

Dr. Hari Singh Gour University, Sagar (M.P.)
FORM OF APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES

1. Name.....
2. Designation.....
3. Permanents/Temporary.....
4. Pay with pay scale.....
5. Place of duty.....
6. Actual residential.....
7. Name of Patient.....
 Relation ship.....age.....Dependent on employee.....
8. Place at which the patient fell ill.....
9. Details of the amount claimed:-

I. MEDICAL ATTENDANCE:

| | | |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| (i) | Fees for consultation indication :- | |
| (a) | The name and designation of the Medical officer consulted and the hospital dispensary to which Attached. | |
| (b) | The Number and dates of consultations and the fee paid for each consultation. | |
| (c) | The number and dates of injections and the fee paid for each injection. | |
| (d) | Whether consultation and / or injections were had at the hospital at the consulting room of the medical officer or at the residence of the patient. | |
| (ii) | Charge for pathological bacteriological, radiological or other similar tests undertaken during diagnosis indicating:- | |
| (a) | The name of the hospital or laboratory where the tests were under taken, 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. | |
| (c) | Cost of medicines, purchases from the market. (List of medicines, cash memos and the essentiality certificate should be attached. | |

II. HOSPITAL TREATMENT

Name of Hospital.....

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Charges for hospital treatment, indicating separately the charges for | | |
| Accommodation (State whether it was according to the status or pay of the Govt. servant and incases where the accommodation is higher than the status of the Govt. servant a certificate should be attached to the effect that the accommodation to which he was entitled was not available) | | |
| Diet | | |
| Surgical operation or medical treatment of confinement. | | |
| (i) | 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 authorized medical attendant, if so, a certificate to that effect should be attached. | |
| (ii) | Medicines. | |
| (iii) | Special medicines. (List of medicines, cash memos and the essentiality certificate should be attached). | |

- (iv) 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 of patient. In the former case of certificate from the medical officer in-charge of the case countersigned by the Medical Superintendent of the hospital should be attached.
- (v) Ambulance charges.....
(State the journey-to and from undertaken)
- (vi) Any other charges, e.g. charges for electric light, fan, heater, air-conditioning etc. State also whether the facilities normally provided to all patients and no choice was left to the patient.
.....
.....

Note: 1. If the treatment as received by the Govt. Servant at his residence under rule 3 of the secretary of State Service (M.A.) Rules, 1938 or rule 7 of the CS. (M.A.) Rules.1944. give particulars of such treatment and attach a certificate from the authorized medical attendant as required by these rules.

2. If treatment was received at hospital other than a Government Hospital, necessary details and the certificate of the authorized medical attendant that the requisite 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 authorized 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 fee charged for each consultation.....
.....
- (c) Whether consultations was had it the hospital, at the consulting room of the specialist or medical officer or at the residence of the patient.....
- (d) 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. If so, a certificate to that effect should be attached.
- (9) Total amount claimed.
- (10) Less advance taken on.....Rs.....
- (11) Net amount claimed Rs.....
- (12) List of enclosures.....

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

Ihere by 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 him Government Servant

Designation.....

Department.....

Dr. Hari Singh Gour University, Sagar (M.P.)

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 theI, Dr.hereby certify.
that I charged and received Rs.for..... Consultation on
..... (Dates to be given) at my consulting room/at the residence of
the patient;

(a) That i charged and received Rs.....For administering.....intravenous/intra-
muscular/subcutaneous injections on..... (Dates to be given) at
.....my consulting room/the residence of the patient.

(b) That the injections administered were not / were for immunizing or prophylactic purposes;

(c) That the patient has been under treatment athospital/ 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 stoched 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 primarily foods, toilets or
disinfectants.

| Sl. | Name of Medicines | Bill No. and Date | Price |
|-----|-------------------|-------------------|-------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| | Total | | |

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

(e) That the patient is / was not given pre-natal or post-natal treatment.

(f) 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 Hospital or laboratory)

(g) That I referred the patient to Dr.for Specialist consultation and that the
necessary approval of the..... (Name of the Chief Administrative Officer of the State) as
required under the rules was obtained;

(h) That the patient did not require/required hospitalization.

Dated:

Signature of AMA/Designation
Of the Medical Officer and hospital/
Dispensary to which attached

N.B. - Certificate not applicable should be struck off. Certificate (e) is compulsory and must be filled ib by the Medical Officer in all cases.

Note 1 - In cases where double the rates of consultation fees are charged by the AMA for night visits (between 10 p.m. and 6 a.m.), the AMA should furnish a certificate showing Why the night consultation was necessary.

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 Essentially Certificate if self when the pay when the payment exceeds Rs.20. Separate receipts (stamped where necessary) would however be a necessary from the Specialists for consultation with them, who do not sign the Essentially Certificate.

Note 3 - Where the receipts issued by the Government 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.

Dr. Hari Singh Gour University, Sagar (M.P.)

CERTIFICATE 'B'

(TO BE COMPLETED IN THE CASE OF PATIENTS WHO ARE ADMITTED TO HOSPITAL FOR TREATMENT)

Certificate granted to Mrs./Mr./Mrs.Wife/Son/Daughter of
Mr.....Employed in the

PART-A

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 atand that the under mentioned medicines prescribed be me in this connection were essential for the recovery / prevention of serious deterioration in the condition in 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 substance of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants;

| Sl. | Names of Medicines | Bill No. and Date | Price |
|-----|--------------------|-------------------|-------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| | Total | | |

- (c) That the injections administered were/were not for immunizing or prophylactic purposes
- (d) That the patient is/was suffering fromand is / was under my treatment fromto.....
- (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 hospital or laboratory):

ESSENTIALITY CERTIFICATES

- (f) That I called on Drfor 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 of the Medical Officer

PART-B

I certify that the ha been under treatment at theHospital 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

COUNTERSIGNED

Medical Superintendent
.....Hospital

I certify that the patient has been under treatment at thehospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Medical Superintendent
.....Hospital

Place.....

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