

FORM OF APPLICATIONS FOR MEDICAL CLAIMS

Form of application for claiming refund of 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 an Authorized Medical Attendant and Hospital.

1- Name and designation of Government Servant
(in block letters)

.....

(i) Whether married or unmarried

.....

(ii) If married, the place where wife/husband

is employed

.....

2- Office in which employed

.....

3- Pay of the Government Servant as defined in the Fundamental Rules, and any other emoluments which should be shown separately.

.....

4- Place of duty

.....

5- Actual residential address

.....

6- Name of the patient and his/her relationship to the Government Servant

.....

N. B. In the case of children state age also.

7- Place at which the patient fell ill

.....

8- Details of the amount claimed

.....

A- MEDICAL ATTENDANCE -

(i) Fees for consultation indicating-

(a) The name and designation of the medical officer consulted and the hospital or dispensary to which attached

.....

(b) The number and dates of consultation and the fee paid for each consultation

.....

(c) The number and dates of injection and the fee paid for each injection

.....

(d) Whether consultations 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 undertaken 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 authorized medical attendant. If so, a certificate to that effect should be attached

.....

- (iii) Cost of medicines purchased from the market (Cash memos and the essentiality certificates should be attached)

B- HOSPITAL TREATMENT-

Name of the Hospital

Charges for Hospital treatment, indicating separately the charges for-

- (i) Accommodation (State whether it was according to the status or pay of the Government servant and in cases where the accommodation is higher than the status of the Government servant, a certificate should be attached to the effect that the accommodation to which he was entitled was not available)
- (ii) Diet
- (iii) Surgical operation or medical treatment or confinement
- (iv) Pathological, bacteriological, radiological or other similar tests, indicating-
 - (a) The name of the Hospital or laboratory at which undertaken; and
 - (b) Whether undertaken on the advice of the medical officer in charge of the case at the hospital. If so, a certificate to that effect should be attached
- (v) Medicines
- (vi) Special Medicines
(Cash memos and the essentiality certificate should be attached)
- (vii) Ordinary Nursing
- (viii) Special nursing, i.e. nurses, specially engaged for the patient. State whether they are employed on the advice of the medical officer in charge of the case at the hospital or at the request of the Government servant or patient. In the former case a certificate from the medical officer in charge of the case and countersigned by the Medical Superintendent of the Hospital should be attached.
- (ix) Ambulance charges-
(State the journey-to and fro-undertaken)
- (x) Any other charges, e.g. charges for electric light, fan, heater, air-conditioning etc. State also whether the facilities referred to are a part of the facilities normally provided to all patients and no choice was left to the patient

Note- 1- If the treatment was received by the Government Servant at his residence under Rule 7 of the CS (MA) Rules, 1944, give particulars of such treatment and attach a certificate from the authorized medical attendant as required by these rules

Note - 2 - If the treatment was received at a Hospital other than a Government Hospital, necessary details and the certificate of the authorized medical attendant that the requisite treatment was not available in any nearest Government Hospital should be furnished.

C- CONSULTATION WITH SPECIALIST-

Fees 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 of the Sepcialist or Medical Officer, or at the residence of the patient; and
- (d) Whether the Specialist or Medical Officer w as consulted on the advice of the authorised medical attendant and the prior approval of the Chief Administrative Medical Officer of the State obtained. If so, a certificate to that effect should be attached.

9- Total amount claimed	Rs.	.....
10- Less advance taken on	Rs.	.....
11- Net amount claimed	Rs.	.....
12- 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 upon me.

Date.....

Signature of the Government Servant
and Office to which attached

ESSENTIALITY CERTIFICATES

CERTIFICATE 'A'

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

Certificate granted to Mrs./Mr./Miss.....

son/wife/daughter of Mr..... employed in the G. B. Pant Institute of Himalayan Environment & Development, Katarmal, Almora

I- 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 of the patient;
- (b) That I charged and received Rs..... for administering..... intra-venous/intra-muscular/subcutaneous injections on (dates to be given) at..... /my consulting room/the residence of the patient;
- (c) That the injections administered were not/were for immunizing or prophylactic purposes.
- (d) That the patient has been under treatment at..... hospital/my consulting room and that 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 the hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

Name of Medicines

Price

1.	.....	.....
2.	.....	.....
3.	.....	.....
4.	.....	.....
5.	.....	.....
6.	.....	.....
7.	.....	.....
8.	.....	.....
9.	.....	.....
10.	.....	.....

- (e) That the patients is / was suffering from and is/was under my treatment from to
- (f) That the patient is/was not given pre-natal or post-natal treatment;
- (g) That the X-ray, laboratory test, etc. for which an expenditure of Rs. was incurred was necessary and were undertaken on my advice at..... (name of the hospital or laboratory)
- (h) That I referred the patient to Dr..... or 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 require / required hospitalization.

