

Appx to ref Central Org ECHS letter No  
B/49773/AG/ECHS/Rates/Policy  
dt Aug 2015

CERTIFICATE BY EX-SERVICEMAN/NOK

I, No: \_\_\_\_\_ Rank: \_\_\_\_\_ Name: \_\_\_\_\_ holding  
ECHS card No \_\_\_\_\_ / \_\_\_\_\_ (Relation with the card holder)  
hereby certify that :-

1. I have been fully briefed about the policy letter No B/49773/ECHS/Rates/Policy dated 25 Nov 2014 by the billing staff of the hospital and have fully understood them.

2. I hereby give my express and unconditional consent and I am willingly agreeing for the installation of \* \_\_\_\_\_ of higher value.

3. I undertake to make the payment of the difference in the amount between the high value (\* \_\_\_\_\_) and the ceiling rate of the same which is approved by ECHS.

4. I undertake that I would not pursue the matter of reimbursement in any court of law or raise any issue or claims or like before in any court of law.

5. I have signed this undertaking in a sound and alert state of mind and after reading and understanding its contents.

Signature with full address/ Tel

Signature of the billing Staff

Signaute of Witnesses

1. \_\_\_\_\_

2. \_\_\_\_\_

\* Cardiac Implant, Stent, Intra Ocular Lens etc. (Specify).