INDIAN INSTITUTE OF TECHNOLOGY (INDIAN SCHOOL OF MINES), DHANBAD

FORM OF APPLICATION FOR MEDICAL CLAIMS

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

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

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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

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2. Office in which employed.

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3. Pay of the Govt. servant as defined in the fundamental rules and any other emoluments which should be shown separately

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4. Place of duty :

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5. Actual residential address :

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6. Name of the patient and his/her relationship to the Govt. servant:
   (N.B. : in the case of children state age also)

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7. Place at which the patient fell ill :

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8. Name of illness and duration

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9. Details of amount claimed :
   (i) Fees for 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 consultation and the fees paid for each consultation

(c) The number and dates if infection and the fees paid for each injection.

(d) Whether consultation and / or injections were has at the hospital at the consulting room of the medical officer or at the residence of the patient.

(ii) Charges for pathological, bacteriological, radio-logical, or other similar tests undertaken during diagnosis indicating :

(a) The name of the hospital or laboratory where the tests were undertaken and

(b) Whether the test were undertaken on the advice of the authorised medical attendant if so, a certi-ficate to that effect should be attached.

(iii) Cost of medicines purchased from the market.

(List of medicines cash memoe's and the essential certificates should be attached)

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10. Total amount claimed Rs.....

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11. Less advance taken on Rs.....

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12. Net amount claim Rs.....

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13. 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 believe and that the person for whom medical expenses were incurred is wholly dependant upon me.

Date :

Signature of the Government Servant

and Officer to which attached

INDIAN INSTITUTE OF TECHNOLOGY (INDIAN SCHOOL OF MINES), DHANBAD

ESSENTIALITY CERTIFICATE

Certificate granted to Mr. / Mrs./ Miss. _____

Father / Mother / Wife / Son / Daughter of Mr. _____

employed in the INDIAN INSTITUTE OF TECHNOLOGY (INDIAN SCHOOL OF MINES), DHANBAD

CERTIFICATE - A

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

I, Dr. _____ hereby certify

a) That I charged and received Rs. _____ (Rupees _____ for consultation on _____ (date to be given) at my consulting room _____ at the residence of the patient.

b) That I charged and received Rs. _____ (Rupees _____ for administering _____ (Intra-venus/infra muscular _____or subcutaneous. on _____ at my consulting room/at the residence of the patient.

c) That the injections administrated/were/were not for immunising or prophylatic purpose.

d) That the patient has been under treatment at _____ hospital/my consulting room and that undermentioned medicines prescribes by me in this condition were essential for the recovery, prevention of serious deterioration in the connection of the patient. The medicines are not stock in the _____ for supply to private patient and do not include proprietary, preparations which are primarily foods toilets or disinfectants.

Sl. No.	NAME OF MEDICINES IN BLOCK LETTERS	Rate	Qnty.	Amount
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
			TOTAL Rs.	

e) That the patient is/was suffering _____ and is/was under my treatment from _____ to _____

f) That the patient is/was not given pro-natel or past natal treatment

g) That the X-ray laboratory test etc. for which and expenditure of Rs. _____ was incurred was necessary and were undertaken on my advice at _____ _____ (Name of hospital or laboratory) _____

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h) That referred the patient to Dr. _____ for specialist consuitation and that the necessary approval or the _____

(name of the chief administration medical officer of the state)

as required under the rules was obtained

i) That the patient did not require / required hospitalisation.

j) That the patient was not bed ribben.

Date :

Signature and Designation of the Medical Officer
and hospital dispensary to which attached

N.B- Certificate not applicable should be struck off certificate (i.e.) is compulsory and must be filled in by the medical officer in all cases.

Note 1. In cases where double the rates of consultation fee are charged by the AMA for night visit (between 10 p.m. to 6 a.m.) the AMA should furnished certificate showing why the night consultation was necessary (GIMHOM No. F 2857/60 HI dated the 4th April, 62)

2. The above certificate may be deemed to regular receipts for payments received by the medical officer who will be required to affix a revenue stamp on the essentially certificate its if when the payment exceeds Rs. 20/- separate receipts (stamped where necessary) would however by necessary from the specialists for consultants with them. (G I M H O No. F 28-8/60 Hi, dated the 30th January, 1961)

3. Where the receipt issued by the Government hospital are on authorised forms (printed and numbered) and the amount of these receipts is incorporate in the body of the Essentially Certificate counter signature of such receipts need not be insisted upon (G I M F O M No. 61(1)-Ev/60, dated the 29th February, 1960)