APPENDIX XIII

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

FORM MEDICAL 97

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

1. P.N.No., Name and designation of the 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 at which the patient fell ill. ... ... _____

8. Details of the amount claimed. (Shown separately)

   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 consultations 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/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 were undertaken, and

   (b) whether the tests were undertaken on the advice of the authorised medical attendant. If so, a certificate to that effect should be attached. ... ...

   (iii) Cost of medicines purchased from the market. *(List of medicines, cash memos and the essentiality certificates should be attached)*

II. HOSPITAL TREATMENT

Name of the Hospital ... ...

Charges for hospital treatment indicating 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 that the accommodation to which he was 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; and ... ...

(b) whether undertaken on the advice of the medical officer incharge of the case at the hospital. If so, a certificate to that effect should be attached. ... ...

(v) Medicines ... ...

(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 were 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.

(ix) Ambulance charges.

(State the journey – to and fro and state kilometer undertaken)

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

Note : 1. If the treatment was received by the Government servant at his residence under Rule 8 of the Secretary of State's Services (M.A.) 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.

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

III. CONSULTATION WITH SPECIALIST –

Fees paid to a specialist or a 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 and dates of consultations and the fee charged for each consultation. ... ...

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

(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 of the State was obtained. If so, a certificate to that effect should be attached. ... ...

9. Total amount claimed	Rs.	
10. Less advance taken on..... ...	Rs.	
11. Net amount claimed	Rs.	
12. List of enclosures		

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statements in this 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 Officer to which attached.

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 / daughter of Mr. _____ employed in the _____.

I, Dr. _____ hereby certify –

(a) that I charged and received Rs. _____ for _____ consultations 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 immunizing or prophylactic 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 in 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 substance of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

	Names of 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 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.

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

Dated _____

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 _____

employed in the _____

Signature of Medical Officer

Seal

✤ ✤ ✤

PART 'A'

I, Dr. _____ hereby certify —

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

(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 the patient. The medicines are not stocked in the _____ for supply to the private patient and do not include proprietary preparation for which cheaper substances of equal therapeutic value are available nor preparation which are primarily foods, toilet or disinfections.

Name of Medicines	Price	Amount

(c) that the injections administered were not for immunizing of prophylactic purpose.

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

(e) that the X ray, laboratory test, etc. for which an expenditure of Rs._____ was incurred were necessary and was undertaken on my advice at _____.

(f) That I called in Dr._____ for specialist consultation and that the necessary approval of the _____ (Name of the Chief Administrative Medical Officer of the State) as required under rules, was obtained.

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

Seal

Dated _____

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 in charge of the case at the Hospital

COUNTERSIGNED

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.

Medical Superintendent

Place _____ _____ Hospital

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

* The 'minimum facilities certificate' may be signed either by the Medical Superintendent of the Hospital concerned or another Gazetted Medical Officer who has been authorised in this behalf by the Medical Superintendent.