FORM OF APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES
INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE/OR
TREATMENT OF COUNCIL SERVANT AND THEIR FAMILIES

(N.B. Separate form should be used for each patient)

1. Name and designation of the Govt. Servant (in block letters)
   (i) Whether married or unmarried
   (ii) If married, the place where husband/wife is employed.

2. Office in which employed.

3. Pay of council 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
   with the Govt. servant. (N.B. In the case of children state age also)

7. Place at which the patient fell ill.


9. Details of amount claimed.

MEDICAL ATTENDANCE:

I. Fees for consultation indicating:
   [a] The name and designation of the Medical Officer
      consulted and 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 injections and the fee paid
      for each injection.
   [d] Whether consultations and injections were held
      at the hospital of the consulting room of the Medical Officer
      or at the residence of the patient.

II. Charges for Pathological bacteriological or other similar tests undertaken diagnosis indicating:-
   [a] The name of the hospital of laboratory where
      the tests were undertaken.
   [b] Whether the tests were taken on the advice of
      the authorised Medical attendant. If so a Certificate
to that effect should be attached.
   [c] Cost of medicines purchased from the market.
      List of medicines cash memos and the essential certificates
      should be attached.

III. HOSPITAL TREATMENT:
   Charges for hospital treatment indicating separately
   the charges for:
   (i) ACCOMMODATION:
      (State whether it was according to the status
      or pay of the Govt. servant and in case where
      the accommodation is higher that the status
of the Govt. servant a certificate should be attached to the affect that the accommodation to which he was entitled was not available)

(i) Diet :

(ii) Surgical operation or medical treatment.

(iii) Pathological, bacteriological 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 at the affect should be attached.

(v) Medicines.

(vi) Special medicines. (List of medicines cash memo and essentiality certificate should be attached.)

(vii) Ordinary nursing.

(viii) Special nursing i.e. nurses specially engaged for the patient. State whether they were employed on the advice of the medical officer in charge of the case at the hospital or at the request of the Govt. servant or patient. In 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.

(ix) Ambulance charges.

(State and journey to and from undertaken)

(x) Any other charge e.g. charge for electric light, fan, heater, air conditioning, etc. also whether the facilities referred to are part of the facilities normally provided to all patient and no choice was left to the patient.

Note:

1. If the treatment was received by the Council servant at his residence under rule 8 of the Secretary of State for Service (M. . . . . . . . . . . .) in rule of the C.S. (M. . . . . . . . . .) Rule 1144 give particular of such treatment and attach a certificate from the authorised medical attendants as required by these rules.

2. If treatment was received at a hospital other than Government hospital necessary details and the certificate of the authorised medical attendant that the required treatment was not available at any nearest Govt. hospital should be furnished.

3. Consultation with specialist fees paid to a specialist or medical officer other than the authorised medical attendant indicating:

(a) The name of designation of the specialist of medical officer consulted and the hospital to which attached.

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

(c) Whether consultation was had at the hospital at consulting room at the specialist or medical officer or at the residence of the patient.

(d) Whether the specialist or medical officer was consulted on the advice of the authorised medical attendant and the prior approval of the Chief Administrative medical officer or the hospital was obtained if so, certificate to the effect should be attached.
10. Total amount claimed.
11. List of enclosures

DECLARATION TO BE SIGNED BY THE COUNCIL SERVANT

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

Certified that in respect of patients for whom reimbursements has been claimed; their income from all sources do not exceed Rs. 1500/- per month.

Signature of the Council
Servant and office which attached

Accounts Officer

Dated..............................

Certificate granted to Mrs./Mr./Miss. .................................................................

WIFE/SON/DAUGHTER of Mr. ................................................................. employed in the Regional Institute of Education/Demonstration Multipurpose School, Bhopal.

CERTIFICATE 'B'

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

PART 'A'

(To be signed by the medical officer-in-charge of the ................................................................. case of the hospital)

I, Dr................................................................. hereby certify:

(a) that the patient was admitted in hospital on the advice of on my advice.................................................................

(Name of medical 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 of 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 or disinfectants.

Name of medicines

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(c) That the injection administered were/were not for immunising or prophylactic purposes.

(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 the laboratory)

(e) that the patient is/was suffering from.............................. and is/was under treatment from...................... to........................................

(f) that I called on 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 rules, was obtained.

Signature and Designation of the Medical Officer in charge 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 and expenditure of Rs................................................................. was incurred. Wide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Signature and Designation of the Medical Officer in charge of the case at the hospital.

MEDICAL SUPERINTENDENT

........................................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 .................................................................

Medical Superintendent

........................................Hospital

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