

Central Institute for Research on Buffaloes

SIRSA ROAD, HISAR (Haryana)

FROM OF APPLICATION FOR MEDICAL CLAIMS

From of application for claiming refund of medical expenses incurred in connecton with medical attendance and/or treatment of Central Government servants and their families-For medical attendance/ treatment taken both from an Authorized Medical Attendant and a Hospital

1. Name & Designation of the Government Servent (in Block Letter)
- i) Whether married or unmarried
- ii) If married, the place where wife/husband is employed
2. Office in which employed
3. Pay of Government Servent (as defind in the Fundamental Rules, and any order emoluments which should be shown seperately)
4. Place of Duty
5. Actual residential address
6. Name of the patient and his/her relarionship to the Government Servant
- N.B. (in case of children state age also)**
7. Place at which the parient fell ill.
8. Detailed of the amounts claimed
1. Medical Attendance :
- i) Fees for consultation indicating.
- a) Name & Designation of the Medical Officer consulted and the hospital or dispentary to which attached.
- b) The number and dates of consultation and the fee paid for each consulation.
- c) The number and dates of injection and the fee paid for each Injection
- d) Wherher consultation and / or injections were had at the hospital, at the consulting room of the medical officer or at the residence of the patient.
- ii) Change for Pathological, Becteriological, Rediological of other Similar tests undertaken during diagnosis indicating.
- a) The name of the hospital or laboratory/where undertaken,and
- b) Wherher the tests were undertaken on the advice of the authorised medical attendant, if so, a certificate to that effect should be attached.
- III Cost of medicines purchased from the market,
- (Cash Memos and the essentiality certificate should be attached)
9. Total Amount Claimed :-Rs.
10. List advance taken onRs.
11. Net Amount claimedRs.
12. List of enclosures :-

DECLARATION OF 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 whom medical expenses were incurred is wholly dependent upon me.

Dated.....
Place

Signature of the Government Servant
and officer to which attached

ESSENTIALITY CERTIFICATES

CERTIFICATE - 'A'

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

Certificate granted to Mrs./Mr./ Miss Wife/Son/daughter of
 Mr..... employed in the CIRB Hisar
 1. Dr. hereby certify.
 a. That I charged and received Rs for..... consultations
 on(dated to be given) at my consulting room/at the residence of the patient.
 b. That I charged and received Rs..... for administering..... intravenous/
 intra muscular/subcutaneous injections on(dated to be given) at.....
 my consulting room/the residence of the patient.
 c. That the injections administered were not/were for immunising or prophylactic purposes :-
 d. That the patient has been under treatment at hospital/my consulting
 room and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/
 prevention of serious deterioration in this 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 for which cheaper substances of equal therapeutic value are available not preparations which are
 primarily foods toilets or disinfectants.

Sr. No.	Name of Medicines	Prices
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

e. That the patient is/was suffering from and is/was under my treatment
 fromto

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 undertaken 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 hospitalisation.

Dated.....

Signature of AMA/Designation of the
 Medical Officer and Hospital/
 dispensary to which attached