

Application form for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of Central Government servants and their families – For Medical Attendance by Authorized Medical Attendant

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.....
 2. Office in which employed (Name and Address Phone Number)
 3. Pay of the Government servant as defined in the fundamental Rules and any other emoluments, which should be shown separately.
 4. Place 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 amounts claimed.....
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I. Medical Attendance

- (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 fee paid for each consultation.....
 - (c) the number and dates of injection and the fee paid for each

injection.....

(d) whether consultation and/or injection were had at the hospital, 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; 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
(Case memos and the essentiality certificates should be attached)

II. Consultation with Specialist -

Fee paid to 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 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

(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 should be attached.....

9. Total amount claimed Rs.

10. Less advance taken on Rs.

11. Net amount claimed Rs.

12. List of enclosures Rs.

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

Date

Name of Office:

Intercom/BPL No.:

Mobile No.:

Email Address:

Employee ID No. (Biometric) _____

ESSENTIALITY CERTIFICATE

CERTIFICATE 'A'

Under Central Service (Medical Attendance) Rules
(To be completed in the case of patients who are not admitted to hospital for treatment)

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

I, Dr. _____ hereby certify _____

- (a) that I charges and received Rs. _____ for _____
consultation on _____ (dates to be given) at my
consulting room/at the residence of the patient;
- (b) that I charged and received Rs. _____ for administering _____
on _____ intravenous/intra-muscular/subcutaneous injection
on _____ (dates to be given) at _____ my
consulting room/the residence of the patient;
- (c) that the injection administered were not/were for immunising or prophylactic
purposes;
- (d) that the patient has been under treatment at _____ hospital/my
consulting room and that the undermentioned 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 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.

Names of medicines	Price
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

- (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. _____ 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 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;
- (i) that the patient did not require/required hospitalisation.

Signature of AMA/Designation of
the Medical Officer and Hospital
(Dispensary to which attached)

Dated: _____

ESSENTIALITY CERTIFICATE

CERTIFICATE '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./Mrs./Miss. _____ wife/son/daughter of
Mr. _____ employed in the Central Pollution Control Board.

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 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 not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparation which are primarily foods, toilets or disinfectants:

Names of medicines	Price
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

(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 hospital 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.

_____ 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 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 and Designation of
the Medical Officer in charge
of the case at the hospital

COUNTERSIGNED

*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

Place:

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

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Application form for claiming refund of medical expenses incurred in connection with medical attendance/treatment of Central Government servants or their families for treatment in a Hospital

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.....

2. Office in which employed (Name and Telephone number)

3. Pay of the Government servant as defined in the Fundamental Rules and any other emoluments, which should be shown separately.

4. Place 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 amounts claimed.....

I. Hospital Treatment ---

Name of the hospital

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) Diet.....
- (iii) Surgical operation of medical treatment
- (iv) Pathological, bacteriological Radiological or other similar tests, -
Indicating ----
- (a) The name of the hospital or laboratory at which undertaken; and
- (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.....
(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 are employed on the advice of the Medical Officer in
charge of the case at the hospital or 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 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.....

Note 1. ----- If the treatment was received by the Government servant at his residence under Rule 7 of the CS (MA) Rules, 1944, give particulars of such treatment and attach a certificate from the Authorized Medical Attendant as required by these rules.

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 that the requisite treatment was not available in any nearest Government hospital should be furnished.

III Consultation with Specialist -----

Fee paid to 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 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

(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 should be attached.....

9. Total amount claimed Rs.

10. Less advance taken on Rs.

11. Net amount claimed Rs.

12. List of enclosures Rs.

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

Name of Office:
Intercom/BPL No.:
Mobile No.:
Email Address: