





Form No.3

SWASTHYA BIMA YOJANA  
CONSOLIDATED STATEMENT OF BPL PATIENTS & EXPENSES THERE OF

S.No.	NAME OF CHC	ADMITTED PATIENTS	DISCHARGED PATIENTS	UNDER TREATMENT PATIENTS	REFERRED PATIENTS				INSURED	INVESTIGATION		MEDICAL & SURGICAL		ANY CHARGES	TOTAL EXPENSES	REMARK	CLAIM RAISED TO ICICI LOMBARD	CLAIM REIMBURSED BY ICICI LOMBARD	CLAIMS PENDING	REASONS OF PENDING CLAIMS
					Day Care	General Illness	Critical Illness	Accidental		With in Hospital	Out of Hospital	With in Hospital	Out of Hospital							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21

Copy To  
 1 MD. NRHM.  
 2 ICICI Lombard GIC. Ltd.

Signature  
 CM&HO/DPC/DPM