OFFICE OF THE

PRINCIPAL DIRECTOR OF AUDIT (Steel)

RANCHI

EXTRACT OF MEDICAL CLAIM

SEPARATE FORM SHOULD BE USED EACH PATIENT

1. Name of the Govt. Servant with

designation and section in which :

he/she working and pay drawn

1. Residential address and the place :

at which the patient fell ill.

1. Name of the patient and his

relationship to the Govt. Servant

( in the case of children state age also) :

1. Name of disease and period of Medical

Attendance and treatment as given

in the essentiality certificate :

‘A’ FOR TREATMENT OTHER THAN AS IN PATIENT IN A HOSPITAL

1. Name of the authorized Medical

Attendant, Designation and Hospital

to which attached :

1. Fees paid to authorized Medical Attendant:

(i) No. and date of consultation including Date Amount

fees paid for each consultation.

(ii) No. of Injections administered date

and fees paid for each

7. MEDICINES PRESCRIBED AND INCLUDED IN CERTIFICATE ‘A’

(Details or Cash Memo in Block letters)

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Bill No. Name of the Company Name of Medicines in Block letters Amount

& Date and address and quantity purchased (Rs.`)

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

\_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

TOTAL

1. Radiology and other included in Certificate ‘A’ for payment of Rs…… ……….. No. and date of receipt on what amount.
2. Other charges such as Ambulance charges etc. Rs……… ……………… ‘B’ TO BE FILLED IN THE CASE OF TREATMENT AS ON IN PATIENT IN HOSPITAL

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_\_

1. Details of hospital stoppage

Hospital Receipt No. and Date Amount

(1)

(2)

(3)

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

1. Allocation of charges: 1. Medical Advance

2. Nursing & Accommodation

3. Diet

4. Cost of Medicines

12. Details of Medicines (to be filled in as directed in column 7)

Total Amount ( In word) Rupees -------------------------

DECLARATION TO BE SIGNED (IN FULL BY THE GOVT. SERVANT)

I hereby declare that the particulars furnished above are correct to the best of my knowledge and brief and that the person from whom Medical Expenses are incurred in wholly dependent.

Date Full Sign. of the Govt. Servant.

For Official Use Only.

Scrutinised and passed for Rs……………….

Audit Officer (A)

DY. Director (A)

Dealing Asstt.

MED-97

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

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

---------------------------------------------------------------------------------------------------------------------------------------1. Name and designation of the Government Servant (IN block letters )

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---

1. MEDICAL ATTENDENCE---

(1) Fees for consultation indicating----

(a) The name and the 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 consultation and /or injections were held 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 -----------

1. The name of the hospital or laboratory where the tests were undertaken, and ,
2. Whether the tests were undertaken on the advice of the authorized medical

attendant, if so, a certificate to that effect should be attached.

1. Costs of medicines purchased from the market

(List of medicines, cash memos & the essentiality certificates should be attached.)

II . HOSPITAL TREATMENT-----

Name of the hospital. Charges for Hospital Treatment including separately the charges for-----

1. Accommodation

(state whether it was according to the status or pa y of the Government servant

and in case 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 .

1. Diet……………..
2. Surgical operation or medical treatment or continment …………………………………………..
3. Pathological bacteriological, radiological or other similar test including--------------
4. The name of the hospital or laboratory at which undertaken.
5. Whether undertaken on the advice or the medical officer in charge of
6. the case at the hospital, if so a certificate to that effect should be attached.
7. Medicines…………………………………………………………………………………..
8. Special medicines…………………………………………………………………………….

(List of medicines, cash memos and the essentiality certificate should be attached)

1. Ordinary nursing………………………………………………………………………………
2. 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 1st he request of the Government servant or patient. In the former case certificate from he medical officer –in-charge of the case countersigned by the Medical Superintendent of the hospital should be attached.
3. Ambulance charges ( state the journey – to and from undertaking)
4. Any other charges e.g. charges for electric light , fan, heater, air conditioning etc . State also whether the facilities normally provide to all patients and no choice was left to the patient.

Notes:- 1. If the treatment was received by the Government Servant at his residence under rule 3 of the secretary of state (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 authorized medical attendant as required by these rules.

2. If treatment was received at a hospital other than a Government Hospital necessary details and the certificate of the authorized medical attendance 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 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 consultation was held at the hospital, at the consulting room of the special at or medical officer or at the medicines of the patient.
4. 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.
5. Total amount claimed
6. Less advance taken on
7. Net amount claimed
8. List of enclosures

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statements in the application are 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 office which attached