



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

## APPLICATION FORM FOR MEDICAL CLAIMS- II

**Form of application for claiming refund of medical expenses incurred in connection with medical attendance and or Central Govt. Servants and their families.**

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

1. Name and designation of the Govt. 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 emolument 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 fall ill:
8. Details of the amount claimed:
  - 1) MEDICAL ATTENDANCE
    - (i) Fees for consulting indicating –
      - (a) The name, qualification 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 of injections and fee paid for each injection:
      - (d) Whether consultations and/or injections were had at the hospital, at the consulting room of the medical official or at residence of patient

- (ii) Charges for pathological, bacteriological radiological or other similar tests undertaken during diagnosis in dieting:
  - (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 certificate to that effect should be attached:
  
- (iii) Costs of medicines, purchased from the market. (list of medicines, cash memos and the essential certificates should be attached)

## 9. HOSPITAL TREATMENT

Name of hospital: (charges for hospital treatment indicating separately the charges for):

- i) Accommodation: (state whether it was according to the status or pay of the Govt. servant and in case, whether he 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)
  
- ii) Diet:
  
- iii) Surgical operation or medical treatment of confinement :
  
- iv) 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 case at the hospital if so, a certificate to that effect should be attached:
  
- v) Medicines:
  
- vi) Special medicines: (List of medicines, cash memos and the essential certificate should be attached)
  
- vii) Ordinary Nursing:

- viii) 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 the request of the Govt. servant or patients 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 from undertaken)
- x) Any other charges i.e., electric, light, fan, heater, air conditioning etc. state also whether the facilities referred to are a part of the facilities normally provided to all patient and no choice was left to the patient:

Certificate granted to Mrs./Mr./Miss \_\_\_\_\_Wife/son/daughter  
of Mr. \_\_\_\_\_employed in the \_\_\_\_\_

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### **CERTIFICATE – B**

(To be completed in the case who are admitted to hospital for treatment)

### **PART – A**

(To be signed by the medical officer in charge of the case at the hospital)

1. Dr. \_\_\_\_\_ hereby  
certify:

a) That the patient was admitted to hospital on the advice of/on my advice  
\_\_\_\_\_  
(name of medical officer)

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 \_\_\_\_\_ (Hospital Name) for supply to private patient and so not include proprietary preparations for which cheapest substances equal therapeutic value are available in preparation which are primarily foods, toilets or disinfectants.

Name of Medicines

Price

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

- c) That the injection administered was/were not for immunizing or prophylactic purposes.
- d) That the patient is/was under my treatment from \_\_\_\_\_ to \_\_\_\_\_.
- e) That the X-ray, laboratory tests etc. for which an expenditure Rs. \_\_\_\_\_ was incurred were necessary and were undertaken on my advice at \_\_\_\_\_ (name of hospital or laboratory)
- f) That I called in 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 Medical Officer  
In-charge of the case at the hospital

### **PART – B**

2. I certify that the patient has been under treatment at the \_\_\_\_\_ hospital and the service of the special nurse. For which an expenditure of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ Only) 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.

### HOSPITAL DUES PAID – ARE AS FOLLOWS

- i) Diet charges
- ii) Medical & Surgical requisites elec. Charges accommodation and all other service rendered.
- iii) Fees for X-ray etc. Examination.
- iv) Operation charges on

Place \_\_\_\_\_

Date \_\_\_\_\_

**N.B.** Certificates not applicable should be stuck off. Certiant (d) is compulsory and must be filled in by the medical officer in cases

Medical Superintendent

\_\_\_\_\_ Hospital

(3)

#### Note:

1. If the treatment was received by the Govt. servant of his residence under rule 8 of the secretary of state's service (MA) Rules, 1988 or Rule 7 of the C.S. (M.A.) Rules 1944, give particulars of such treatment and attached certificate from the authorized medical attendant as required by these rules.
2. If the treatment was received at a hospital other than a Govt. hospital necessary details and the certificate of the authorised medical attendant that the requisite treatment was not available in any nearest Govt. hospital should be furnished.
3. **CONSULTATION WITH SPECIALIST –**  
Fees paid to a specialist of the 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 consultation and the fee charged for each consultation.
  - c) Whether consultation was had at the hospital at the consulted room of the specialist or medical officer or the residence of the patient.

- 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 certificate to that effect should be attached.

10. Total amount claimed: \_\_\_\_\_

11. List of enclosures: \_\_\_\_\_

**DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT**

I hereby 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 the Government servant

and officer to which attached