

Department of Telecommunications

Form of Application for claiming refund of Medical expenses incurred in connection with the Medical attendance and/or treatment of Central Govt. Servants and their families

For Medical attendance by Authorized Medical Attendant (AMA):-

1. Name and designation of Govt. Servant
(In Block Letters)
2. Office in which employed **O/o CCA, UP (West), Meerut.**
3. Pay of the Govt. Servant
4. Place of Duty **Meerut.**
5. Actual Residential address
6. Name of the patient and his/her relationship to Govt. Servant
7. Place at which the patient fell ill **MEERUT**
8. Details of the amount claimed

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 & dates of injections and the fee paid for each injection.
 - c) Whether consultation and/or injections were taken at the hospital or 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 indications:
 - a) The name of the Hospital or Dispensary or laboratory where undertaken and
 - b) Whether the tests were undertaken on the advice of the authorized medical attendant

9. Total Amount claimed: **Rs.**

10. Loan/Advance taken: **NIL**

11. Net Amount claimed: **Rs.**

12. List of enclosures:-

- i.
- ii.
- iii.
- iv.
- v.

Declaration to be signed by the Govt. 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.

Signature of the Govt. Servant

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APPENDIX-XIV

ESSENTIALITY CERTIFICATE 'A'

(To be completed in the case of patients who are not admitted to hospital for treatment)

Certificate granted to..... /O

O/o CCA, UP (West) MEERUT

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..... Intravenous/ intramuscular/ 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 under mentioned 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 which are primarily foods, toilets or disinfectants.

	Name of Medicines	Price
i.	Cash Memo No Medicals,	Rs.
ii.		
iii.		
iv.		
v.		
	<u>Total</u>	<u>Rs.</u>

- (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 under taken 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 hospitalization.

Dated.....

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

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.

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ESSENTIALITY 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/father/mother of Mr. employed
in the

PART-A

I, Dr. hereby certify that:-

(a.) the patient was admitted to hospital on the advice of

(Name of the Medical Officer)/on my advice;

(b.) the patient has been under treatment at (Name of the Hospital) and that the under mentioned 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 the 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 and disinfectants.

Name of Medicines

Price

- i.
- ii.
- iii.
- iv.
- v.
- vi.

(c.) That injections administered were not for immunizing or prophylactic purpose.

(d.) That the patient is/was suffering from _____ and was under treatment from _____ to _____.

(e.) That 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 Hospital).

(f.) That I called on Dr. _____ for special consultation and that the necessary approval of the _____ (name of the Chief Administrative Medical Officer of the State) was taken as required under Rules.

(Signature and Designation of the Medical Officer
In-Charge of the Hospital)

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PART-B

I certify that the patient has been under treatment of the _____ Hospital and that the service of the special/nurse, for which an expenditure of Rs. _____ was incurred vide bill 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 Hospital

COUNTERSIGNED MEDICAL SUPERINTENDENT

I certify that the patient has been under treatment of the _____ Hospital and that the facilities provided were the minimum and essential for the patient's treatment.

MEDICAL SUPERINTENDENT
_____ HOSPITAL

PLACE:

DATE: