

FORM OF APPLICATION FOR MEDICAL CLAIMS

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of Central Govt. Servants and their families.

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

1.	Name and designation of Govt. Servant (IN BLOCK LETTERS)	
a)	Whether married or unmarried	
b)	If married, the place where wife/husband is employed	
2.	Office in which employed	International Institute for Population Sciences, Deonar, Mumbai – 400 088.
3.	Pay of the Govt. 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 Govt. Servant N.B. in the case of children state age also	
7.	Place at which the patient fall ill	
8.	Nature of illness and duration	
9.	Details of the amount claimed	
A.	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 consultation and/or injections were had at the hospital, at the consulting 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 the tests were 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, cash memos and the essentiality certificates should be attached)	
B.	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 Govt. servant and in cases 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 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	

b) Whether undertaken on the advice of the medical officer-in-charge of the case of the hospital. If so, a certificate to that effect should be attached.	
v) Special medicines (List of medicines, cash memos, and the essentiality certificates should be attached)	
vi) Ordinary nursing	
vii) Special nursing i.e., nurse, 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.	
viii) Ambulance charges (State the journey to and from undertaken)	
ix) Any other charges, i.e., 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 Govt. servant at his residence under Rule 8 of the Secretary of State's Service (M.A.) Rules, 1938 or Rule 7 of the C.S. (M.A.) Rules 1944, give particulars of such treatment and attach a certificate from the authorized medical attendant as required by these rules.

2. If treatment was received the 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.

C.	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 of dated of consultations and the fees charged for each consultation.	
	c) Whether consultation was had at the hospital, at the consulting room of the specialist or Medical Officer, or at the residence of 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 provide was obtained. If so, a certificate to that effect should be attached	
10.	Total amount claimed	Rs.
11.	Less advance taken on	Rs.
12.	Net amount claimed	Rs.

DECLARATION TO BE SIGNED BY THE GOVT. 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 is wholly dependant upon me.

Date :

**Signature of the Govt. Servant
and Office to which attached**

PART – A

To be signed by the medical Officer-in-charge of the _____
_____ case of the hospital.

I, Dr. _____ hereby certify :-

- a) that the patient was admitted to hospital on the advice of/on my advice.
- b) that the patient has been under treatment at _____
and that the under mention medicine 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 _____ to private patient and do

(Name of the Hospital)

for supply not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

S.No.	Name of the Medicines	Price	S.No.	Name of the Medicines	Price
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

- c) that the injections administered were/were not for immunizing of 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 the hospital of laboratory).
- f) that I called on Dt. _____ 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 at the hospital

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 of the Medical Officer-in-
Charge of the case at the hospital

COUNTERSIGNED

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.

Place : _____ **Medical Superintendent**
_____ hospital

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

* The minimum facilities certificate may be signed either by the Medical Superintendent of the Hospital concerned or another gazette medical officer who has been authorized in this behalf by the Medical Superintendent.
(C.I., M.H., O.M. No.F2-35/52-ISG (WI), dated the 19th Sept. 1958)

Some Essential/General Rules

NEEDFULL THINGS (SPECIAL MEDICAL CLAIM)

(A) About Form :

1. Signature of the staff member on form.
2. Signature of the Medical Officer-in-charge and Medical superintendent of the Hospital with rubber stamp (of the doctor which hospital the patient was admitted).
3. The form should be submitted within 3 months to the Accounts section. (The period that basis on Date of discharge stated in hospital's receipt).

(B) About purchasing of medicines from market

1. Cash memo for each and every medicine, on it patient's name, Doctor's name & date of purchasing.
2. Prescription for each and every medicines, on it patient's name, Doctor's name, date of prescription & signature of the doctor whose name is on prescription.
3. Cash memo & prescription should similar in name of the patient, name of the doctor, name of the medicine etc.
4. Counter-signature of the doctor on each and every cash memo; (Means doctor should sign on the back side the cash memo)

(C) For emergency case require emergency certificate of the doctor.

(D) If medicines are supplied by the hospital for that require list of medicines.

(E) If any treatment done outside of the hospital for that Advice Certificate (of the doctor in which hospital patient was admitted) require to be attached.

(F) Hospital's receipt should proper, should be written with all particulars.

(G) For Path./Lab./ Test charges list (names & charges of Path./Lab. Test should state.

(H) Concession for families : Govt. servant can get reimbursement on behalf of his/her family member; the member of family should dependant on Govt. servant; dependant means the family member's income does not exceed Rs.500/- p.m.