

FORM OF APPLICATIONS FOR MEDICAL CLAIMS

Med.97

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment for Central Government servants and their families - for medical attendance/treatment taken both from the Authorised Medical Attendant and a 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 :

I. 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 certificate should be attached). :

II Hospital Treatment. :

Name of the hospital
Charges for hospital treatment, indicating 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 certificates should be attached) :

vii) Ordinary nursing :

viii) Special nursing, i.e., nurses, specially engaged for the patient. State whether they they are employed on the advice of the medical officer in charge of the case at the hospital or at the request of the Govt. 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 from- undertaken) :

NOTE 1. - If the treatment was received by the Govt. servant at his residence under Rule 7 of the C.S. (M.A) Rules, 1944, give particulars of such treatment and attached 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 Govt. hospital, necessary details and the certificate of the authorized medical attendant that the requisite treatment was not available in the nearest Govt. hospital should be furnished.

III. Consultation with Specialist -

Fees paid to a specialist or a Medical Officer other than the authorized 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) wherever consultation was had at the hospital, at the consulting room 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 authorized medical attendant and the prior approval of the Chief Administrative Medical Officer of the State was obtained. If so, a certificate to that effect should be attached.

- 9. Total amount claimed :
- 10. Less advance taken on :
- 11. List of enclosure :

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 that the person for whom medical expenses were incurred is wholly dependent upon me.

Dated.....

Signature of the Government servant
And Office to which attached.

ESSENTIALITY CERTIFICATE "A"

Certificate granted to Mr/Mrs/Miss _____
wife/son/daughter of Mr. _____ employed in
the _____

CERTIFICATE 'A'

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

1. Dr. _____ hereby certify;-

a) that I charged and received Rs. _____ for
_____ consultations at my consulting room on
_____ (date to be given) _____ at my
consulting room _____

b) That I charged and received Rs. _____ for administering
_____ intramuscular injections or subcutaneous on
_____ (date to be given) at my consulting room/at the residence
of the patient:

c) That the injections administered were/ were not immunizing 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 in stock 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 food, toilets or
disinfectants:-

Names of medicines

Price

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

f) that the patient is /was not given pre-natal treatment:

g) that the x-ray, laboratory test, etc, for which an expenditure of Rs. _____ was incurred was necessary and were under taken on my advice at _____ (name of hospital or laboratory):

h) that I referred the patient to 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 rule was obtained:

i) that the patient did not require / required hospitalization.

Dated

Signature and designation of Medical Officer and hospital/dispensary to Whom attached.

Notes:

(1) Certificates not applicable should be struck off. Certificate (c) is compulsory and must be filled in by the Medical Officer in all cases.

(2) In cases where double the rates of consultation fees are charged by the Authorized Medical Attendant for night visits (between 10 p.m. to 6 a.m.) the Authorized Medical Attendant should furnish a certificate showing why the night consultation was necessary. (G.I.M.H.O.M. No. F. 28-57/60-MI dated 4th April, 1962)

**ESSENTIALITY CERTIFICATE
CERTIFICATE 'B'**

Under Central Service (Medical Attendance) Rules

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

Certificate granted to Mrs./Mrs./Miss. _____ wife/son/daughter of
Mr. _____ employed in the _____
_____.

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 preparation which are primarily foods, toilets or disinfectants:

Names of medicines Price

1. _____
2. _____
3. _____
4. _____

(c) that the injections administered were/were not for immunizing or prophylactic purposes:

(d) that the patient is/was suffering from _____ and is/was under 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 Medical Officer of the State) as required under the rules, was obtained.

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 and Designation of
the Medical Officer in charge
of the case at the hospital