

APPLICATION FOR MEDICAL REIMBURSEMENT CLAIM

1. Name and designation of Govt. Servant (In Block Letters) :
2. Whether married or unmarried, if married the place where wife/ husband is employed :
3. Office in which employed :
4. Pay and allowances of the Govt. Servant :
5. Place of duty :
6. Actual Residential Address :
7. Name of patient and his/ her relationship :
8. Place at which the patient feel ill :
9. Nature of illness & duration :
10. Name & designation of the Doctor :
11. Total amount claimed :
12. List of Enclosure(s) :

Declaration to be signed by the Govt. Servant

I do hereby declare that the statements in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred in wholly dependent upon me.

Place:

Date:

Signature of the Govt. Servant

Section to which attached.....

ESSENTIALITY CERTIFICATE
CERTIFICATE 'A'

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

Certificate granted to Mrs./Mr./Miss _____
wife/son/douughter of Mr. _____ employed
in the _____

I, Dr. _____ hereby certify

(a) that I charged and received Rs. _____ for _____
consultation on _____ (dates to be given) at my consulting room/
at the residence of the patient.

(b) that I charged and received Rs. _____
for administering _____ intra-venous/intra-muscular/subcutaneous
injections on _____ (dates to be given) at _____
my consulting room/the residence of the patient.

(c) that the injections administered were not/were for immunising or prohy lactic purposes;

(d) that the patient has been under treatment at _____ hospital
my consulting room and that the undermentioned medicines prescribed by me in this connection were essential for
the recovery / prevention of serious deterioration 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 preparations for which cheaper
substances of equal therapeutic value are available nor preparations which are primarily foods, toilets ro disinfectants.

<u>Name of medicines</u>	<u>prices</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

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

(f) that the patient is/was not given pre-natal or post 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 the hospital or laboratory);

(h) that I referred the patient to Dr. _____ for
specialist consultation and that the necessary approval of the _____
_____ (name of the Chief Administrative Officer of the State) as required under
the rules was obtained.

(i) that the patient did not require/required hospitalisation.

Dated _____

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

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

ESSENTIALITY CERTIFICATE

CERTIFICATE 'B'

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

Certificate granted to Mr./ Mrs./ Miss
Wife/ Son / Daughter of Mr
Employed in the

PART-A

I, Dr. hereby certify

(a) that the patient was admitted to hospital on the advice of
.....(Name of Medical Officer)/ on my advice:

(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 (name of
the hospital) for supply to private patients and do not include proprietary preparations
for which cheaper substances of equal therapeutic value are available nor preparation
which are primarily foods, toilets or disinfectants:

	Name of medicines	Price
1.		
2.		
3.		
4.		
5.		
6.		

(c) that the injections administered were not for immunizing or prophylactic purposes:

(d) that the patient is/ was suffering from and is /was
under 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 consultations and that the necessary approval of the (name of the Chief Administrative Medical Officer of the state) as required the rules, was obtained.

.....
Signature and Designation of the Medical Officer Incharge of the case 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 the Medical Officer Incharge of the case at the Hospital

COUNTERSIGNATURE

I certify that patient has been under treatment at the Hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

.....
Medical Superintendent
.....Hospital

Place:

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