

FORM OF APPLICATIONS FOR MEDICAL CLAIMS

Form of application for claiming refund of medical expenses incurred in connection with medical attendance/treatment of Central Government servants or their families for treatment in a hospital

1. Name and designation of Govt. Servant:

(in block letters)

- a) Whether married or unmarried :
- b) if married, the place where wife/
Husband is employed
- 2. Office in which employed :
- 3. Pay of the Govt. servant as defined in :
- 4. Place of duty :
- 5. Actual residential address :
- 6. Name of the patient and his/her:
Relationship with the Govt. servant.

Note: In the case of children state age also:

- 7. Place at which the patient fell ill :
- 8. Details of the amount claimed :
- 9. **1. Hospital Treatment**

I. Name of the hospital :

Charges for hospital treatment, Indicating separately charges for

- a) Accommodations (state whether it was according to the status or pay of the Govt. servant and in cases where the accommodation is higher than the status of the Govt. servant a certificate should be attached to the effect that the accommodation the which he was entitled was not available.
- b) Diet
- c) Surgical operation or confinement
- d) Pathological, bacteriological, radiological, or other similar tests, indication.
 - (1) The name of the hospital or laboratory at which undertaken, and
 - (2) 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 be attached.
- e) Medicines purchased from the market:
- f) Special medicines (case memo and certificate (B) should attached)
- g) Ordinary nursing
- h) Special nursing, i.e. nurses, specially engaged for the patient, State whether they are employed on the advice of the medical officer in charges 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 Superintendent of the hospital should be attached.
- i) Ambulance charges:
(State the journey to and from undertaken)
- j) 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 facilitated 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 CS (MA) Rules, 1944 give particulars of such treatment and attach attendant as required by these rules.

2: If the treatment was received at a hospital other than a Government hospital, necessary details and the certificate of the authorized medical attendant that the requisite treatment was not available in any nearest Government hospital should be furnished:

10. Total amount claimed _____Rs.-
9. Less advance taken on _____Rs.
10. Net amount claimed _____Rs.
11. List of enclosures _____Rs

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.

Dated:

Signature of the Government
Servant and office to which
Attached.