

**FORM OF APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES
INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND/OR
TREATMENT OF NPER-HAJPUR REGULAR EMPLOYEE AND THEIR FAMILIES –
FOR MEDICAL ATTENDANCE/TREATMENT TAKEN BOTH FROM AN
AUTHORIZED MEDICAL ATTENDANT AND HOSPITAL.**

1	Name & 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 stateage also	:	
7	Place at which the patient fell ill	:	
8	Details of the amount claimed	:	
I	Hospital treatment	:	
	Name of the hospital	:	
	Charges for hospital treatment, indicating separately the charges for	:	
(i)	Accommodation (state whether is was according to the status or pay of the Government servant and in cases where the accommodation is higher than the status of the Government 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:-	:	
	(a) the name of the hospital or laboratory at which undertaken and	:	

:2:		
	(b) whether undertaken or the advice of the medical officer incharge of the hospital, if so , a certificate to that effect should be attached	:
(v)	Medicines	:
(vi)	Special medicines	:
	(cash memos and the essential 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 incharge of the case 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 fro- undertaken	:
(x)	Any other charges, e.g. charges for electronic light, fan, heater, 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	:
<p>Note:1:- if the treatment was received by the Government servant at his residence under Rule 7 of the CSMA Rules, 1994, give particulars such treatment and attach a certificate from the Authorized medical attendant as required by these rules:</p>		
<p>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 as requisite treatment was not available in any nearest Government hospital should be furnished</p>		
II	Consultation with specialist:-	:
	Fees paid to a specialist or a Medical Officer other than the authorized attendant, indicating.	:
	(a) the name and designation of the specialist or Medical Officer consulted and the hospital to which attached	:
	(b) number and dated 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 and	:

:3:			
	(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		:
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 is wholly dependent upon me.			
Signature of the Government Servant and Office to which attached			
Date :		Place:	

Check list for reimbursement of medical claims:

- 1) Medical Reimbursement Claim Form (Form-97).
- 2) Certificate-B.
- 3) Copy of Permission/Referral letter (if any).
- 4) Emergency certificate in original (if any).
- 5) Discharge summary in original.
- 6) Final consolidated (abstract) bill in original along with detailed break up of hospital bills in original.
- 7) Receipts in original of total amount paid to hospital/pharmacy.
- 8) Copy of referral from the specialist / advice of the specialist (if any).

Note: Please prepare your claim in the same sequence as mentioned in the checklist.

ESSENTIALITY CERTIFICATE

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

I, Dr..... hereby certify –

- (a) That I charged and received Rs (Rs only) for
..... consultation on(dates to be given)
at my consulting room/at the residence of the patient.
- (b) That I charged and received Rs (Rs only) for
administering..... intra-venus/intra-muscular/
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 immunizing or prophylactic
purpose.
- (d) 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 hosp ital) for supply to
private patients and do not include propriety anypreparations for which cheaper substances of
equal therapeutic value are available nor p reparations which are primarily foods, toilets or
disinfectants.....

<u>Name of medicines</u>	<u>Prices</u>
1.
2.
3.
4.
5.

- (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 post-natal treatment.
- (g) That the X-ray, laboratory test, etc; for which an expenditure of Rs (Rs..... only) was incurred was necessary and were undertaken on my advice at..... (Name of the hospital or laboratory).
- (h) That I referred the patient to Dr..... for specialists consultation and that the necessary approval of the (Name of the Chief Administrative Officer of the State) as required under the rule was obtained.
- (i) That the patient did not require/required hospitalization.

Date : Signature of AMA/Designation of
the medical officer and 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 the cases..

Note 1. In cases where double the rates of consultation fees are charged by the CMA for night visits (between 10 pm and 06 am) the AMA should furnish a certificate showing why the night consultation was necessary .

(G.I; M.H; No. F. 28-57/60-H. I; dated the 4th April 1962).

Note 2. The above certificate may be deemed to be regular receipts for the payments received by the medical Officers, who will be required to affix a revenue stamp on the Essentiality certificate itself when payment exceeds Rs 20/- Separate receipts (Stamped where-necessary) would however be necessary from the Specialists for consultation with them, who do not sign the Essentiality Certificates.

(G.I; M.H; O.M. No. F. 28-8/60-H. I; dated the 30th Jan 1961).

Note 3. Where the receipts issued by the Govt. hospitals are on authorized forms (printed and numbered) and the amount of these receipts is incorporated in the body of the essentiality certificate, countersignature of such receipts need not be insisted upon.

(G.I; M.H; No. F. 61(1)-E V/60. I; dated the 29 Feb 1960)

ESSENTIALITY CERTIFICATE

CERFICATE 'B'

Under Central Service (Medical Attendance) Rules
(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

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 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 supply to private patients and do no include proprietary preparations for which cheaper substance of equal therapeutic value are available nor preparation which are primarily foods, toilets or disinfectants.

<u>Name of medicines</u>	<u>Prices</u>
1.
2.
3.
4.
5.

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

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 seriousdeterioration in the condition of the patient.

Signature and Designation 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.

Medical Superintendent
Hospital

Date:

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

*The minimum facilities certificate may be signed either by the Medical Superintendent of the Hospital concerned or another Gazetted Medical Officer who has been authorized in this behalf by the Medical Superintendent.