

APPENDIX-XIII

FORM OF APPLICATION FOR MEDICAL CLAIMS

Med.97

For of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of Central Government servants and their facilities for medical attendance/treatment taken both from Authorised Medical Attendant and a Hospital.

1. Name and Designation of the Employee(in block letters) :
- (i) Whether married or unmarried :
- (ii) If married, place where wife/husband is employed :
2. Office in which employed :
3. Pay of the employee as defined in the Fundamental Rules, and any other emoluments which should be shown separately :
4. Place of duty :
5. Actual residential address :
6. Nam of the patient and his/her relationship with the Government servant :
7. Place at which patient fell ill :
8. Details of the amount claimed :
- i) Fees for consultation :
- ii) Charges for pathological, bacteriological, radiological or other similar tests undertaken during diagnosis. :
- iii) Cost of medicines purchased from the market (cash memos and essentiality certificates should be attached) :

II) Hospital Treatment:

- Name of the Hospital :
- Charges for hospital treatment, indicating separately the charges for*
- i) Accommodation :
 - ii) Diet :
 - iii) Surgical operation of medical treatment of confinement :
 - iv) Pathological, bacteriological, radiological or other similar tests :
 - v) Medicines :
 - vi) Special medicines :
 - vii) Ordinary nursing :
 - viii) Special nursing :
 - ix) Ambulance Charge :
 - x) Any other charges (Charges for light, fan, heater etc.) :

Note 1.

If the treatment was received by the Government servant at his residence under Rule 7 of the SC (MA) Rules, 1944, give particular of each treatment and attach 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 Government hospital, necessary details and the certificate of the authorized medical attendant that the requisite treatment was not available in any nearest Government hospital should be furnished.

III Consultation with specialist

a) *Fees paid to a Specialist or Medical Officer*

b) *Number & date of consultations and the fee charged for each consultation*

c) *Whether consultation was had at the hospital or 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 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 : Rs.
10. Less advance taken on : Rs.
11. Net amount claimed : Rs.
12. List of enclosures :
13. Bank Account No. :

DECLARATION TO BE SUGNED BY THE GOVERNMENT 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 dependent upon me.

Date:

Signature of the Government servant and
the office to which attached

**APPENDIX XIV
ESSENTIALITY CERTIFICATES**

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.....employed in the.....

1. Dr.....hereby certify that-

a. that I charged and received Rs.....for.....consultations on

(dates to be given) at my consulting room/at the residence of the patient;

- b. That I charged and received Rs.....for administering.....
Intra-venous/intra-muscular/subcutaneous injections on.....(date to be given) at.....
.....my consulting room/the residence of the patient;
- c. That the injections administered were not/were for 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 the 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 apply to private patient and do not include proprietary
preparations for which cheaper substances of equal therapeutic value are available nor preparations which are
primarily foods, toilets or disinfectants;

Sl. No.	Name of Medicines	Quantity	Price (in Rs.)	Amount (in Rs.)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

- 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 poat-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 the
hospital or laboratory);
- h. that I referred tha patient to Dr..... for Special consultation and that the
necessary approval of the(name of the Chief Administrative
Medical Officer of the State) as required under rules was obtained;
- i. that the patient did not require/required hospitalization.

Date:
attached

Signature of AMA/Designation of the Medical
Officer and hospital/dispensary to which

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

**APPENDIX XIV
ESSENTIALITY CERTIFICATES**

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.....employed in the.....

PART-A

1. Dr.....hereby certify that-

- 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.....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 stocked in the

.....(Name of the Hospital) for apply to private patient and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants;

Sl. No.	Name of Medicines	Quantity	Price (in Rs.)	Amount (in Rs.)
1				
2				
3				
4				
5				
6				
7				
8				

- c) that the injections administered were not/were for immunizing or prophylactic purposes.
- d) that the patient is/ was suffering from..... and is/was under my 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.

Date:

Signature of AMA/Designation of the Medical Officer and hospital/dispensary to which attached

PART-B

I certify that the patient has been under treatment at the 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.

Date:

Medical Superintendent

.....hospital

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