

Form of the 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 Employee (in block letters) :
2. Office in which employed :
3. Pay of the Employee as defined in the Fundamental Rules and any other emoluments which should be shown separately.
4. Place of duty : National Institute of Technology, Patna
5. Actual residential address :
6. Name of the patient and his/her relationship to the Employee
N.B in the case of children state ago also. :
7. Place at which the patient fall ill :
8. Details of the amount claimed. :

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 consultation and/or injections were held at the hospital, at the consulting room of the medical offer 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 hospital or laboratory where the tests were undertaken, :
 - b) Whether the tests were undertaken on the advice of the authorized medical attendant, if so, a certificate to that effect should be attached. :
 - c) Cost of medicines purchased from the market : Rs
(List of medicines, Cash Memos & 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 certificated 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 or other similar tests indicating-
 - a) The name of the hospital or laboratory at which tests undertaken
 - b) Whether tests undertaken on the advice of the medical officer in charge 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 certificate should be attached.
 - vii. Ordinary nursing
 - viii. Special nursing i.e nurses specially engaged for the patient state whether they were employed in the advice of the medical officer in-charge of the case at the hospital or at the request of the Employee or patient in the former case a

certificate from the medical office in-charge of the case counter signed by the Medical Superintendent of the hospital should be attached.

- ix. Ambulance charge (state the journey to and from undertaking)
- x. Any other charges e.g. charges of electric light, fan, heater, air conditioning etc. State also whether the facilities normally provided to all patients and no choice was test to the patient.

Note:-

- 1. If the treatment was received by the Employee at his residence under rule 3 of the secretary of States Service (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 attendant that the requisite treatment was not available in any nearest Government Hospital should be finished.

III. CONSULTATION WITH SPECIALIST

Fees paid to a specialist or a medical offer other than the authorized medical attendant indicating.

- a) The name and designation of the specialist or medical offer consulted and the hospital to which attached.
- b) Number and dates of consultations and the fees charge fir each consultation.
- c) Whether consultation was held at the hospital, at the consulting room of the specialist or medial 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.

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

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

- 1. I hereby declare that the statements in the application are true to the post of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me.
- 2. I also declare that re-imburement as claimed in this bill has not been received (from any other source not any Medical Allowance has been received from any office/agency by my spouse.

Date.....

(Signature of Employee)

Department:.....

RTGS Details for fund transfer

Employee Name :

Mobile No. :

Name of Bank :

Branch :

Account No. :

IFSC Code :