

วันที่รับใบคำร้อง

Division of Student Affairs, Mahidol University

..... / ..... / ..... ผู้รับ .....

Medical Reimbursement Form

หน่วยงาน ..กองกิจการนักศึกษา ม.มหิดล

ที่

วันที่

Subject Request for Medical Reimbursement

Dear Vice President for Student Affairs and Alumni

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

Student ID ..... Faculty/ College/ Institute .....

Telephone Number ..... E-mail (Please write in legible form.) .....

Medical/Dental treatment at (Name of hospital).....

Illness.....

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

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 : (Please select 1 choice.)

1. Transfer to Siam Commercial bank (SCB)  account number .....

Account name .....

2. Transfer to Bank name ..... Account number .....

Account name ..... (This choice, Mahidol university will deduct transfer fee from medical/dental expenses from the amount disbursed.)

3. Pay by cheque name ..... Staff will contact student to make an

appointment to receive cheque by your self next time.

Yours sincerely

(.....)


Student

Date.....

Attached Documents

- Receipt of medical treatment. (original)
- Copy of Student Card and copy of Passport (Not Expired)
- Certified copy of your bank book (except when selecting Option 3)
- List of drugs outside the national main drug list and drug certificates
- Medical Certificate

Banks Eligible for Fund Transfer \*Account must be active and not suspended

- Banks with No Transfer Fees: 
- Banks with Transfer Fee Charges: 