

FORM OF APPLICATION FOR MEDICAL CLAIM

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or medical treatment of Central Government servant and their families.

1. Name & Designation of Govt. Servant (in block letters) :
2. i) Whether married or unmarried :
- ii) If married the place where wife/husband is employed :
3. Office in which employed :
4. Pay of the Govt. Servant as defined in the fundamental rules or other emolument which should be shown separately : Pay in pay band : ₹ Grade pay : ₹
5. Place of duty :
6. Actual Residence address :
7. Name of the patient & his / her relationship of the Govt. servant (Note : in case of children state age also) :
8. Place at which the patient fell ill :

DETAILS OF THE AMOUNT CLAIMED (MEDICAL ATTENDANCE) :

- i) Fees for consultation indicating -
 - a) Name & Designation of the of the Medical Officer Consulted & the Hospital or Dispensary to which attached :
 - b) The number & date of the consultation & the fees paid for each consultations :
 - 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 or 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)
9. Total amount claimed : ₹
 10. Less advance taken on : ₹
 11. Net amount claimed : ₹
 12. List of enclosures :

SIGNATURE OF THE GOVERNMENT SERVANT
DATE :

ESSENTIALITY CERTIFICATE 'A' (FORM MED. 103)

Certificate granted to Mr./Mrs./Ms./Dr.
wife / son / daughter / mother / father of Mr. / Mrs./ Ms./ Dr.
employed in the National Bureau of Soil Survey and Land Use Planning, Nagpur.

CERTIFICATE

- a) I, Dr. hereby certify that I charged and received ₹ for Consultation on (date to be given) at my consulting room / at residence of the patient.
- b) That charged and received ₹ for administrating at (date to be given) at my consulting room / at residence of the patient.
- c) That the injections administered were / were not for immunizing or prophylactic purpose.
- d) That the patient has been under treatment at hospital / my consulting room & that the under mentioned medicines prescribed by me in this connection were essential for the recovery / prevention of service deterioration in the condition of the patient. The medicines are not stocked in the (name of the hospital) for supply to private and do not include priority preparation for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

Sr. No.	Name of the Medicines (in block letters)	Amount (₹)	Sr. No.	Name of the Medicines (in block letters)	Amount (₹)

- e) That the patient is / was suffering from(in block letters) and is / was under my treatment from to
- f) That the patient is /was not given pre-natal of post-normal treatment.
- g) That the X-ray. Laboratory test etc. for which an expenditure ₹ was incurred were necessary and were undertaken on my advice at (name of the hospital or laboratory).
- h) That I referred that patient to Dr.for specialist consultation and the necessary approval of the as required under the rules was obtained (name of the Chief Administrative Medical Officer of the State)
 - i) that the patient did not require/required hospitalization.
 - ii) that the treatment is over / continued.

SIGNATURE OF THE DOCTOR WITH SEAL