Date

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

N. B. - Certificates not applicable should be struck off. Certificate (e) is compulsory and must be filled by the Medical Officer in all cases.

[5]

CERTIFICATE - B

(To be completed in the case of patients who are admitted to hospital for treatment)

Certificate granted to Mrs./Mr./Miss.....
son/wife/daughter of Mr..... employed
in the G. B. Pant Institute of Himalayan Environment & Development, Katarmal, Almora

PART - A

II- 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 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 the hospital) for supply to private patients and do not include proprietary
preparations for which cheaper substances of equal therapeutic value are available
nor preparations which are primarily foods, toilets or disinfectants.

Name of Medicines	Price
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

- (c) That the injections administered were/not for immunising or prophylactic purposes;
- (d) that the patient is/was suffering from
is/was under my treatment from to
- (e) That the X-ray, laboratory test, etc. for which an expenditure of Rs.
was incurred was necessary and were undertaken on my advice at.....
.....(name of the hospital or laboratory)
- (f) That I called on Dr..... for specialist consultation and
that the necessary approval of the
(name of the Chief Administrative/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

[6]

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 case at the Hospital

COUNTERSIGNED

Medical Superintendent

..... Hospital

- I 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

Note : Certificates not applicable should be struck off. certificate (b) is compulsory and must be filled in the Medical Officer in all cases.



[7]
 गोविन्द बल्लभ पंत राष्ट्रीय हिमालयी पर्यावरण संस्थान
GOVIND BALLABH PANT NATIONAL INSTITUTE OF HIMALAYAN ENVIRONMENT
 कोसी-कटारमल, अल्मोड़ा-263643 , उत्तराखण्ड
KOSI - KATARMAL, ALMORA - 263 643, UTTARAKHAND

आश्रितों के चिकित्सा प्रतिपूर्ति हेतु सत्यापन प्रपत्र

(उचित माध्यम से वित्त/लेखा अनुभाग में प्रेषित किया जाना है/ To be submitted to the Finance & Accounts through Proper Channel)

कर्मचारी का नाम Name of the Employee		पद नाम Designation	
केन्द्र/विभाग/अनुभाग Centre/Dept./Section			
रोगी का नाम Patient's Name		कर्मचारी से संबंध Relationship	
डॉक्टर/अस्पताल जहाँ उपचार किया गया Treated by Doctor/Hospital		अस्वस्थता/बिमारी की अवधि Period of Illness	
बैंक का नाम /Bank Name		शाखा /Branch	
खाता संख्या Account No.		आईएफएससी कोड IFSC Code	

प्रतिपूर्ति के लिए दवाओं/पैथोलॉजिकल परीक्षणों का विवरण / **Details of Medicines/Pathological Tests for Reimbursement:**

(डॉक्टर का दवा पर्चा एवं दवाईयों का मूल बिल संलग्न करें / attached Doctor's prescription & original bills)

दवा पर्चे का विवरण /Prescription Details	मात्रा/Quantity	बिल संख्या दिनांक सहित / Bill Number with Date	राशि (रु.)/ Amount (Rs.)
कुल /Total			

मैं एतद्वारा घोषणा करता हूँ/करती हूँ कि/ I hereby declare that:

- जिस व्यक्ति/सम्बन्धी के लिए चिकित्सा व्यय किया गया वह पूरी तरह से मुझ पर आश्रित है/The person for whom the medical expenses were incurred is wholly dependent on me.
- मेरा पति/मेरी पत्नी/आश्रित/ My spouse/Dependent is:
 - वह केन्द्रीय सरकार/राज्य सरकार/पीएसयू का कर्मचारी नहीं है/और (b) यदि कर्मचारी है तो वह किसी अन्य स्रोत से इस विशेष प्रतिपूर्ति का दावा नहीं करेगा/करेगी / not employed. (b) is a Central Govt./State Govt./PSU employee and she/he shall not claim this particular reimbursement from any other sources.

(जो भी लागू हो उसे चिह्नित करें/Tick whichever is applicable)

दिनांक /Date:

आवेदक के हस्ताक्षर / **Signature of the Applicant**

कर्मचारी/आश्रितों के विवरण की जांच/सत्यापन कर लिया गया है /The details of the employees/ dependents have been checked and verified.
प्रशासनिक अनुभाग / Admin Section (For confirmation of dependency details)

प्रतिपूर्ति हेतु वित्त एवं लेखा विभाग को अग्रसारित /Forwarded to the Finance & Accounts for reimbursement.