

VIDARBHA CRICKET ASSOCIATION

Application for VCA Medical Aid Policy

1. Name:
2. (a) Date of Birth (b) Age
3. Address for communication:
4. (a) Whether represented the Association in Ranji Trophy or any other BCCI tournaments.

(b) Details of representation

Sr. No.	Representation	Year	No. of matches

5. If employed: Yes/No
If yes:
 - a) Total monthly income
 - b) Name and address of organisation presently employed
 - c) Medical reimbursement benefits/assistance available: Yes/No
 - d) If yes, Total eligible amount
 - e) Amount utilised so far
6.
 - a) Whether in receipt of medical assistance/reimbursement from any Trust/Fund/Organisation in addition to 5 above
 - b) To what extent
 - c) Amount Utilised so far
7. Details of ailment for which claim is submitted now
 - a) Nature of illness (in block letters)
 - b) Name and address of Hospital / Nursing Home
 - c) Name and address of attending physician with his certificate of the nature of illness

- d) Likely / Actual date of commencement of treatment
- e) Likely / Actual Period of hospitalisation
- f) Breakup details of expenditure incurred

DETAIL	AMOUNT (Rs.)
Consultation Charges	
Laboratory Charges	
Operation Charges	
Doctor fees	
Room rent	
Service charges	
Other charges (Please specify)	
Cost of medicines	
TOTAL Amount	

List out the bills attached duly certified by the Physician

DECLARATION

I, _____ hereby declare that the information furnished above are correct and true to the best of my ability and knowledge and that the expenditure shown were incurred/to be incurred for the treatment indicated. I have fully read and understood the full details of this scheme and I hereby undertake to abide by each of its provisions.

(Signature of the applicant)

Recommendation of the Medical Committee

We have verified the facts given in this application submitted by Mr. _____ and we have reason to believe that the facts stated herein are correct.

Place:

Date:

Signature of the Medical Panel

Signature of the Hon. Secretary, VCA.