

Form of application for claiming refund of Medical Expenses incurred in connection with Medical Attendance and / or treatment of Central/State Government servants and their Family.

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

1. Name and Designation of the G.S.

2. Office in which employed. :

3. Pay of the Government servant as defined in the F.R. and any other emoluments which should be shown separately.

4. Place of duty. :

5. Officetual residential address. :

6. Name of the patient and his/her :

7. Place at which the patient fell ill. :

8. Nature of illness and duration :

9. Details of the amount claimed :

Medical Attendance

(1) 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 fee paid for each consultation

(c) whether consultation :

were/had at the hospital at

the hospital at the consulting room of the Medical Officer

or at the residence of the patient.

(11) Charges for pathological, :

bacteriological, radiological

or other similar tests undertaken during diagnosis indicating.

(a) the name of the hospital or :

laboratory where the test were undertaken

PTO.

(b) Whether the test was :  
undertaken on the advice  
of the authorised medical  
attendant. If so, a certificate  
to that effect should be attached.

(111) Cost of Medicines purchased Rs.  
from the market (List of medicines,  
each memo should be attached).

#### **CONSULTATION WITH SPECIALIST**

Fees paid to a specialist or a Medical Officer other than authorised Medical Officer than the authorised Medical Attendant, indicating :-

(a) the name and designation  
of the Specialist or  
consulted and the hospital to  
which attached.

(b) Number and date of  
consultations and the  
fees charged for each  
consultation.

(c) whether consultations :  
was/had at the Hospital,  
at the consulting room  
of the specialist or  
Medica; Officer or at  
the residence of the patient.

(d) Whether the Specialist :  
or Medical Officer was  
consulting on the advice  
of the prior approval of  
the Chief Administrative Medical  
Officer of the Province.  
If so, a certificate to  
that effect should be attached.

10. Total amount claimed. Rs.

11. List of enclosures. Hospital Bill cash Memo

12. Size of family i.e.living  
children as on 15.8.1968 and 2 (Two)  
thereafter

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

I hereby declare that the statement in this application are true to the best of my knowledge and behalf of that the person for whom medical expenses were incurred is wholly dependent on me.

Signature of the Government Servant

Office to which attached.

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**FORM - "D"**

**CERTIFICATE OF EXPENDITURE INCURRED (IN DETAILS) FOR THE GOVERNMENT  
SERVANT TREATED FOR EMERGENCY IN PRIVATE HOSPITAL**

( To be filled in by treating doctor and to be attached to Annexure "c")

Name of Patient

Date of admission Date of Discharge

Hospital Registration No.

Charges :-

A) (1) consultations

(2) Indoor charges from

at the rate of Rs. per day.

(3) Operation Charges.

(4) Operation Theater Charges. (I.C.C.U.)

.00

(5) Anesthesia charges. (Nursing Charges)

00.00

(6) Visits-a) Routine No 1 at Rs. . per visit Rs. /-

Referrals to Dr. No.

at Rs. per visit

Dr. No.

at Rs. per visit

Dr. No.

at Rs. per visit

B) (7) Use of Incubator at Rs. per day for days

(8) Use of Monitor at Rs. per day for days

(9) Investigations:- a) Pathology Lab.

b) X-ray

No. c) ECG at Rs. per ECG

d) Other Boyle Machine Charges

C) Medicines :

Sr.No. Name of Medicine Cost of Medicine

1. List attached Separately Rs. /- .

2 Rs. 00.00

3. Injection Charges Rs. 00.00

Total :- .00

Grand Total ( A + B +C)

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" FORM - C "

CERTIFICATE OF EXPENSES FOR EMERGENCY MEDICAL TREATMENT TO  
GOVERNMENT SERVANT

( To be issued by attending private practitioner )

Certificate granted to Shri/Smt./Kumar/Kumari-----  
wife/Husband/Son/Daughter/Father/Mother/Sister of Shri/Smt.-----  
employed in the----- was treated by the

From to as an emergency patient.

For the complaints of

Vital sign observed

Necessary emergency

Investigation with  
results.

