

FORM OF APPLICATIONS FOR MEDICAL CLAIMS

FORM OF APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND/OR TREATMENT OF CENTRAL GOVT SERVANT AND THEIR FAMILIES:-

For Medical attendance/treatment taken from a hospital

1. Name, Designation, **Emp. No.** of Govt 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. Place of duty :
4. Pay of Govt Servant as defined in the FR and pay :
any other emoluments which should be shown separately.
(Basic Pay + Grade Pay)
5. Actual Residential Address with **Mobile No.** :
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 patient fell ill :
8. Details of the amount claimed

(I) MEDICAL ATTENDANCE:-

- (i) Fees for consultation indicating –
 - (a) the name & 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 :
- (iii) Cost of medicines purchased from the market :
(Cash memos and the essentiality certificates should be attached)

(II) HOSPITAL TREATMENT

Name of the hospital/Treatment indicating

9. 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 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 :

(vii) 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.

(viii) 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 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 7 of the CS(MA) Rules 1944, give particulars of such treatment and attach a certificate from the Authorised 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 Authorised Medical Attendant that the requisite treatment was not available in any nearest Govt hospital should be furnished.

III. CONSULTATION WITH SPECIALIST

Fees paid to a Specialist or a Medical Officer other than the Aurtherised 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 the Specialist or Medical Officer was consulted on the advice of the Authorised 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.
- (d) Whether consultation was/had at the hospital, at the consulting room of the Specialist or Medical Officer, or at the residence of the Patient.

- 9. Total amount claimed :
- 10. Less advance taken on :
- 11. Net amount claimed :
- 12. List of enclosures :

- (i)
- (ii)
- (iii)
- (iv)
- (v)

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 the person for whom medical expenses were incurred is wholly dependent upon me.

Signature of the Govt Servant
and Office to which attached.

Place of duty :
Dated:

ESSENTIALITY CERTIFICATE

CERTIFICATE 'A'

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

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

I, Dr. hereby certify –

(a) That I charged and received Rs (Rs only) for
..... consultation on
(dates to be given) at my consulting room/at the residence of the patient.

(b) That I charged and received Rs (Rs only) for
administering intra-venus/intra-muscular/
subcutaneous injections on (dates to be given) at
..... my consulting room/the residence of the patient.

(c) That the injections administered were not/were for immunising or prophylactic
purpose.

(d) That the patient has been under treatment at hospital/
my consulting-room 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 hospital) for supply to private patients and do not include propriety any
preparations for which cheaper substances of equal therapeutic value are available nor
preparations which are primarily foods, toilets or disinfectants.....

	<u>Name of medicines</u>	<u>Prices</u>
1.
2.
3.
4.
5.

- (e) That the patient is/was suffering from and is/was under my treatment from to
- (f) That the patient is/was not given pre-natal or post-natal treatment.
- (g) That the X-ray, laboratory test, etc; for which an expenditure of Rs (Rs..... only) was incurred was necessary and were undertaken on my advice at (Name of the hospital or laboratory).
- (h) That I referred the patient to Dr. for specialists consultation and that the necessary approval of the (Name of the Chief Administrative Officer of the State) as required under the rule was obtained.
- (i) That the patient did not require/required hospitalisation.

Date : Signature of AMA/Designation of the medical officer and hospital/ dispensary to which attached.

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

Note 1. In cases where double the rates of consultation fees are charged by the MMA for night visits (between 10 pm and 06 am) the AMA should furnish a certificate showing why the night consultation was necessary .

(G.I; M.H; No. F. 28-57/60-H. I; dated the 4th April 1962).

Note 2. The above certificate may be deemed to be regular receipts for the payments received by the medical Officers, who will be required to affix a revenue stamp on the Essentiality certificate itself when payment exceeds Rs 20/- Separate receipts (Stamped where-necessary) would however be necessary from the Specialists for consultation with them, who do not sign the Essentiality Certificates.

(G.I; M.H; O.M. No. F. 28-8/60-H. I; dated the 30th Jan 1961).

Note 3. Where the receipts issued by the Govt hospitals are on authorised forms (printed and numbered) and the amount of these receipts is incorporated in in the body of the essentiality certificate, countersignature of such receipts need not be insisted upon.

(G.I; M.H; No. F. 61(1)-E V/60. I; dated the 29 Feb 1960).

ESSENTIALITY CERTIFICATE

CERTIFICATE 'B'

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/Mr/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 not include proprietary preparations for which cheaper substance of equal therapeutic value are available nor preparation which are primarily foods, toilets or disinfectants.

	<u>Name of medicines</u>	<u>Prices</u>
1.
2.
3.
4.
5.

(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

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.

Medical Superintendent
.....Hospital

Place:

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

*The minimum facilities certificate may be signed either by the Medical Superintendent of the Hospital concerned or another Gazetted Medical Officer who has been authorized in this behalf by the Medical Superintendent.