking before me. The Insured Person is eligible to avail medical benefit under the ESI Rules.

Station:
Date :

SIGNATURE OF THE MEDICAL OFFICER INCHARGE