

**FORM OF APPLICATION FOR CLAIM IN 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 of Government Servant :
(in block letters)
2. Designation :
3. Office in which employed :
4. Pay of the Government Servant as :
defined in the Fundamental Rules and
any other emoluments which should
be shown separately
5. Place of Duty :
6. Actual Residential Address :
7. Name of the patient/and his/her :
relationship to the Govt. Servant
8. Place at which the patient fell :
9. Nature of illness and its duration :
10. Details of the amount claimed:-
 - 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 consultations and the fee paid for each consultation.
 - c. Whether consultations were held 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 the test 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 (list of medicines, cashmemos and the essentiality certificate should be attached.

Charges for the hospital treatment indicating separately the charges for:-

- i. Accommodation.
(State whether it is according to the status or pay of Government Servant and is case where the accommodation is higher than the status of the Govt. Servant a certificate should be attached to the effect that the accommodation to which he was not available.)
- ii. Diet:-
- iii. Surgical operation of medical treatment.
- iv. Pathological, bacteriological, radiological or other similar tests undertaken indicating:-
 - a. The name of the hospital or laboratory at which undertaken.
 - 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:
(List of 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 were employed on the advice of the Medical Officer in charge of 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, from _____ 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 IF THE TREATMENT WAS RECEIVED BY THE Govt. Servant at his residence under rule 8 of the Secretary of State Services (M.A) rules, 1938 or rules 7 of the C.S. (M.A) Rules 1914 give particulars of such treatment and attach certificate from the authorized medical attendant as required by these rules.

If the treatment was received 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 any nearest Govt. Hospital should be furnished.

III- Consulting with specialists

Fees paid to specialist or a medical officer 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 fee charged for each consultation.
- c. Whether consultation was paid at the hospital or the consulting room of the specialist or medical officer at the residence or the patient.
- 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 obtained. If so, a certificate to that effect should be attached.

11. Total amount claimed :

12. List of enclosures :

Declaration to be signed by the Govt. Servant

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the reasons from whom medical expenses were incurred is wholly dependent on me.

Signature of the Govt. Servant
& office to which attached.

Dated: _____

Certificate granted to Mrs./Mr/Mrs. _____
Wife/son/daughter of Mr _____ employed
_____.

CERTIFICATE 'A'

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

- I Dr. _____ hereby certify
- (a) that I charged Rs. _____ for _____ consultations on _____ at my consulting room/at the residence of the patient.
- (b) That I charged Rs. _____ for administering _____ intra-venous/intra-muscular/sub-cutaneous injection on _____ at my consulting room/the residence of the patient.
- (c) That the injections administered was/were not for immunizing or prophylactic purposes.
- (d) That the patient has been under treatment of _____ hospital/ my consulting room and that the undermentioned medicines prescribed by me in this connection were essential for the recovery privation of serious deterioration in the condition of the patient. The medicines are not stocked in the _____ (name of Hospital) for supply to private patients and do not include proprietary preparations for which cheaper substance of equal pherepectic value are available not preparation which are primarily foods, toilets of disinfectants:-

	NAME OF MEDICIEN	PRICE
1.		
2.		
3.		
4.		
5.		
6.		
7.		

- (e) That the patient is/was suffering from _____ and is / was under my treatment from _____ to _____.
- (f) That the patient is/was not given post-matal treatment.
- (g) That the X-ray laboratory tests etc., for which ex-penditure.
- (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 rules was obtained.
- (i) That the patient did not require/required hospitalization.

Signature and designation of
The Medical officer of the
Hospital/Dispensary/to which attached.

Dated: _____

N.B. Certificate not applicable should be struct off. Certificates(s) is/are compulsory and must be filled in by the Medical Officer in all cases.

CERTIFICATE 'B'

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

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

PART A

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 undermentioned 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 substance of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants;

NAME OF MEDICIEN

PRICE

- 1.
- 2.
- 3.
- 4.

- c. that the injection admisistered 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 tests, etc., for which an expenditure of Rs. _____ was incurred were necessary and were undertaken on my advice at _____ (name of hospital or laboratory)
- f. That I called on Dr _____ for specialist consultation and that the necessary approval of the _____ (Name of the Chief Administrative Administration 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

PART B

I certify that the patient been under treatment at the _____ hospital and that the service of the srial nurses for which an expenditure of Rs. _____ was incurred, vide hills and twents attached, were essential for the recovery/prevention of serious derogation 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 patients as been under treatment at the _____ hospital and that the facility invded were the minimum which were essential for the patient's patient.

Medical Superintendent
_____ Hospital

Place _____