

NATIONAL INFORMATICS CENTRE
Department of Information Technology
Ministry of communications and Information Technology
Government of India

FORM OF APPLICATION FOR MEDICAL CLAIMS

[Form of application for claiming refund of medical expenses incurred in connection with medical attendance/ treatment of Central Government Servants or their families for treatment in a Hospital.]

1. Name and Designation of Government Servant :
 - i) Whether married /unmarried :
 - ii) If married the place where wife 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 Govt. servant :
7. Place at which the patient ill :
8. Details of the amount claimed :

I) Hospital Treatment

Name of the hospital charges for hospital treatment, indicating separately the charges for :

1. Accomodation
[State Whether it was according to the status or pay of the Govt. Servant and in case of where the accomodation is higher than the status of the Govt. Servant a certificate should be attached to the effect that the accomodation to which he was entitled was not available] :
2. Dist :
3. Surgical Operation or Medical Treatment
4. Pathological, Bacteriological radiological or other similar tests, indicating the name of the hospital or laboratory at which undertaken
5. Medicines
6. Special medicines (cash memos and essential certificates) should be attached.

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7. Ordinary Nursing
8. Special nursing i.e., nurses specially engaged for the patients, state whether they are employed on the advice of medical Officer in charge of the case at the request of Govt. 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 attached.
9. Ambulance charges
10. Any other charges e.g. charges for electric light , fan, heater, air conditioning , 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 the residence under rule 8 of the Secretary of state; s service (M.A) rules 1938 or rule 7 of the C.S (M.A) rules, 1964, give particulars of such treatment and attach a certificate that the authorized medical attendant as required by these rules.
- 2 If the treatment was received at a hospital other than 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.

II. Consultation with specialist

Fees paid to a specialist or a Medical Officer other than the Authorized medical attendant ,indicating

1. The name and designation of the specialist or Medical officer consulted and the hospital to which attached.
2. Number and dates of consultations and the fees Charged for each consultation
3. Whether consultations was had at the hospital at the consulting room of the specialist or at the residence of the patient.

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4. Whether the specialist or Medical officer was consulted at the advice of the authorized 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 :
- 10 Less advance taken on :
- 11 Net amount claimed :
12. List of enclosures :
- 1. Prescription
 - 2. Medicine Bill
 - 3. Essentiality certificate
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DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

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

Date: _____ Signature of the Government Servant and office to which attached .

CERTIFICATE REGARDING PURCHASE OF MEDICINE

This is to certify that No Government Fare Price shops/co-operative consumer store or depots run by the central /state Government or local bodies or any other organization recognized under the Co-operative Societies Act exist within a radius of 2 (two) Kms from my residence.

Place _____ Signature : Date _____
Name : _____
Designation : _____