

FORM OF MEDICAL REIMURSEMENT 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.

8. Nature of illness claimed.

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 proprietary preparations for which cheaper sustences of equal the apeutic value are available nor prepratious which are primarily foods, toilets or disinfectants.

SI No.	Name of medicines	Qty.	Prices
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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 Xray 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 required 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:

Name of medicines	Price
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

- (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.

medical
the
hospital.

Signature of the
Officer in charge of
Case at the

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.

Place:_____.

Medical Superintendent.
_____Hospital.