



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

## APPLICATION FORM FOR MEDICAL CLAIMS- I

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.

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

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 Govt. 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 Govt. servant:  
(N.B.: In the case of children, state age also) \_\_\_\_\_

7. Place at which the patient fell ill \_\_\_\_\_

8. Name of the illness and duration \_\_\_\_\_

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 of injection and the fees paid for each injection.

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

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

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

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

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(iii) Cost of medicines purchased from the market.

(List of medicines cash memos and the essential Certificates should be attached)

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10. Total amount claimed Rs. \_\_\_\_\_

11. Less advance taken on Rs. \_\_\_\_\_

12. Net amount claim Rs. \_\_\_\_\_

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 person for whom medical expenses were incurred is wholly dependent 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/Intra muscular or subcutaneous. On \_\_\_\_\_ at my consulting room/at the residence of the patient.
- c) That the injections administrated/were/were not for immunizing or prophylactic purpose.
- d) That the patient has been under treatment at \_\_\_\_\_ hospital/my consulting room and that under mentioned medicines prescribed 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 food toilets or disinfectants.

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

- e) That the patient is/was suffering \_\_\_\_\_ and is/was under my treatment from \_\_\_\_\_ to \_\_\_\_\_
- f) That the patient is/was not given pro-natal or past 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 hospital or laboratory) \_\_\_\_\_
- h) That referred the patient to Dr. \_\_\_\_\_ for specialist consultation and that the necessary hospital 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 hospitalization.
- j) That the patient was not bedridden.

Date:

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

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N.B – Certificate not applicable should be struck off certificate (i.e.) is compulsory and must be filled in 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. F2857/60 HI dated the 4<sup>th</sup> 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 form the specialists for consultants with them. (GIMHO No. F 28-8/60 Hi, dated the 30<sup>th</sup> January, 1961)
3. Where the receipts 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 (GIMFOM No. 61(1)-Ev/60, dated the 29<sup>th</sup> February, 1960)