

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

The Director

Central Government Health Scheme (CGHS)

[Institute/Department Address]

[City, State, Zip Code]

Subject: Request for Reimbursement of Medical Expenses

Dear Sir/Madam,

I am writing to request reimbursement for medical expenses incurred for my treatment on [date(s)] at [hospital/clinic name]. As a beneficiary of the Central Government Health Scheme (CGHS), I have attached all necessary documents as per the guidelines for your reference.

Details of the treatment are as follows:

- Patient Name: [Your Name]
- CGHS Card Number: [Your CGHS Card Number]
- Treatment Dates: [Start Date] to [End Date]
- Hospital/Clinic Name: [Name]
- Total Amount Incurred: [Total Amount]

Attached documents:

1. Original hospital bill
2. Discharge summary
3. Consultation charges receipt
4. [Any other relevant document]

I kindly request you to process my claim at your earliest convenience. Should you require any additional information, please feel free to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]