



APPLICATION FORM FOR CLAIM FOR MEDICAL BILLS

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/ or treatment for Central Government servants and their families – for medical attendance/ treatment taken both from the Authorized Medical Attendant and a Hospital.

1.	Name and designation of the Government Servant (In block letters)	:	
	i) Whether married or unmarried	:	
	ii) If married, the place where wife/ husband is employed	:	
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 :		
I. Medical Attendance			
i)	Fees for consultation indicating -		
a)	The name and qualification of the Medical Officer consulted and the hospital or dispensary to which attached		
b)	The No. and Dates of consultation and the fee paid for each consultation		
c)	The No. and date of Injection and the fee paid for each injection		
d)	Whether consultation and/or injections were had at the hospital, at the Consulting Room of the M.O. 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 the hospital or laboratory where undertaken; and		
b)	Whether the tests were undertaken on the advice of the authorized 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).		
II. Hospital Treatment			
Name of the hospital			
Charges for hospital treatment, indicating separately the charges for -			
i)	Accommodation (State whether it was accordingly 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 certificate 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	:	



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All India Institute of Medical Sciences, Bhubaneswar

iv)	Pathological, bacteriological radiological or other similar tests indicating :	:	
a)	The name of the hospital or laboratory at which undertake, and		
b)	Whether undertaken on the advice of the Medical Officer in charge of the case at the hospital. If so, a certificate to that effect should attached.		
v)	Medicines		
vi)	Special 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 are employed on the advice of the medical officer in charge of the case at the hospital or at the request of the Govt. Servant or patient. In the former case a certificate from the medical officer in charge of the case and countersigned by the Medical Superintendent of the hospital should be attached.		
ix)	Ambulance charges (State the journey – to and from – undertaken)		
<p>NOTE 1 : If the treatment was received by the Govt. servant at his residence under Rule 7 of the C.S. (M.A) Rules, 1944 give particulars of such treatment and attached a certificate from the authorised medical attendant as required by these rules.</p> <p>NOTE 2 : If the treatment was received at a hospital other than a Govt. Hospital, necessary details and the certificate of the authorized medical attendant that the requisite treatment was not available in the nearest Govt. Hospital should be furnished.</p>			
<p>III. Consultation with Specialist – Fees paid to a specialist or a Medical Officer other than the authorised medical attendant, indicating -</p>			
a)	The name and designation of the Specialist or Medical Officer consulted and the hospital to which attached.		
b)	Number and dates of consultations and the fees charged for each consultation.		
c)	Whether consultation was had at the hospital, at the consulting room of the Specialist or Medical Officer, or at the residence of the patients, and		
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 Officer of the State was obtained. If so, a certificate to that effect should be attached.		
09.	Total amount claimed	:	
10.	Less advance taken to	:	
11	List of enclosures	:	

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statement in the application is true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me.

Date :

**Signature of the Government Servant
and Office to which attached**



Check List for Payment

(Payment against the bills in respect of claiming refund of medical expenses AIIMS, Bhubaneswar)

These bills are in respect of claiming refund of medical claims of ofAIIMS, Bhubaneswar.

From :

Dated :

Amount :

The following indicative checks have been exercised before presenting the bill for payment.

Sl No	Description		Observation	Yes/No/NA
1	Name & Designation of the Govt. servant	:		
2	Whether married. If married, the place where wife/ husband is employed	:		
3	Office in which employed			
4	Pay of the Govt. Servant as defined in the fundamental rules & any other emoluments which should be shown separately	:		
5	Place of duty			
6	Name of the patient & his/her relationship with the Govt. Servant. NB: In case of children state age also place when patient fall ill.			
7	Nature of illness claimed			
8	Details of the amount claimed			
9	Fee for consultation indicating			
10	The name & designation of the medical officer consulted & the hospital or dispensary to which attached			
11	The number of dates of injection & the fee paid for each injection			
12	The number & dates of consultation & has fee paid for each consultation			
13	Cost of medicine cash memo & the essentiality certificate should be attached			
14	Total amount claimed Rs.			
15	Net amount claimed Rs.			
16	List of enclosures	:		

Date:

Signature of Claimant

Signature of Medical Superintendent



APPENDIX-XI

ESSENTIALITY CERTIFICATE – “A”

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

Certificate granted to of.....,employed in AIIMS, Bhubaneswar.

1. Dr....., AIIMS, Bhubaneswar is hereby certify, that I charged and received Rs.for consultation at my consulting room on dt.....at my consulting room.
- a) That I charged and received Rs..... not applicable from administering **Nil** intramuscular injections or subcutaneous on dt.....AIIMS Bhubaneswar
- b) That the injections administered were not immunizing or prophylactic purposes.

That the patient has been under treatment at All India Institute of Medical Sciences, Bhubaneswar 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 in stock in the AIIMS, Bhubaneswar (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 food, toilets or disinfectants.

Sl No	Name of Medicines	Amount in Rs.

That the patient is/was sufferingis/was under treatment from..... That the patient is/was not given pre-natal treatment.

- c) That the x-ray, laboratory test etc. for which an expenditure of Rs. **N/A** was incurred was necessary and were undertaken on my advice at AIIMS, Bhubaneswar.
- d) That I referred the patient to **N/A** for specialist consultation and that the necessary approval of the (Name of the Chief Administrative Medical Officer of the state) as required under the rule was obtained.
- e) That the patient did not require/ required hospitalization.

Dated :

Signature and designation of Medical Officer
and hospital/ dispensary to whom attached

Notes :

- (1) Certificates not applicable should be struck off. Certificate (c) is compulsory and must be filled in by the Medical Officer in all cases.
- (2) In cases where double the rates of consultation fees are charged by the Authorized Medical Attendant for night visits (between 10.00 PM to 6.00 AM) the Authorized Medical Attendant should furnish a certificate showing why the night consultation was necessary. (G.I.M.H.O.M. No.F.28-57/60-MI dated 4th April, 1962)



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ESSENTIALITY CERTIFICATE
CERTIFICATE –B

(To be completed in the case of patient who are admitted to hospital for treatment)

Certificate granted to Mrs/Mr/Miss _____
_____, employed in the _____ hereby certify:-

PART-A

(To be signed by the medical officer in charge of the case of the hospital).

(a) That the patient was admitted to hospital on the advice of Dr. _____, of _____ on my advice.

(b) That the patient has been under treatment at AIIMS, Bhubaneswar 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.

(c) The medicines are not stocked in the AIIMS, Bhubaneswar for supply to private patients and do not include proprietary for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

Sl No	Name of Medicines	Qty	Prices
1.	Original Medicine bills attached	___ Nos	-

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

(e) That the X ray laboratory test etc. for which an expenditure of Rs _____/- (Name of Hospital or Laboratory (_____ original bills attached).

(f) That I called/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.

Signature & Designation of the Medical
Officer in charge of the case at the Hospital.

N.B. Certificates not applicable should be struck off.

COUNTERSIGNED

I certify that the patient _____ has been under treatment at the AIIMS, Bhubaneswar (Odisha) Hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Place: Bhubaneswar

Signature of Medical Superintendent