FORM 1

Form of Application For Medical Reimbursement

See Rule 13 (1)

(N.B. .....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 & 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. .....

   (In the case of children, give the following information also)

   1. Date of birth .....
   2. Number in order of birth .....
   3. Total No. of children .....
7. Place at which the patient fell ill .....
8. Nature of illness and its duration. .....
9. Detail 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 fees paid for each consultation. .....

(c) Whether consultation were held at the hospital, at the consulting room of the medical officer or at the residence of the patient. .....

(ii) Charges for pathological bacteriological, radiological or other similar tests under taken during diagnosis indicating. .....

(a) The name of the hospital or laboratory where the test were under taken and. .....

(b) Whether the tests were under taken on the advice of the authorised medical attendent and if so a certificate to that effect should be attached. .....

(iii) Cost of medicines purchased from the market (List of medicines, cash memo & the essentiality certificate should be attached) .....

[II] HOSPITAL TREATMENT

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 case where the accommodation is higher than the status of the government servant, a certificate should be attached to the effect that accommodation to which he was entitled was not available). .....

(ii) Diet ....

(iii) Surgical operation or medical treatment .....

(iv) Pathological, bacteriological, radiological or other similar tests indicating- .....

(a) The name of the hospital or laboratory at which undertaken and. .....

(b) Whether under taken on the advice of the medical officer in charge of the case at the hospital if so a certificate to the effect should. be attached. .....

(v) Medicines .....

(vi) Special medicine- .....

(List of medicines, Cash memo 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 on advise of the medical officer incharge of the case at the hospital or at the request of the Government Servant or patient in the former case a certificate from the M.O. I/c of the case & countersigned by the medical superintendent of the hospital should be attached. .....

(ix) Any other charges e.g. charges for electric lights, fans, heater, air conditioning etc. state also whether the facilities reffered to are a part of the facility normally provided to all patient and no choice was left to patient. .....

Note - if the treatment was received by the Government Servant at his residence give particulars of such treatment and attach a certificate from the authorised medical attendant. .....

(x) Total amount claimed. .....

(xi) List of enclosures. .....

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statement 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.

Date : .....

Signature of the Government Servant and Officer to which attached

FORM II

FORM OF ESSENTIALITY CERTIFICATE

[See Rule 13 (2)]

A-In case of medicines not included in the priced vocabulary of the medical Stores Depot.

CERTIFIED THAT Shri/Shrimati/Kumari.....

Son/Wife/Daughter of Shri..... employed in the

.....has been under my

treatment from.....to.....for.....

.....(Name of the disease) at the.....

.....hospital as an outdoor / indoor patient and that the under mentioned medicines have been prescribed by me in this connection. These medicines are not included in the priced vocabulary of the Medical Stores, nor are the preparations which are primarily food, toilets or disinfectants, these medicines were absolutely essential for the treatment of the aforesaid patient.

NAME OF MEDICINES

Sl. No.	Name of the Medicines 1	P.V.M.S. No. 2	Cost 3
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

CERTIFICATE

This is to certify the Medicines presented out of P.V.M.S. are essential to the patient

Signature and designation of the authorised Medical attendant / Signature of the medical officer I/c of the case at the hospital

B-IN CASE OF MEDICINES INCLUDED IN THE PRICED VOCABULARY OF THE MEDICAL STORES DEPOT

CERTIFIED THAT Shri / Shrimati / Kumari..... Son / Wife / Daughter of Shri..... employed in the .....has been under my treatment from.....to.....for..... .....(Name of the disease) at the ....hospital as indoor / outdoor patient and that the under mentioned medicines have been prescribed by me in this connection. These medicines are included in the priced vocabulary of the medical stores, and are the out of stock / not available in the.....hospital. (They do not include any medicines proprietary / or otherwise outside the aforesaid priced vocabulary nor are the preparations which are primarily food, toilets or disinfectants).

Sl. No.	Name of the Medicines 1	P.V.M.S. No. 2	Cost 3
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Signature and designation of the authorised Medical attendant / Signature of the Medical Officer I/c of the case at the hospital

C-In case of Insulin Treatment

CERTIFIED THAT Shri/Shrimati/Kumari ..... Son/Wife/Daughter of Shri/Shrimati ..... has been under my treatment for diabetes at my hospital and that insulin prescribed by the .....was for treatment during the initial stage / in the hospital of the disease, for which no reimbursement has been made extending over the period from .....the patient having developed complications necessitating hospitalisation.

Authorised Medical Attendance/
Medical Officer I/c of the case at hospital