

APPLICATION FORM FOR CLAIMING REFUND OF MEDICAL EXPENSES

1. Name & Designation of the Govt. Servant _____

2. Office in which employed and place of Duty _____

3. Pay of the Govt. Servant: Rs. _____

4. (a) Residential Address _____

(b) Place of which the patient fell ill

5. Name of the patient and his/ her

relationship to the Govt. Servant

6. Name & designation of the Medical Officer consulted and the Hospital / Dispensary to which attached: _____

7. Details & amount Claimed:

(a) Similar tests undertaken _____

(b) Cost of the Medicines purchased from the Market _____

Qty.	Name of Medicine	Price (Rs)	Qty.	Name of Medicine	Price (Rs)

I here by declare that the statement in this application is true to the best of my knowledge and belief and that the person for whom Medical expenses were incurred is wholly dependant.

Enclosures:

SIGNATURE OF THE GOVT. SERVANT

1. Essentiality Certificate
2. Cash Memos

N.B: In column No. 7(a) please indicate (i) the name of the Hospital or Laboratory where the tests were undertaken and (ii) whether the tests were undertaken on the advice of the authorized Medical Attendant; if so, a certificate to that effect should be attached.

APPENDIX
CERTIFICATE "A"
TO BE COMPLETED IN THE CASE OF PATIENTS WHO ARE NOT ADMISSION
IN THE HOSPITAL FOR TREATMENT

Certificate granted to Mr./ Mrs./ Miss _____
 S/o, W/o, D/o _____ employed in the _____.

I, Dr. _____ hereby certify

(A) That the action on _____ (date to be given) at my Consulting Room at the Residence of the Patient.

(B) That I charged and received Rs. _____ for administering _____ Injections on _____ (dated to be given) at my Consulting Room at the Residence of the Patient.

(C) That the Injections administered 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 stocks in the _____ (Name of the Hospital) for supply to private patient and do not include proprietary preparations, for which on preparations, which are primarily foods, toilets or disinfectants.

Sr. No.	Name of Medicine	Price (Rs)	Sr. No.	Name of Medicine	Price (Rs)

(E) That the patient is /was suffering from _____ and is/was under treatment from _____.

(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 was undertaken on my advice at _____ (Name of the Hospital/Laboratory).

(H) That I referred that patient to Dr. _____ for Specialist Consultant and that the necessary approval of the _____ (Name of the D.M.O. of the State) as required under the Rules was obtained.

(I) That the patient didn't require / required Hospitalization.

DATED: _____
**SIGNATURE AND DESIGNATION OF THE MEDICAL OFFICER
& HOSPITAL/ DISPENSARY TO WHICH ATTACHED**