**JYOTHI SANJEEVINI SCHEME**  
**PROCEDURE CLAIM AND FEEDBACK FORM**

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Patient Name:</th>
<th>KGID No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IP Registration No.:</th>
<th>Ward availed</th>
<th>DOA:</th>
<th>DOS:</th>
<th>DOD:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preauth Issue Date:</th>
<th>Preauth No:</th>
<th>Preauth Amount:</th>
<th>Claimed Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost of Implants/Stents etc:</th>
<th>Package Cost:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Cost:</th>
<th>Amount payable by beneficiary, if any details:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bill No:</th>
<th>Bill Date:</th>
<th>Bill Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TREATMENT DETAILS**

<table>
<thead>
<tr>
<th>Procedure Code Approved:</th>
<th>Procedure Code Done:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the procedure:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treating Doctor Name and phone No:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnosis:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of the Beneficiary with Phone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**FEEDBACK FORM**

Shri/smt/Kum: having KGID No.: 

From: Taluk: District: having treated under Jyothi Sanjeevini Scheme was discharged on: 

1. Free food given: YES / NO 
2. Feed back from the patient: 

<table>
<thead>
<tr>
<th>Signature of the SAMCO &amp; Phone No.</th>
<th>Signature of the AM with Phone No. with Seal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>