

FORM OF APPLICATION FOR CLAIMING REFUND MEDICAL EXPENSES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND/OR TREATMENT OF CENTRAL GOVERNMENT SERVANTS AND THEIR FAMILIES FOR MEDICAL ATTENDANCE/TREATMENT TAKEN BOTH FROM AUTHORISED MEDICAL ATTENDANT AND A HOSPITAL.

1. Name of Designations of Govt. Servant (In Block letters)
~~which~~ with G.P.F.
- 2(i) Whether married or unmarried
(ii) 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 and any other emoluments which should be shown separately.
5. Place of Duty.
6. Actual of Duty.
7. Name of the patient and his/her relationship to the Govt. servants
N.N. in the case of children state age also.
8. Place at which the patient fell ill
9. Details of the amount claimed.
 - I) Fees for consultation indicating
 - i) The name and designation of the Medical Officer consulted and the Hospital or Dispensary to which attached
 - ii) The number and dates of consultation and the fee and the fee paid for each consultation.
 - iii) The number and dates of injection and the fee paid for each injection
 - iv) Whether consultation and/or injections were had at the hospital at the consulting room of the medical officer or at the residence of the patient.
 - II) Charges for pathological, bacteriological radiological or other similar tests under taken during diagnosis indicating:-
 - a) The name of the hospital or laboratory where undertaken; and
 - b) Whether the tests were undertaken on the advice of the authorised medical attendant. If so, a certificate to that office should be attached.

- III) Cost of medicine purchased from the marked. (Cash Memos and essentiality certificates would be attached)
- IV) Consultation with Specialist:-
Fee paid to a Specialist or a Medical Officer, other than the authorised medical attendant, indicating:-
- a) The name and designation of the specialist or Medical Officer consulted and the hospital to which attached.
 - b) Number and dates of consultations and the fees charged for each consultation.
 - c) Whether consultation was had at the hospital, at the consulting room ~~xx~~ of the specialist or Medical Officer, or at the residence of the patient and
 - d) Whether the Specialist or Medical Officer was consulted on the advice of the authorised medical attendant and the prior approval of the Chief Administrative Medical Officer to the state was obtained. If, so a Certificate to that effect should be attached.
10. Total Amount claimed:
11. Less advance taken on:
12. Net Amount claimed :
13. List of enclosures:-

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statements in the application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent.

Date:

Signature of the Govt.
Servant and office to
which attached.

C E R T I F I C A T E 'A'

(to be completed in the case of patients who are not admitted to hospital for treatment)

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 _____ (dates to be given) at my consulting room/at the residence or the patient:

b) That I charged and reced _____ for administering _____ intra-venous/intra /suboutaneous injection on _____ (dates to be given) at _____ my consulting room/the residence of the patient.

c) That the injections administred were for immusising or prophylactic purposes:

d) That the patient has been under treatment at _____ hospital/my consulting room and that the under mentioned 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 include proprietary preparations for which cheaper substances of equal thereapeutic value are available or preparations which are primarily foods toilets or disinfectants.

	<u>Name of Medicines</u>	<u>Priond</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

e) that the patient is/was suffering from _____ and is/was under my treatment free _____ or to _____

f) that the patient is/was not given prenatal if post-natal treatment.

g) that the X-ray, laboratory test, etc. for which an expenditure of Rs. _____ was incurred was necessary and were undertaken of my advice at _____ (name of the hospital of laboratory.

h) 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.

i) that the patient did not required/required hospitalisation.

Dated:

Signature of AMA/Designation
of the Medical Officer and
Hospital/dispensary to which
attached.