**Med: 97**

**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**

1. Name and designation of Government 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 Government 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 Government…

servant (N.B:- In the case of children state age also)

7. Place at which the patient fell ill …

8. Details of the amount claimed …

|  |
| --- |
|  |

9.**Bank Details**  .…

**Bank Name:**

**Account No:**

**IFSC Code:**

**I. Medical Attendance --**

(i) Fees for consultation indicating --

1. the name and designation of the Medical Officer …

consulted and the hospital or dispensary to which

attached

1. the number and dates of consultation and the fee paid for …

each consultation

1. the number and dates of injection and the fee paid for …

each injection

1. whether consultation 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; …

(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*(Cash memos* …

*and the essentiality certificates should be attached)*

## II.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 case 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 –

1. The name of the hospital or lab. at which undertaken …
2. Whether undertaken on the advice of the medical-in charge of …

the case at the hospital. If so, a certificate to that effect should

be attached

(v) Medicines …

(vi) Special medicines *(Cash memos and the essentiality certificates* …

*should be attached)*

(vii) Ordinary nursing …

(viii) 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

(ix) Ambulance charges (State the journey –to and fro-undertaken) …

(x) Any other charges, e.g., charges for electric light, fan, heather, …

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 Government 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.

NOTE 2 – If the treatment was received at a hospital other than a Government hospital, necessary details and 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

Fee paid to 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 and dates 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 Chief Administrative Medical Officer of the

State was obtained. If so, a certificate to that effect should

be attached

9. Total amount claimed … … …

10. Less advance taken on … … …

11. Net amount claimed … … …

12. List of enclosures … … …

### DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statement in the application is true to the best of my knowledge and belief that person for whom medical expenses were incurred is wholly dependent upon me.

Date ………………….. **Signature of the Government Servant**

**and Office to which attached**

Med. 103

# ESSENTIALITY CERTIFICATE

Certificate granted to Mr. / Mrs. / Miss.

Son / Daughter / Wife / Father / Mother of Mr. / Mrs. / Miss .**Self**

Employed in.IIHR.Bangalore

# CERTIFICATE `A’

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

I, Dr. …M/O………………………………………………………………………………………… hereby certify

(a) that I charged and received Rs ………… for …………………………………… consultation on………………. at my consulting room/at the residence of the patient.

(b) that I charged and received Rs. ………… for administering …..…………...………………….…intravenous/

intramuscular/subcutaneous injections on …………... at my consulting room/at the residence of the patient.

(c) that the injections administered were/were not for immunizing or prophylactic purposes.

(d) that the patient has been under treatment at my consulting room and that the under-mentioned medicines prescribed by me in this connection were essential for the recovery of the patient.

The medicines are not stocked in the Government ……………………………………………….. Hospital for supply to private patients 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** | **Price (Rs.)** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

(e) that the patient is/was suffering from …………………………………. and is/was under my treatment from …………………………….. to ……………………………..

(f) that the patient was/was not given pre-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 ………………………………………………………….

(h) that I referred the patient to 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.

(i) that the patient did not require/required hospitalization.

(j) that the mixture/ointment/powder entered at serial ( ) under certificate (*d*) could not be dispensed at the hospital and the patient was advised to buy it from the market.

(k) that the period of treatment/no. of injections in excess of the prescribed one was/were essential for the complete recovery of the patient.

Signature, Designation & Regd. No. of the Medical Officer &

Date…………………. the 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 cases.