



## Indian Institute of Technology Hyderabad

### Certificate A To be filled by the Employee

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

Name of the employee	Designation	Emp. ID

Certified that I have taken treatment for the following:

01	Name of the patient	
02	Age Relationship with the employee	
03	Name of the Doctor and address	
04	Name of the disease	
05	Duration of treatment	From date: To date:

### Details of treatment and claim of reimbursement:

#### A. Consultation fee and fee for injection(s):

(Attach separate sheet, if necessary):

Sl.	Date(s) of Consultation*	Consultation fee paid	Fee paid for intravenous/ Intra-muscular/ Subcutaneous injections
1			
2			
3			
4			
5			

#### B. Details of medicines:

(Attach separate sheet, if necessary):

Sl.	Name of the medicine*	Quantity	Price	Cash Memo No. & date
1				
2				
3				
4				
5				

Contd..2

**C. Details of x-ray, laboratory tests, investigations, etc.:**

(Attach separate sheet, if necessary):

Sl.	Name of the diagnostic test*	Name of the diagnostic Centre/Hospital	Date of test and amount paid
1			
2			
3			
4			
5			

**Total Claim Amount (A+B+C) :**\_\_\_\_\_.

**\* Photocopy of the prescriptions and Original cash memos/receipts should be enclosed.**

I Certified that:

1. The above named patient is / was under Doctor's treatment and was not given pre-natal or post-natal treatment.
2. The consultation was done at the consulting room of the AMA/residence of the patient.
3. Injection(s) was administered at the consulting room of the AMA/residence of the patient.
4. The injections administered were not / were for immunizing of prophylactic purposes.
5. The medicines prescribed by Doctor in this connection were essential for the recovery / prevention of serious deterioration of the condition of the patient.
6. The medicines are neither stocked with the AMA for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor are preparations which are primarily foods, toilets or disinfectants.
7. The X-Ray, Laboratory tests, investigations, etc., were necessary and were undertaken on Doctor's advice.
8. The doctor referred the patient to Dr. \_\_\_\_\_ for specialist consultation and that the necessary approval as required under the rules was obtained.

Place :

Signature of Employee

Date: