

## APPENDIX VIII

FORM OF APPLICATION FOR CLAIMING OF MEDICAL EXPENSES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND/OR TREATMENT OF CENTRAL GOVERNMENT SERVANT AND THEIR FAMILIES:-

N.B. SEPARATE FORM SHOULD BE USED FOR EACH PATIENT:

1. Name & Designation of the Govt. : \_\_\_\_\_  
Servant (Block letter)  
(a) whether married or unmarried : \_\_\_\_\_  
  
(b) if married the place where wife/ husband is employed : \_\_\_\_\_
2. Office in which employed : \_\_\_\_\_
3. Pay of the Govt. servant as defined in the Fundamental Rules & any emoluments which should be shown separately : \_\_\_\_\_
4. Place of Duty : \_\_\_\_\_
5. Actual Residential Address : \_\_\_\_\_
6. Name of the patient & his/her relationship with the Govt. servant : \_\_\_\_\_
7. Place of which the patient fell ill : \_\_\_\_\_
8. Nature of illness and duration : \_\_\_\_\_
9. Details of the amount claimed : \_\_\_\_\_
10. The name & Designation of the Medical Officer who is in-charge of the case : \_\_\_\_\_
11. Hospital Treatment:-  
Name of the hospital charges or hospital treatment indicating separately the charges for:-
  1. ACCOMODATION AND ADMISSION FEE : Rs. \_\_\_\_\_  
(State whether it was according to status or pay of the Govt. servant and in case where the accommodation is higher than the status of the Govt. servant a certificate should be attached to the effect that the accommodation to which he has entitled was not available.
  2. DIET : Rs. \_\_\_\_\_
  3. SURGICAL OPERATION/MEDICAL TREATMENT CONFINEMENT : Rs. \_\_\_\_\_
  4. PATHOLOGICAL BACTERIOLOGICAL RATIOLOGICAL or their similar, indicating: Rs. \_\_\_\_\_  
Rs. \_\_\_\_\_  
Rs. \_\_\_\_\_

(a) The name of the hospital/laboratory 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.

5. MEDICINES : Rs. \_\_\_\_\_
6. SPECIAL MEDICINES : Rs. \_\_\_\_\_  
(List of medicines, Cash Memos & the essential certificate should be attached)
7. ORDINARY NURSING : Rs. \_\_\_\_\_
8. SPECIAL NURSING : Rs. \_\_\_\_\_  
(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 at the request of the Govt. Servant of the patient. In the former case, a certificate from the Medical Officer, in-charge of the case and countersigned by Medical Superintendent of the Hospital should be attached.)
9. SPECIAL FUND : Rs. \_\_\_\_\_  
(Special Fund of 10% of the total charges for private ward accommodation vide G.O.M., H&FW Deptt. Letter No. MHE-9/77/Pt/113 of 1<sup>st</sup> August, 1980.)
10. AMBULANCE CHARGE : Rs. \_\_\_\_\_  
(State the journey to and fro undertaken)
11. ANY OTHER CHARGE : Rs. \_\_\_\_\_  
(Electric Fan, Heater, Air Conditioning, etc. state also whether the facilities normally provided to all patients and no choice was left to the patients)

NOTES: 1) If the treatment was received by the Govt. servant at his residence under Rule 8 of the Secretary of the State Service (NA) Rule 1938 or Rule 7 of the CS (MA) Rules, 1944 give particulars of such treatment and attached a certificate from the Authorized Medical Attendance as required by these rule.

2) If treatment was received at the hospital other than a Govt. Hospital necessary detail and the certificate of the Authorized Medical Attendant stating that the requisite treatment was not available in any nearest Govt. Hospital should be furnished.

12. TOTAL AMOUNT CLAIMED : Rs. \_\_\_\_\_
13. LESS ADVANCE TAKEN : Rs. \_\_\_\_\_
14. NET AMOUNT CLAIMED : Rs. \_\_\_\_\_
15. LIST OF ENCLOSURES :
- 1) Accommodation & Admission Fees : \_\_\_\_\_
- 2) Medicines \_\_\_\_\_
- 3) Laboratory Test (Pathology) \_\_\_\_\_
- 4) Nursing Treatment \_\_\_\_\_
- 5) Surgical Operation \_\_\_\_\_
- 6) Diet \_\_\_\_\_
- 7) X-Ray (Radiology) \_\_\_\_\_
- 8) Special Fund \_\_\_\_\_
- 9) Special Nursing \_\_\_\_\_
- 10) Ambulance Charges \_\_\_\_\_
- 11) Any other charges \_\_\_\_\_

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

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

Date: \_\_\_\_\_

Signature of the Govt. Servant & Office to which attached

**APPENDIX-IX  
ESSENTIAL CERTIFICATE 'B' FROM MED. 102**

Certificate granted to Mr/Mrs/Miss \_\_\_\_\_  
S/o,D/o \_\_\_\_\_ Wife/Son/Daughter/Mr \_\_\_\_\_  
employed in the \_\_\_\_\_  
(to be signed by the Medical Officer of the Hospital in-charge of the case.)

I, Dr. \_\_\_\_\_ hereby certify :

- (a) That the patient was admitted into this Hospital on the advice of/on my advice of self (Medical Office.)
- (b) That the patient has been under treatment \_\_\_\_\_ and that the under mentioned medicines prescribed by me in this connection was essential for recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in \_\_\_\_\_ for supply of private patients and do not included proprietary preparations for which cheaper substances of equal therapeutic value are available, not preparation which are primarily foods toilets and disinfectants.

| NAME OF MEDICINES | PRICE |
|-------------------|-------|
| 1. _____          | _____ |
| 2. _____          | _____ |
| 3. _____          | _____ |
| 4. _____          | _____ |
| 5. _____          | _____ |
| 6. _____          | _____ |
| 7. _____          | _____ |
| 8. _____          | _____ |
| 9. _____          | _____ |

- (c) That the injection administered are/were not/form immunizing purpose
- (d) That the patient is/was suffering from \_\_\_\_\_
- (e) That the X-Ray Lab, Tests, etc of which an expenditure of Rs. \_\_\_\_\_
- (f) That I called 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 rule is obtained.

Medical Officer of the Hospital In-Charge of the case.

**COUNTERSIGNED**

I certify that the patient has been under treatment at the \_\_\_\_\_ and the facilities provided were to minimum which were essential for the patient treatment.

Place : \_\_\_\_\_

Date: \_\_\_\_\_

Medical Superintendent.

**N.B : Certificate not applicable should be struck off Certificate 'B' is compulsory and must be filled in the Medical Officer in all cases.**