

**Ministry of Micro, Small and Medium Enterprises
Office of the Development Commissioner (MSME)**

FORM OF APPLICATION - FOR MEDICAL CLAIMS

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and are treatment of Central Government servants and their families:

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

- I. 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 of which the patient fell ill.
8. Nature of illness and duration.
9. Details of the amount claimed.

I. MEDICAL ATTENDANCE

- (i) 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 the fee paid for each consultation.
 - (c) the number and dates of injection and the fee paid for each injection.

- (d) whether consultation 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 undertaken, and
 - (b) whether the tests were undertaken on the advice of the authorised medical officer if so, a certificate to that effect should be attached.
- (ij) Cost of medicines purchased from the market.

(List of medicines, cash memos, and the essential certificates, should be attached.)

II. HOSPITAL TREATMENT

Name of the hospital

Charges for hospital treatment indication 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 than the accommodation to which he 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.

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. Medicine

vi. Special medicines

(List of 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 Government 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,
- (x) Ambulance charges : State the journey-to and for undertaken,
- (xi) Any other charges, e, g, charges for electric, light, fan, heater, air conditioning etc, State also, whether 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 was residence under rule 8 of the Secretary of State's Service () 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 a Government hospital necessary details and the certificate of the authorized Medical attendant that the requisite treatment was not available in any nearest Government hospital should be furnished.

III. CONSULTATION WITH SPECILIST Fees paid to a specialist *or* 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 of dates are consultations and the fees charged for the each consultation.
- © Where consultation was held at the hospital at the consulting room of the specialist *or* Medical Officer or at the residence *of* the patient.
- (d) Whether the specialists *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 attached.

IV. ADDRESS OF THE CONSULTING ROOM OF THE MEDICAL OFFICER

(i) Total amount claimedRs.

(ii) Less advance taken on..... Rs.....

(iii) Net amount claimedRs.

(iv) List of enclosures.....

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

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

Date.....

Signature of the Government Servant and
Office to which attached.