

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 of Central Government servants and their families.

N.B.- Separate form should be used for each patient.

1. Name and designation of Government servant.....
(in Block Letters)
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 amounts 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 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 Authorized Medical Attendant. If so, a certificate to the effect should be attached.....~~

(iii) Cost of medicines purchased from the market.....
(Cash memos and the Essentiality Certificates should be attached)

II. 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 of 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 the 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 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 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.

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.....

- ~~(c) Whether consultation was had at the hospital or 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 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 in wholly dependent upon me.

Signature of the Government servant and
Office to which attached.

Date.....

CERTIFICATE 'B'

Certificate granted to Mrs./Mr./Miss _____
 Wife/Son/Daughter of Mr. _____
 Employed in the _____

PART-'A'

(To be signed by the Medical Officer-in-charge of the case at the hospital)

I, Dr. _____ hereby certify :-

(a) That the patient was admitted to hospital on my advice of _____
 _____ (Name of Medical Officer)

(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 preparations for which are
 primarily foods, toilet or disinfectants.

NAME OF MEDICINES

Sl.No.	Name of Medicines	Price		Sl.No	Name of Medicines	Price	
		Rs.	Ps.			Rs.	Ps.
1.				1.			
2.				2.			
3.				3.			
4.				4.			
5.				5.			
6.				6.			

(c) That the injection administered was/were not for immunising or prophylactic purposes.

(d) That the patient is/ was suffering from _____ and is/was under my treatment from _____ to _____

(e) That the X-Ray, Laboratory test, etc for which an expenditure of Rs. _____ were necessary and were under taken on my advice _____

(Name of Hospital or Laboratory)

(f) 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 rules was obtained.

(Signature and Designation of the Medical Officer-In-Charge of the Case of the Hospital)

PART-'B'

I certify that the patient has been under treatment at the _____ Hospital and that the services of the special nurses, for which an expenditure of Rs. _____ was incurred vide bills and vouchers attached, were essential for the recovery/prevention of various description in the condition of the patient.

(Signature and Designation of the Medical Officer-In-Charge of the Case of the Hospital)

COUNTERSIGNATURE

(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.

Station : _____ (Medical Superintendent)
Date : _____ Hospital

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