

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 GOVERNMENT SERVANTS AND THEIR FAMILIES:-****For Medical attendance/treatment taken from a hospital**

1.	Name and designation 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.	Pay of the Govt. servant as defined in the Fundamental Rules, and any Other emolu- ments 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.	Details of the amount claimed	
(I)	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 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 laoratory where undertaken; and (b) whether the tests were under taken 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:- (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 case where the accommodation i 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 of medical treatment or confinement		
(iv) Pathological bacteriological, rediological or other similar tests indicating:		
(a) The name of the Hospital or laboratory at which undertaken and		
(b) Whether undertaken on the advance of the medical officer in charge of the case at hospital, if so a certificate to that effect should be atteched.		
(v) Medicines		
(vi) Special Medicines		

(vii) Special Nursing i.e. 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)

(ix) Any other charges, i.g.charges for electric lights, fan, heater, air conditioning, etc. state also whether the facilities normally provided to all the patients and no choice was left to the patient.

1. If the treatment was received by the Govt. servant at his residence under Rule 7 of CS(MA) rule 7 of CS(MA) rules 1944, give particulars of such treatment and attach a certificate from the authorised medical attendance as required by these rules.

2. If the treatment was recieved at a hospital necessary details and the certificate of the authorised medical attendant that the requisite teatment was not available in my nearest Govt. Hospital should be furnished.

III. Consultation with specialist:-

Fee paid to a specialist or a medical officer other than the authorised 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 cunsultation 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 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.

10. Total amount claimed.

11. Less advance taken on

12. Net amount claimed.

13. List of enclosures.

DECLARATION TO BE SIGNED 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 wholly dependent upon me.

**Signature of the Govt. servant
and Office which attached.**

Place of duty

Dated:

Late Shri/Smt <input type="text"/>			has left behind the following other legal heirs none of whom		
have any objection if the entire amount reimbursable is paid to me.					
<input type="text"/>					
<input type="text"/>					
No Objection Certificate signed by other legal heirs on Stamp paper is enclosed.					
Deponent					
Deponent					
Attested by Notary Public					
Draft for <input type="text"/> No Objection Certificate on Stamp Paper.					
We <input type="text"/>		s/o d/o Late Shri		<input type="text"/>	
<input type="text"/>		s/o d/o Late Shri		<input type="text"/>	
being the legal heirs of Late Shri <input type="text"/> have no objection if the entire amount					
reimbursable pertaining to the treatment of our father is paid to our brother Shri <input type="text"/>					
Address		W/o		Address	
Verified by Notary Public					