

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and / or treatment of members of the IAS/IPS/WBHJS and their families.

N.B Separate form should be used for each patient.

1. Name and designation of the Government servant (In block letters)	
2. Department in which employed	
3. Pay of the Government servant as defined in the Fundamental Rules and/or W.B.S.R. Part-I 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 1. Medical Attendance- I. 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 consultations c) the number and the dates of injections 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. Charged for pathological, bacteriological, radiological or other similar tests undertaken during diagnosis indicating— a) The names of the hospital or laboratory where the tests were undertaken and 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. (List of	

medicines, cash memos and the essentially certificates should be attached)

II Hospital treatment-

Charges for hospital treatment, indicating separately the charges for –

(i) Accommodation-

(State whether it 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) Dist

(iii) Surgical operation or medical treatment

(iv) Pathological, bacteriological, radiological or other similar tests indicating –

(a) The name of the hospital or laboratory at which undertaken.

(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 –

(List of medicines, cash memos and the essentiality certificate should be attached).

(vii) Ordinary Nursing

(viii) Special nursing, i.e., nurses specially engaged for the patient. State whether they were 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 in charge of the case and counter signed by the Medical Superintendent of the hospital should be attached.

(ix) Ambulance charges.

<p>[State the journey (to and from) undertaken]</p> <p>(x) Any other charges, e.g. charges for electric, 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> <p>Note1- If the treatment was received by the Government Servant at his residence under rule 8 of the Secretary of the State’s Services (M.A.) Rules. 1951 (give particulars of such treatment and attach a certificate from the authorized medical attendant as required by these rules).</p> <p>Note-2- If treatment was received at a hospital other than a Government hospital, necessary details and the Certificates of the authorized medical attendant that the requisite treatment was not available in the nearest Government hospital should be furnished.</p> <p>III. Consultation with Specialist-</p> <p>(a) The name and designation of the specialist or medical officer consulted and the hospital to which attached.</p> <p>(b) Number and dates of consultation.</p> <p>(c) Whether consultation was had at the hospital, at the consulting room of the specialist or the medical officer, or at the residence of the patient.</p> <p>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. I so, a certificate to that effect should be attached.</p>	
<p>9. Total amount claimed.</p>	
<p>10. List of enclosures.</p>	

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statements in this 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.

Date.....

Signature of the Government Servant

And office to which attached.

Certificate granted to Mrs/Mr./Miss.....
wife/son/daughter of Mr.....employed in the
.....

CERTIFICATE-A

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

I Dr.....hereby certify:-

(a) That I charged Rs..... for.....consultations
on..... at my consulting room at the residence of the patient.

(dates to be given)

(b) that I charges Rs..... for administering.....
(intravenous/ intramuscular) injections on(dates to be given) at my
consulting room at the residence of the patient.

(c) That the injections administered were for/ were not immunizing or prophylactic purpose.

(d) That the patient has been under treatment
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 the hospital)
for supply to private patients and do not include proprietary preparations for which
cheaper substances of equal therapeutic value are available not preparations which
are primarily foods, toilets or disinfectants.

Name of the medicines

Price

1.

2.

3.

4.

5.

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

(f) that the patient was given/ was not pre-natal or post-natal treatment.

(g) 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 the hospital or laboratory)

(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 hospitalization.

required

Signature and designation of the Medical Officer and the hospital/dispensary to which attached .

Dated.....

N.B. Certificates not applicable should be struck of.

Certificate (S) is compulsory and must be filled in by the Medical Officer in all cases.

Certificate granted to Mrs./Mr./Miss

wife/son/daughter of Mr. employed in

the

CERTIFICATE-B

(To be completed in case of patients who are admitted to hospital for treatment)

PART-A

1. Dr. hereby certify-

(a) That the patient was admitted to hospital on the advice of / on my advice

.....(name of the Medical Officer)

(b) That the patient has been under treatment atand 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)

Supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are unavailable, nor preparations, which are primarily foods, toilets or disinfectants:

Name of the medicines

Price

- 1.
- 2.
- 3.
- 4.
- 5.

(c) that the injections administered were for immunizing on prophylactic purposes

(d) that the patient is/was suffering formand is/was under my treatment fromto.....

(e) that the X-Ray, laboratory test, etc., for which an expenditure of Rs.....was incurred were necessary and were undertaken on my advice

.....

(name of the hospital or laboratory)

(f) that I called in Dr.for specialist consultation and that the necessary approval of the

.....as required

(name of the Chief Administrative Medical Officer of the State)

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 services 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 provide were
the minimum which were essential for the patient's treatment.

Medical Superintendent

..... Hospital

Place.....

Dated.....

N.B.- Certificates not applicable should be struck off.

Certificate (s) is compulsory and must be filled in by the Medical Officer in all cases.

Form of Certificate under rule 8(3) of the All India Services (Medical Attendance) Rules, 1954.

Certified that Sri/Srimati.....

Daughter/wife/son of Sri.....was

suffering formand was under my

treatment at his/her residence at

..... for the

period fromto.....owing to

the remoteness/absence of a suitable hospital/severity of the illness. I recommend that he/she

should be treated at his/her residence.

Certified further that had the patient been treated at the hospital, the amount of the cost of

similar treatment would not have been less than the amount spent for treatment at residence.

Signature of the authorized medical attendant with date.