

Form of Application for Medical Claims

FORM OF APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND/OR TREATMENT OF CENTRAL GOVERNMENT SERVANT AND THEIR FACILITIES FOR MEDICAL ATTENDANCE BY AUTHORISED MEDICAL ATTENDANT

1. Name & Designation of Govt. Servant
(in Block letters):
2. Whether married or unmarried:
 - a. If married, the place where wife/husband is employed:
 - b. Office in which employed:
3. Pay of the Govt. 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
(in case of children state age also)
7. Place at which the patient fall ill:
8. Details of the amount claimed:
 - 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 date of consultation and fee paid for each consultation.
 - c) The number and dates of injection and fee paid for each injection
 - d) Whether consultation and or injection were had at the consultation room of the medical officer or at the residence of the patient.
 - II. Charges on pathological bacteriological radiological or other similar test undertaken during diagnosis

- a) The name of the hospital or laboratory where undertaken and
- b) Whether the test were undertaken on the advice of the authorized medical attendant. If so, certificate to that effect should be attached

III. Cost of medicines purchased from the market (Cash Memos and the essentially certificate should be attached)

IV. CONSULTATION WITH SPECIALIST

Fees paid to a specialist or medical officer other than the authorized 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 consultation and fees charged for each consultation
- c) Whether consultation was had at the hospital at the 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 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.

- 1. Total amount claimed:
- 2. Less advance taken on:
- 3. Net amount claimed:
- 4. List of enclosures:

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 and that the person for who medical expenses were incurred is wholly dependent upon me.

Date:

(Signature of the Govt. Servant and Officer to which attached)