

APPENDIX XIII Form for Non C.G.H.S.

FORM OF APPLICATIONS FOR MEDICAL CLAIMS

Med. 97

**Form of application 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/treatment taken both from an
Authorised Medical Attendant and 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
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 state age also.*
7. Place at which the patient fell ill... ..
8. Details of the amount claimed

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 con-
 sultation and the fee paid for
 each consultation
 - (c) the number and dates of injec-
 tion and the fee paid for each
 injection
 - (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) 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 authorised medical attendant. If so, a certificate to that effect should be attached...

(iii) Cost of medicines purchased from the market ...

(Cash memos and the essentiality certificates should be attached)

II. 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 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

(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 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 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 authorised 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 authorised medical attendant that the requisite treatment 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 authorised 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 authorised medical attendant
and the prior approval of the Chief
Administrative Medical Officer of
the State was obtained. If so, a cer-
tificate 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.

Date.....

*Signature of the Government servant
and Office to which attached*

APPENDIX XIV
ESSENTIALITY CERTIFICATES

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..... for..... consultations
on..... (dates to be given) at my consulting room/at the residence
of the patient;
- (b) that I charged and received Rs..... for administering.....
intra-venous/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 immunising or prophylac-
tic purposes;
- (d) that the patient has been under treatment at..... hospital/my con-
sulting room and that the undermentioned medicines prescribed by me in this
connection were essential for the recovery/prevention of serious deteriora-
tion 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.

Dated.....

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

CERTIFICATE 'B'

*(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.....

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
undermentioned medicines prescribed by me in this connection were essen-
tial 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 preparations which are primarily foods, toilets or disinfectants;

Name of medicines

Price

- | | |
|---------|-------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

- (c) that the injections administered were/were not for immunising or prophylac-
tic purposes;
- (d) that the patient is/was suffering from.....and is/was under treatment
from.....to.....;
- (e) 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 hospital or laboratory);
- (f) that I called on Dr.....for specialist consultation and that the
necessary approval of the.....(~~Name of the Chief Administrative~~.....)

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 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

Place.....

.....Hospital