CENTRAL AGRICULTURAL UNIVERSITY
IMPHAL (MANIPUR) – 795 004
APPENDIX – XIII

FORM OF APPLICATIONS FOR MEDICAL CLAIMS

Med. 97: Form of application for claiming refund of medical expenses incurred in connection with medical attendance and /or treatment of Central Government servants and their families – For medical attendance/ treatment taken both from an Authorized Medical Attendance and a Hospital.

1. Name and designation of 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 amounts 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 consultation and the Fees paid for each consultation :

(c) the number and dates of injection and the fee paid for each injection :

(d) whether consultations and/.or injections were had 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 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, If so, certificate to that effect should be attached :

(iii) Cost of medicines purchased from the market (*Cash memos and the essentiality certificates should be attached)* :

II Hospital Attendance :

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 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. :

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

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

(b) Whether undertaken on the advice of the medical office-in-charge of the case at the hospital. If so, a certificate to that effect should be attached. :

(v) Medicines :

(vi) Special medicines :

(*Cash memos and the essentiality certificates 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 Government 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 fro – undertaken)

(x) Any other charges, e.g., charges for electric light, fan, heater, air-conditioning, etc. state also whether the facilities referred to are a part of the facilities normally provided to all patients and no choice was left to the patient :

Note 1. – If the treatment was received by the Government servant at his residence under 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.

III Consultation with Specialist

Fees paid to Specialist or a Medical Officer other than the authorized medical attendant, indicating ;

(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 charges 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 patient, 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 Medical Officer of the State was obtained. If so, a certificate to that effect should be attached. :

9. Total amount claimed :

10. Less advance taken on :

11. Net amount claimed :

12. List of enclosures :

DECLARATION TO 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.

Signature of the Government servant
And Office to which attached

Date .....

APPENDIX – XIV

ESSENTIALITY CERTIFICATES

CERTIFICATE –A

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

Certificate granted to Mr./Mrs/Miss…..…… wife/son/daughter/mother/father of Shri/Mr. …… employed in the Central Agricultural University, Imphal.

1. Dr. …… hereby certify ;
   a) that I charged and received Rs……..for…… consultation on ……(dates to be given) at my consulting room/at the residence of the patient;
   b) that I charged and received Rs. …….. for administering …… Intra-venous/intra-muscular/subcutaneous injections on consulting room/the residence of the patient ;
   c) that the injections administered were/were not for immunizing or prophylactic purposes.

d) that the patient has been under treatment at …… 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 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 nor preparations which are primarily foods, toilets or disinfectants.

Sl. No.	Name of Medicines	Price (Rs.)
1.		
2.		
3.		
4.		

e) that the patient is/was suffering from …… and is/was under my treatment from …….. to ……

f) that the patient is/was not given pre-natal or post-natal treatment.;

g) that the X-Ray, laboratory tests etc. for which an expenditure of Rs. …….. was incurred was necessary and were undertaken on my advice at ……(name of 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 hospitalization.

Date: ……

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

CERTIFICATE –B

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

PART – A

Certificate granted to Mr./Mrs/Miss..... wife/son/daughter/mother/father of Shri/Mr. ..... employed in the Central Agricultural University, Imphal.

I, Dr. ..... hereby certify -

(a) that the patient was admitted to hospital on the advice of .... (name of the Medical Officer)/ on my advice;

(b) that the patient has been under treatment at ..... and that the undermentioned 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 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.

Sl. No.	Name of Medicines	Price (Rs.)
1.		
2.		
3.		
4.		

(c) that the injections administered were/were not for immunizing or 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 expenditure of Rs. ..... was incurred were necessary and were undertaken on my advice at .....(name of hospital or laboratory);

(f) that I called on 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.

Date: .....

Signature and Designation of the
Medical Officer in charge of the
case at the hospital

PART – B

I certify that the patient has been under treatment at the ..... hospital and that the service of the special nurses for which as 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 of the
Medical Officer in charge
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.

Place: .....

Medical Superintendent
....., Hospital

NOTE:- Certificates not applicable should be struck off. Certificate (b) is compulsory and must be filled in by the Medical Officer in all case.