FORM OF MEDICAL REIMBURSEMENT CLAIM

Form of application and claiming refund of medical expenses incurred in connection with medical attendance and treatment of central government servants and their families.

N. B. Separates forms should be used for each patient and cases.

1. Name & Designation of Govt. Servant (in Block letters)

2. Whether married.
   if married, the place where wife/husband is employed

3. Office in which employed.

4. Pay of the Govt. servant as defined in the fundamental rules & any other emoluments which should be shown separately.

5. Actual residential address

6. Place of duty.

7. Name of the patient and his/her relationship with the Govt. servant NB: In cash of children state age also place when patient fall ill.


9. Details of the amount claimed:
   i) Fee for consultation indicating:
   ii) The name & designation of the medical officer consulted & the hospital or dispensary to which attached.
   iii) The number and dates of injection & the fee paid for each injection.
   iv) The number and dates of consultation & has fee paid for each consultation.
v) Whether consultation and injections were had at hospital/army consulting room of the medical officer or at the residence of the patient.

10. Any other charges.

11. Cost of medicines cash memo & the consentially certificate should be attached.

12. Total amount claimed Rs........................................

13. Net amount claimed Rs........................................

14. List of enclosures:

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statement in the application are true to the best of my knowledge and belief and the person for whom medical expenditure incurred is wholly depend upon etc

Date :

Signature of the Govt. servant & Designation :
ESSENTIALITY CERTIFICATES
CERTIFICATE (A)

Certificate granted to
Mrs/Mr/Miss………………………………………………………………………
Wife/son/daughter of Mr………………………………………………………employed in the
…………………………………………………………………………………………

I, Dr…………………………………………………………………….hereby certify.

(a) that I charged and received Rs……………………………………for consultations

                                          on ...........................................(dated to be given) at my consulting room/a the resident of the patient.

(b) that I charged and received Rs. ...........................................................for administering .......................................................... in the venous, intra-mescular subcutaneous injections

                                          on ...........................................(date to be given ) at……….. my consulting room the residence of the patient.

(c) That the injections administered were not /were for immunising or prophylactic purposes.

(d) That the patient has been under treatment

                                          at.............................hospital/ my consulting room and that the undermentioned medicines prescribed by me in this connection

                                          were essential for the recovery / prevention of serious deterioration

                                          in the condition of the patient. The medicines are not stocked in the..............................(name of hospital) for supply to private patients and do not included properietary preparations for which cheeper sustences of equal the apuetic value are available nor prepratiuns which are primarily foods, toilets or disinfectants.

<table>
<thead>
<tr>
<th>SI No.</th>
<th>Name of medicines</th>
<th>Qty.</th>
<th>Prices</th>
</tr>
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</table>
That the patient is/was suffering from ………………… and is/was under my treatment from ………………………………… to ……………………….

(e) That the patient is/was not given pre-natal or post-natal treatment.
(f) That the X-ray laboratory test etc. for which an expenditure of Rs. …………
……………………………………name of the hospital or laboratory.
(g) That I referred the patient to Dr. …………………………for specialist consultation and that the necessary approval of the …………………………… (name of the Chief Administrative Officer of the State) as required under the rules was obtained.
(h) That the patient did not require hospitalisation.

Signature & Designation of the
Medical Officer and Hospital
Dispensary to which attached

CERTIFICATE ‘B’
To be completed in the case of patients who are admitted to hospital for treatment

Certificate granted to Mrs. / Mr. Miss __________________ wife/son/daughter of Mr. Employed in the _______________________________

PART ‘A’

I, Dr _______________________________ hereby certify :-

(a) That the patient was admitted to hospital on the advice of ________________ (Name of the medical officer / on my advice:

(b) That the patient has been under treatment at ______________ and that the undermentioned medicines prescribed by me in this connection were essential for the recovery / prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the ________________________________ (Name of the hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available not preparations which are primarily foods, toilets or disinfectants:

<table>
<thead>
<tr>
<th>Name of medicines</th>
<th>Price</th>
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<tbody>
<tr>
<td>1.</td>
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</tbody>
</table>

(c) That the injections administered were/were not for immunising or prophylactic purposes:

(d) That the patient, is/was suffering from ____________________ and is / was under treatment from _________________-to

(e) That the X-ray, laboratory tests etc. for which an expenditure of Rs_________________ was incurred were necessary and were taken (under) on my advice at ________________________________ (name of hospital or laboratory).

(f) That I called on Dr______________________________ for specialist consultation and that the necessary approval of the (Name of the Chief Administrative medical Officer of the State as required under the rules, was obtained.

Signature and Designation
Of the medical Officer
In charge of the case at
The hospital

PART ‘B’

I certify that the patient has been under treatment at the _____________________ hospital and that the service of the special nurses for which an expenditure of Rs________________________ was incurred, vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Signature of the medical Officer in charge of the hospital.

COUNTERSIGNED

Medical Superintendent _____________________ hospital.

Certify that the patient has been under treatment at the ______________________ hospital and that the facilities provided were the minimum which were essential for the patient’s treatment.

Medical Superintendent.

Place: ______________________. ______________________ Hospital.