

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 for Central Government servants and their families - for medical attendance/treatment taken both from the 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 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 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 authorized 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 certificate 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 Govt. 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 from- undertaken) | |

NOTE 1. - If the treatment was received by the Govt. servant at his residence under Rule 7 of the C.S. (M.A) Rules, 1944 give particulars of such treatment and attached 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 Govt. hospital, necessary details and the certificate of the authorized medical attendant that the requisite treatment was not available in the nearest Govt. 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 fees charged for each consultation. c) wherever 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 that effect should be attached.	
9.	Total amount claimed	
10.	Less advance taken on	
11.	List of enclosure	

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 belief and that the person for whom medical expenses were incurred is wholly dependent upon me.

Dated

Signature of the Government
servant and Office to which
attached