

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

To

The CGHS Sanctioning Authority

[CGHS Office Address]

[City, State, ZIP Code]

Subject: Claim for Reimbursement - CGHS

Dear Sir/Madam,

I am writing to submit a claim for reimbursement under the Central Government Health Scheme (CGHS) for medical treatment received on [date of treatment] at [name of hospital/clinic].

Details of the Claim:

- Beneficiary Name: [Your Name]
- CGHS Card Number: [Your CGHS Card Number]
- Date of Admission: [Date]
- Date of Discharge: [Date]
- Name of the Hospital: [Hospital Name]
- Total Amount Incurred: [Amount]
- Details of Treatment: [Brief description of treatment received]

I have enclosed all necessary documents, including the original bills, discharge summary, and any additional forms as required.

I kindly request you to process my claim at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,

[Your Name]