
FORM OF APPLICATIONS FOR MEDICAL CLAIMS

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of Central Government servants and their family

1. Name & Designation of Government Servant (in Block Letters) :
2. Whether married or unmarried, if married, the place where wife/husband is employed. :
3. Office in which employed : NERIE-NCERT, Umiam
4. Pay of the Government servant :
5. Place of duty : Shillong
6. Actual residential address :
7. Name of the patient and his/her relationship to the Government servant : Self/Mother/Father/Son/Daughter/Brother/Sister
8. Place at which the patient fell ill : Shillong
9. Details of the amount claimed :
 - (a) The Name & Designation of the Medical Officer consulted and the hospital or Dispensary to which attached :
 - (b) The number & dates of consultation and the fee paid for each consultation :
 - (c) The number and dates of injections the fee paid for each injection :
 - (d) Whether consultation and/or injections were had at the hospital, at the consultation room of the Medical Officer or the residence of the patient :
 - (e) Charges for Pathological, Bacteriological Radiological or other similar tests undertaken during diagnosis indicating. :
10. Name of the hospital or laboratory where undertaken; and
 - (a) Whether the test were under taken on the advice of the Authorized Medical Attendant. If so, a certificate to that effect should be attached :
 - (b) Cost of medicines purchased from the Market (Cash memos and the Essential Certificate should be attached) :
11. Total amount claimed :
12. Less advance taken on :
13. Net amount claimed :
14. List of enclosures (1) Certificate 'A' (2) Doctor's prescription dated _____ (3) Cash memo No. _____ dated _____ of M/s _____, Shillong.

I hereby acknowledge that the statements 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.

Date:

**Signature of the Government servant
and Office to which attached**

ESSENTIAL CERTIFICATES

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

CERTIFICATE 'A'

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

- (a) I, Dr. _____ hereby certify –
- (b) that I charged and received Rs. _____ for _____ consultations on _____ (dates to be given) at my consulting room/at the residence of the patient;
- (c) that the injections administered were not / were for immunizing or prophylactic purposes;
- (d) 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 are not stocked in the _____ (name of the hospital) for supply of private patients and do not include proprietary preparation for which cheaper substances of equal therapeutic value are available for preparations which are primarily foods, toilets or disinfectants.

Name of the Medicines	Price
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

- (e) 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 undertaken on my advice at _____ (name of the hospital or laboratory).
- (h) that I referred the patient to Dr. _____ for Specialists 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 hospitalization.

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 (e) is compulsory and must be filled in by the Medical Officer in all cases.

CERTIFICATE B

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

Certificate granted to Mrs./Mr./Miss.....
.....wife/Son/Daughter of Mr.
employed in the

PART- A

(To be signed by the Medical Officer incharge of the case at the hospital)

1. I Dr. hereby certify

(a) That the patient was admitted to hospital on my advice/ advice of

.....
(Name of Mdical 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/ prevention of serious, deterioration in the condition on the patient.

2- The medicines are not stocked in the for supply to private patients and do not include proprietary preparations for which cheaper substances of equal thereapeutic value are available not preparations which are primarily fods, toilets.

SL. No.	NAME OF MEDICINES	PRICE
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.

(e) that the patient is/was suffering from and is/
was under my treatment fromto

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

(g) that the X-ray, laboratory test, etc. for which on expenditure of
Rs.....was incurred were necessary and were undertaken on
my advice at
.....(Name of 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)
..... as required under the
rules (Administrative Medical Officer of State.)

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

Dated.....

Signature & Designation of the
Medical Officer and hospital
dispensary to which attached.

N.B. : Certificates not applicable should be struck off.
Certificates (a) is compulsory and must be filled my by the Medical
officer in all cases.

COUNTERSIGNED

Medical Superinteandent
.....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 :
Dated :

Medical Superintendent
.....Hospital