FORM OF APPLICATIONS FOR MEDICAL CLAIMS

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with Medical attack	of medical expenses incurred in connection
their families.	ment of Central Government servants and
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N.B Separate form should be used for	each patient.
1. Name and designation of Government se (in Block Letters)	ervant
2. Office in which employed.	
3 Pay of the Community	
3. Pay of the Government servant as define	d in the Fundamental Rules and any other
A Place of 1.1	arately
5 Actual - 1	hip to the Government
6. Name - 6.4	
6. Name of the patient and his/her relations	hip to the Government servant.
o. Details of the amounts claimed	***************************************
(i) Fees for consultation indicating-	
(a) The name and designation of the M	fedical Officer consulted and the hospital or
(b) The number and dates of consultati	ion and the fee paid for each consultation.
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- 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 of 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 Superientendent of the hospital should be attached.....
- Ambulance charges-(State the journey- to and fro-undertaken) (ix)
- Any other charges, e.g., charges for electric light, fan, heater, air-(x) 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.- I 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.

III. Consultation with Specialist-

Fee 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

TO Market the war and the manufacture of the Specialist or Medical Officer of 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.....

- 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 in wholly dependent upon me.

Signature of the Government servant and Office to which attached.

Cont...

CERTIFICATE'B'

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Note: Certificate not applicable should be struck of. Certificate 'B' is compulsory and must to be filled in by the Medical Officer in all case.