

Medical Reimbursement Form

Date.....Month.....Year

ที่ อว 78.014/

Subject Request for Medical Reimbursement

Dear Vice President for Student Affairs and Alumni

I (Mr./ Mrs./ Miss) Last name Year

Student ID Faculty/ College/ Institute

Telephone Number

Has been serving hospital Government hospital Private hospital (an emergency case)

Medical treatment at (Name of hospital or nursing unit).....

Illness.....

Dental treatment at (Name of hospital or nursing unit).....

Symptom of dental treatment.....

I, therefore, would like to reimburse the medical payment in the amount of.....Baht
(.....) according to the announcement of
Mahidol University Regulations, to pay by :

Case amount under 500 Baht. Wait for inspect the documents And staff will contact you back to receive cash at Division of Finance, 3rd floor, Office of the President.

Case amount over 500 Baht. Cheque to (Name)

Attached Documents

- Receipt of medical treatment. (original)
- Copy of Student Card and copy of Passport (Not Expired)
- Copy of The Siam Commercial Bank Account (student signs to certify the copy)
- List of drugs outside the national main drug list and drug certificates
- Medical Certificate (original)
- for emergency case

Yours sincerely,

(.....)

ขออนุมัติเบิกค่ารักษาพยาบาล/ค่ารักษาทางทันตกรรมให้แก่

จำนวน บาท (.....)

จากเงินกองทุนค่าบริการสุขภาพนักศึกษา (.....)

(.....) ingsประมาณ

โดยขอให้กองคลังดำเนินการต่อไป

Sign.....Certificate authorities

Date.....

Sign.....

(Head of Student Services and Welfare)

Date.....

Approve

(Mrs. Kirati Sornkum)

Director, Division of Student Affairs

Approve

(Ast. Prof. Flg.Off. Chatchai Kunavisarut)

Vice President for Student Affairs and Alumni