

Gurukul Kangri Vishwavidyalaya, Haridwar

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 Government servants and their families- for medical attendance taken both from an authorised Medical Attendant and a Hospital.

1. Name of 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.....

I. Medical Attendance-

- (i) Fees for consultation including-
 - (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) Whether consultations and/or 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 authorised 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 certificate 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 the status or pay of the Government servant and in cases where the accomodation is higher than the status of the Government servant, a certificate should be attached to the effect that the accommodation to which the was entitled was not available)-
- (ii) Diet
- (iii) Surgical operation of medical treatment of 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.....
(Cash memos and the essentially certificates should be attached)
- (vii) Ordinary nursing.....
- (viii) Specially nursing i.e. nurses, specially engaged for the patient. State whether they are employed on the advise of the medical officer in charge of the case at the hospital or at the request of the Government 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 from- undertaken)
- (x) Any other charges, e.g. charges for electric light, fan, heater, airconditioning, etc. State also whether the facilities referred to 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 7 of the C.S. (M.A.) Rules., 1944, give particulars of such treatment and attach certificate cate from the authorised 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 authorised medical attendant that the requisite treatment was not available in any nearest Government hospital should be furnished.

III. Consultation with Specialist-

Fees 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 consultations and the fees, charged for each consultation.....
 - (c) Whether consultation was had at the hospital, at the consulting was had at the hospital, at the consulting room of the specialist or medical officer or at the residence of the patient; and.....
 - (d) 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.
- | | | |
|-----|------------------------|-----|
| 9. | Total amount claimed | Rs. |
| 10. | Less advance taken on' | Rs. |
| 11. | Net amount claimed | Rs. |
| 12. | List of enclosures. | |

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statement 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.

Note :-

1. Certified that the medicines was purchased from the Authorised Medical Store. No Govt. Store or Co-operative Store exists in this area.
2. I hereby undertake to refund the claims if it is found inadmissible.

Date:

Signature of the Government Servant and office to which attached

ESSENTIALLY 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 Mr. employed in the.....

1. Dr.....hereby certify
- (a) That I charged and received Rs.....for.....consultations on.....(dated to be given) at my consulting room/at the residence of the patient.
 - (b) That I charged and received Rs.....For administeringintra-venous/intra-mucular/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 immusing or prophylactic purposes;
 - (d) That the patient has been under treatment atHospital / my consulting room and that the undermentioned medical 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 proprietary preparations for which cheaper substance's of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

Name of medicines

Price

1.	.....	.....
2.	.....	.....
3.	.....	.....
4.	.....	.....

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

- (f) That the patient is/was given pre-natal or post-natal treatment;
- (g) That the X-ray, laboratory test, etc. for which an expenditure of Rs.....
was incurred was necessary and were under taken on my advice at
(name of the hospital or laboratory);
- (h) That I referred the patient to Dr.....For specialist consultation
and the necessary approval of the.....(name of the Chief
Administrative Officer of the state) as required under the rules was obtained;
- (i) That the patient did not require/required hospitalisation.

.Date

Signature and Designation of the Medical Officer and
Hospital Dispensary to which attached

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 Mr.employed in the

PART 'A'

(To be signed by the medical officer in charge of the.....case of the hospital)

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 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 proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primary foods, toilets or disinfectants.

Name of medicines

Price

- | | | |
|------|-------|-------|
| 1. . | ..... | ..... |
| 2. | ..... | ..... |
| 3. | ..... | ..... |
| 4. | ..... | ..... |

- (c) The injection administered was/were not for immunising or prophylactic purpose;
- (d) That the patient is/was suffering from.....and is/was under treatment fromto.....
- (e) That the X-ray, Laboratory tests, etc. for which an expenditure of Rs. was incurred were necessary and were undertaken on my advice at..... (name of 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.

Signature and Designation of the Medical Officer in charge
of the case at the hospital

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 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.

Place.....

Medical Superintendent

.....Hospital

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