

Application form Medical expense reimbursement request form
for testing for coronavirus disease 2019 (COVID-19) before medical treatment For students are sick
(for pre-bachelor and undergraduate students) Academic year 2021

Re ๗ 78.014/
Date
Subject Request for reimbursement for medical services for coronavirus disease 2019 (COVID-19)
To Vice President for student Affairs and alumni
I (Mr/Mrs. /Ms.).....Surname.....
Student Number.....Faculty/College/Institute.....
Covenient Phone NumberParent’s Phone Number.....
Get tested for coronavirus 2019 (COVID-19) from a hospital.....

In this regard, I would like to reimburse the medical expenses. According to Mahidol University's announcement regarding criteria for disbursement of medical service fees in examination Find out for the coronavirus disease 2019 (COVID-19) before receiving medical treatment. 2021 (Actual disbursement for form examination (RT-PCR) at a rate of not more than 1,520 baht per person and for a pattern examination (ATK) at a rate of not more than 470 baht per person according to the announcement which I have reserved and paid in advance. Amount.....Baht

(.....)
Please enter your account Bank name(Student only)
Account number.....Bankname.....
E-MAIL

Please consider providing assistance the medical to disburse the medical expenses mentioned. I sincerely appreciate your consideration.

Best regards

.....
(.....)

Date.....Month.....year.....

Attachment to Application

- Original receipt
- Medical certificate * indicating the symptoms being treated
- A Copy Passport with certification 1 copy
- A Copy of effective student card (must not expire)
Or Virtual ID Card form We Mahidol Application with certification 1 copy
- A copy of front page of the account book The Siam commercial Bank Public Company. Has the name of the student. If attaching a copy the other Bank' passbook. The university will deduct the transfer as actually paid from medical expenses that must be reimbursed to students.

Remark: Attachment of disbursement documents must be complete as required by the university.

Request approval for medical expense reimbursement (For staff)

Non-reimbursable because

Reimbursable

Pay to

In the amount ofbath
(.....)

Category G400-Medical and Dental Expenses from the student health. Fiscal year..... , by Treasury Division to continue .

Sing.....Guarantor (staff)...../...../.....

Sing.....Guarantor (supervisor)...../...../.....

Deemed appropriate for approval
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(Mrs. Kirati Sornkum)
Diretor, Division of Student Affairs

Approved
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(Asst. Prof. Flg. Off. Chatchai Kunavisarut)
Vice President for student Affairs and Alumni