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 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 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 equae therapeutic value are available nor preparations which are primarily food, toilets or disinfectants:-
<table>
<thead>
<tr>
<th>Names of medicines</th>
<th>Price</th>
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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 undertaken 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)
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 no 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