CENTRAL UNIVERSITY OF PUNJAB, BATHINDA

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 Attendant 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	
0.	Government servant	
	N.B. – In the case of children state age also	
7.	Place at which the patient fell ill	
8.	Details of amount claimed	
I.	Medical Attendance:	
(i) F	ees 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 fee paid for	
(0)	each consultation	
(a)	The number and dates of injection and the fee paid for each	
(c)	injection	
(4)	Whether consultations and/ or injections were had at the	
(d)	hospital, at the consulting room of the medical officer or at	
	the residence of the patient.	
	the residence of the patient.	
(ii) (Charges for pathological, bacterio- logical, 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 attendant. If so, a certificate to that effect	
	should be attached.	
(***)		
(iii)	Cost of medicines purchased from the market.	
	(Cash memos and the essentiality certificates should be	
	attached)	
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for whom medical expenses were incurred is wholly dependent upon me. Dated: Name Designation:	II.	Hospital Treatment –			
(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) Dict (iii) Singical operation or medical treatment or confinement (iv) Pathological, bacteriological, radiological or other similar tests, indicating. (iii) Surgical operation or medical treatment or confinement (iv) Pathological, bacteriological, radiological or other similar tests, indicating. (iii) Surgical operation or medical treatment or confinement (iv) Pathological, bacteriological, radiological or other similar tests, indicating. (iii) The name of the hospital or laboratory at which undertaken; and (iv) Whether undertaken on the advice of the medical officer in charge of the hospital or laboratory at which undertaken; and (iv) Special Medicines (Cash memos and the essentiality certificates should be attached (iv) Ordinary pursing ((vii) Special mursing 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 the request of the government servant or patient. In the former case a certificate from the medical officer in charge of the case and thospital or the request of the Medical Superintendent of the hospital should be attached. (ix) Armbalmec charges. (3) Arm other charges, e.g. charges for electric light, fan. heater, airconditioning, 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 at a hospital other than a Government hospital, necessary details and the certificate from the authorized medical attendant are required by these rules. NOTE 2.— If the treatment was received at a hospital other than a community of the facilities and the case of the authoriz					
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Dated: Signature :		*		st of my l	knowledge and belief and that the person
Name : Designation :	for wh	om medical expenses were incurred is wholly dependent	nt upon me.		
Name : Designation :			G •		
Designation :	Dated	:	Signature	:	•••••
Designation :			No.		
			name	•••••••	•••••
			Decignation		
			Office	: Centra	l University of Punjab, Bathinda

CENTRAL UNIVERSITY OF PUNJAB, BATHINDA

APPENDIX XIV

ESSENTIALITY CERTIFICATES

CERTIFICATE "A"

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

ι, Dι		• • • • • • • • • • • • • • • • • • • •	here	by certify—			
(a)			and	received(dates to be		consulting re	for consultation com/at the residence of t
	patient;					_	
(b)	injections						intra-muscular/subcutaneo g room/the residence of t
c)	patient;	injections adminis	tered were n	ot/were for immu	nizing or pror	hylactic purp	ncec.
d)							ing room and that the und
,							ecover/prevention of serio
	hospital f	for supply to priva	ate patients a	and do not includ	e proprietary	preparation fo	name (name which cheaper substance vilets or disinfectants.
		S.N.	ľ	Names of medi	cines		Price
		1					
		2					
		3					
		4					
		5					
	_						
	_						
	_						
	_						
	<u> </u>						
	_						
	<u> </u>						
e)		patient is/was	_				and is/was under r
f)		patient is/was not					
g)							Was incurred was hospital or laboratory);
h)							st consultation and that t
	necessary	approval of the					dministrative Officer of t
:)		required under the					
i)	That the j	patient did not req	uire/required	i nospitanzation.			
							ature and Designation of t
						Medical	Officer in charge of the ca
							at the hospi

NB. Certificates not applicable should be struck off. Certificate (e) is compulsory and must be filled in by the Medical Officer in all cases.

CENTRAL UNIVERSITY OF PUNJAB, BATHINDA $\underline{\text{APPENDIX XIV}}$

ESSENTIALITY CERTIFICATES

CERTIFICATE "B"

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

							n/daughter/fath rsity of Punjab				
I, Dr.	 			here	PART-A by certify—						
(a)	That	the	patient	was	admitted	to (name	hospital of the Medica	on 1 Officer	the	advice	of
(b)	that the recover	ne patient ne under ry/prevent no not incl	has been und mentioned ion of seriou ude propriet	der treatm medicine s deteriors cary prepa	ent ates prescribed ation in the co	by me ondition or only thich che	e in this co f the patient. T name of the ho caper substance disinfectants;	nnection The medi Spital) fo	were ecines are or supply	essential for not stocked it to private pa	r the in the itients
		S.N.		Na	ames of medic	cines			Pri	ice]
	2	2									-
		3]
	4	5									-
											_
											-
											-
											J
(c)	That th	e injection	ns administer	ed were/v	vere not for im	nmunizing	g or prophylact	ic purpo	ses;		
(d)	That th	ne patient	is/was suffe	ering from	ı			. and is	/was und	er treatment	from
			to .			;					
(e)	That th	ne X-ray, l	laboratory te	st, etc., fo	r which and e	xpenditur	re of Rs			was incurred	were
	necessa	ary and v	were underta	ıken on r	ny advice at				(nan	ne of hospit	tal o
	laborat	ory);									
(f)	That I called on Dr for specialist consultation and that the necessary approval of									val of	
	the										
	under the rules, was obtained.										

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

PART-B

certify that the patient has been under treatment at the
he special nurses for which an expenditure of Rs
ttached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.
Signature and Designation 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
Medical Superintendent
Place
Note— Certificates not applicable should be struck off. Certificate (e) is compulsory and must be filled in by the Medical Officer in all cases.