

To,

The Additional Director

CGHS, Swasthya Sadan, Mukund Nagar

Pune – 411037

Subject:- Declaration regarding capability to submit claims/bills in electronic format at <**Name of HCO**>

Respected Sir,

We, <**Name of HCO**>, declare that we have capacity to submit all claims/bills in electronic format to bill clearing agency. We also have dedicated equipment, software and connectivity for such electronic submission.

Date:

Authorised Signatory

Place:

(Name of HCO with seal)