

APPENDIX VII

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

1. Name and designation of the Government Servant
(in Block Letters) *IDND*
- (i) Whether married or unmarried.
- (ii) if married, the place where wife/husband is employed.
2. Office & Division 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. *SAVING BANK Account No →*
Tel. Phone No →
6. Name of the patient and his/her relationship to the Government Servant.

N.B. In 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) Name and designation of the Medical Officer consulted and the hospital or dispensary to which attached.
- (b) The number and dates of consultations and the fee paid for each consultation and total rupees.
- (c) The number and dates of injection and the fee paid for each injection and total rupees.
- (c) 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 the tests were 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.

Note :—(Cash memos in support of Medicines purchased should be in patient's name and it should be written in ink)

(List of medicines, 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 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 Incharge 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 essentiality 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 Incharge 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 Incharge 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, 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.

Notes: 1. If the treatment was received by the Government servant at his residence under rule 8 of the Secretary of States service (M.A.) Rules 1938 or rule 7 of the C.S. (M.A.) Rules 1944, give particulars of such treatment and attach a certificate from the authorised medical attendant as required by these rules.

2. If treatment was received at the hospital other than Government hospital, necessary details and the certificate of the authorised medical attendant, the requisite treatment was not available in any nearest Government hospital should be furnished.

Certificate granted to Mrs./Mr./Miss wife/son/daughter/father/mother of
Mr. employed in the CENTRAL SCIENTIFIC INSTRUMENTS ORGANIZATION, CHANDIGARH.

CERTIFICATE B.

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

PART A

(To be signed by the medical officer incharge of the of the hospital).

I, Dr. hereby certify —

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

(b) that the patient has been under treatment at and that
the undermentioned medicines prescribed by me in this connection were essential for the recovery/
preservation 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 preparation for which cheaper substances of equal therapeutic value are avail-
able nor preparation which are primary foods, toilets or disinfectants.

NAME OF MEDICINES (IN BLOCK LETTERS)

PRICE

(c) that the injections administered were/were not for immunising or prophylactic purposes.

(d) that the patient is/was suffering from and is/was under my 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 Medical Officer of the State)
as required under the rules was obtained.

Signature and Designation of the Medical
Officer-in-charge of the cases 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 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.

Place

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

Medical Superintendent:

..... hospital

Details of X-ray Lab. Tests.

FORM B (REVISED) DATED 15. 05. 1974

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 or dates of consultations and the fee charged for each consultation.
- (c) Whether consultation was had at the hospital, or at the consulting room of the specialist or Medical Officer, or at 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 Province was obtained. If so, a certificate to that effect should be attached.

9. Total amount claimed :

10. 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 Government Servant
and office to which attached