

Med Form 97

E-Salary No. _____

Bank A/c No. _____

Phone No. _____

FORM OF APPLICATION FOR MEDICAL CLAIMS

NB 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 :
9. Period of Treatment :

1. MEDICAL ATTENDANCE :—**(i) Fees for consultation indication —**

- (a) the name and the designation of the medical Officer consulted and the hospital or dispensary to which attached.
- (b) the numbers 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 consultations and/or injections were at the hospital and the consulting room of the Medical Officer or at residence of the patient.

(ii) Charges for pathological, bacteriological, radiological Or other similar tests undertaken during diagnosis indicating :—

- (a) the name of the hospital or laboratory where the tests were undertaken, and
- (b) whether the tests 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 :—

(List of the cash memos and the essentiality certificates should be attached)

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

DECLARATION TO BE SIGNED BY THE GOVERNMENT 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.

Dated :

Signature of the Government Servant
and office to which attached.

CERTIFICATE 'B'

(To be completed in the case of patients who are admitted to _____ Hospital for treatment).

Certificate granted to Mr/Mrs/Miss _____ Wife/Son/Daughter of _____ employed in the _____.

Part-A

(To be signed by the medical officer in charge of the _____ in case of the Hospital)

I, Dr. _____ hereby certify :—

- (a) That the patient was admitted to hospital on the advice of _____ (Name of Medical Officer) on my advice.
- (b) That the patient has been under treatment at _____ and 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 or disinfectants.

Sr. No.	List of Medicine	Amount (Rs.)
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- (c) That the injections administered were/were not for immunizing prophylactic purposes.
- (d) That the patient is/was suffering from _____ and is/was under treatment from _____ to _____.
- (e) That the X-ray, laboratory tests etc., for which an incurred were necessary and were undertaken on my advice at _____ (Name of the hospital or laboratory).
- (f) That I called on _____ for specialist consultation and that the necessary approval of the _____ (Name of the Chief Administrative Medical Officer of the State) as required under the rules was obtained.

Signature and Designation of the
Medical Officer Incharge of the
Case at the Hospital.

Part-B

Certified that the patient has been under treatment at the _____
and that the services of the special nurses for which an expenditure of Rs. _____
was incurred, *vide* bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Signature and Designation of the
Medical Officer Incharge of the
Case at the Hospital.

COUNTERSIGNED

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

Medical Superintendent,
Govt. Medical College & Hospital,
Chandigarh.