The Diagnosis was

Total expenditure ( Annexure "D" ) incurred for the treatment  
treatment was Rs.

And details of which are given in Form "D"

Certified that after the emergency treatment the patient was advised to attend authorised Medical  
Attendant for treatment.

Date Signature

Place Name of Doctor

Register No.

Name of Hospital

**ANNEXURE - "B"**

Certificate granted to Shri/Smt./Kumar/Kumari  
wife/Husband/Son/Daughter/Father/Mother/Sister of Shri/Smt.  
employed in the

**CERTIFICATE - "B"**

(To be issued in the case of patients who are admitted to hospital for treatment)  
(To be signed by the Medical Officer-in charge of the case at the hospital)

I, Dr. hereby certify :-

(a) That the patient was admitted to hospital on the advice of my advice  
(name of medical officer and his Designation.)

(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 prescribed  
are include in the Category of Medicine in Govt. Resolution. No.MAG 1068/60511/(a)/P,  
dated 11 the February 1971, No.MAG-1068-60511/(a)/p, dated the 24 the September 1973 of  
Annexure-I / Annexure-II/Annexure-III to this Certificate and are not stocked in the  
( name of Hospital) for supply to patients and do not include  
proprietary preparation for which cheaper substances of equal therapeutic value are available, nor  
preparation which are primarily foods, tonics or disingectants.

-----  
Sr. Name of Medicines/Appliances and Quantity Total quantity  
No. their category No. per day required.  
-----

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

-----  
(c) that the patient is/was suffering from and is /was under my treatment  
from to

(d) 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)

Place :-

Date:-

Name, Signature and Designation  
of the Medical Officer-in-charge  
or the case at the hospital and name  
of the hospital and stamp.

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**APPENIX - "A"**

Certificate granted to Shri/Smt./Kumar/Kumari

wife /Husband/Son/Daughter/Mother/Father/Sister of Shri/Smt.

employed in the

**CERTIFICATE -'A'**

(To be issued in the case of patients who are not admitted to hospital for treatment)

I, Dr.

hereby certify :-

(a) that the patient has been under treatment at

Hospital/My consulting room 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 prescribed reimbursable under Govt. Resolution, No.MAG=1068/60511/(a) -p, dated 11 th February 1971, MAG-1068/60511/(a) -P,dated 29th September 1973 and No.MAG-1072/60072/S,dated 24 September 1973, are not stocked in the (Name of the Hospital) for supply to patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available for preparations which are primarily foods, tonics or disingectants.

-----  
Sr. Name of Medicines/Apliances and Quantity Total quantity  
No. their category No. per day required.

- 1.  
2.  
3.  
4.  
5.  
6.  
-----

(b) that the patient is/was suffering from and is /was under my  
treatment from to

(c) that the patient is/was not given prenatal or postnatal treatment .

(d) 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)

(e) that the patient did not require/required/Hospitalisation.

Place :-

Date:-

Name, Signature and Designation  
of the Medical Officer-in-charge  
or the case at the hospital and name  
of the hospital and stamp.

**DECLARATION FOR CLAIMING REFUND OF MEDICAL EXPENSES**

I Shri \_\_\_\_\_ hereby certify that -  
(1) The person for whom medical expenses were incurred is wholly dependent upon me.

(11) I am a married/unmarried Government Servant and I have less than three living children today.

(111) That I had more than 3 living children as on 15th August 1968 and have restricted to that number so far.

Signature of Government Servant.  
Designation :

No.MR-1082/CS,  
General Administration Department,  
Mantralaya, Bombay 400 032.  
Dated :

**C E R T I F I C A T E**

1. Certified that the size of the family of Shri \_\_\_\_\_ has not exceeded three living children.

**O R**

2. Certificate that size of the family of Shri/Smt.-----

----- as on 15th August 1968, was ----- living children and that size has not been exceeded.

3. Certified that the persons for whom the reimbursement of medical expenses have been claimed by

Shri/Smt./Kum.-----a  
fully dependent upon him/her.

4. He/She/They is are eligible for medical reimbursement