

IN PATIENT (IP)

Application for claiming refund of medical expenses incurred in connection with medical attendance and /or treatment of employee of this Institute and their families:- For medical attendant/ authorized medical attendant.

1. **Details of employee**

i) Name (In block letter) :

ii) Employee Code :

iii) Designation :

iv) Whether married or unmarried :

v) If married the place where husband /wife employed :

2. Department in which the employee is working :

3. Pay of the employee defined in the FR 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 employee
N.B. In case of children, state age also :

7. Place at which the patient fell ill :

8. Details of amount claimed :

9. **Hospital treatment**

Name of hospital :

Charges for hospital treatment, indicating separately the charges for

i) Accommodation (state whether it was according to the status or pay of the employee where the accommodation is higher than the status of the employee, 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 hospital or laboratory at which undertaken; 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 be attached.

v) Medicines :

vi) Special medicines
(Cash memos and the essentiality certificates should be attached) :

vii) Ordinary nursing :

viii) Special nursing ie., nurses specially engaged for the patient - state whether they are employed on the advices 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 counter signed by the Medical Superintendent of the hospital should be attached. :

ix) Ambulance charges -
(State the journey to and fro - undertaken) :

- x) Any other charges, eg:- 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 employee at his residence under Rule 7 of the CS(MA) Rules, 1944 give particulars of such treatment and attach a certificate from the authorized medical attendant as required by these rules.

NOTE 2: - Deleted vide GI., MH., OM No. S.14025/35/2007-MS, dtd the 1st/17th October 2007.

Consultation with specialists:-

Fees paid to a specialist or a medical officer other than the authorized medical attendant, indicating -

a) The name and designation of the specialists or medical officer consulted and the hospital to which attached. :

b) Number and date 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 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. :

- 10) Total amount claimed : ₹.
- 11) Less advance taken on..... : ₹.
- 12) Net amount claimed : ₹.
- 13) 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 dependant upon me.

Signature :

Name :

Designation :

Employee Code :

CERTIFICATE - B

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

Certificate granted to Mrs/Mr/Miss
wife/son/daughter of his/her.....employed in the
.....

PART - A

(To be signed by the Medical Officer in Charge of the case at the hospital)

1)Dr.....hereby certify :-

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

b) That the patient has been under treatment at
.....and that 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 apply to private patients and do
not include proprietary preparation for which cheaper substance of equal therapeutic value are available
for preparation which are primarily food, toilets or disinfectants.

Sl.No.	Name of medicines	Price
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	Total	

(Please attach separate sheets if required)

c) That the injections administered were/were not for immunizing or prophylactic purposes.

d) The patient is/was suffering fromand is/was under treatment fromto.....

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 referred the patient to Dr.....for specialist consultation and that the necessary approval of the
(name of the Chief Administrative Medical Officer of the state required under the rules was obtained).

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

PART - B

I certify that the patient has been under treatment at the
(name of hospital) and that the services of the special nurse, for which an expenditure of Rs...../- was incurred vide bills and vouchers 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
(name of hospital)**

I certify that the patient has been under treatment at the
(name of hospital) and that the facilities provided were the minimum which were essential for the patient's treatment.

Place:

MEDICAL SUPERINTENDENT

N.B. Certificate not applicable should be struck off. Certificate B is compulsory and must be filled in by the Medical Officer in all cases.