

Med Form 97

E-Salary No. \_\_\_\_\_

Bank A/c No. \_\_\_\_\_

Phone No. \_\_\_\_\_

**FORM OF APPLICATION FOR MEDICAL CLAIMS**

NB Separate form should be used for each patient.

1. Name and designation of the Government Servant :  
(In block letters)
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 amount claimed :
9. Period of Treatment :

**1. MEDICAL ATTENDANCE :—**

- (i) Fees for consultation indication —
  - (a) the name and the designation of the medical Officer consulted and the hospital or dispensary to which attached.
  - (b) the numbers and dates of consultations and the Fee paid for each consultation.
  - (c) the number and dates of injections and the fee paid for each injection.
  - (d) whether consultations and/or injections were at the hospital and the consulting room of the Medical Officer or at 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 the tests were undertaken, and
  - (b) whether the tests were undertaken on the advice of the authorized medical attendant, if so, certificate to that effect should be attached.

(iii) Cost of medicines purchased from the market :—

(List of the cash memos and the essentiality certificates should be attached)

---

10.	Total amount claimed	Rs. ....
11.	Less advance taken on	Rs. ....
12.	Net amount claimed	Rs. ....
13.	List of enclosures	

---

**DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT**

I hereby declare that the statements in this 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.

Med Form 103

**APPENDIX XI**

**ESSENTIALITY CERTIFICATE 'A'**

Certificate granted to Mr./Mrs./Miss ..... Wife/Son/Daughter of  
 Mr. .... employed in the .....

**CERTIFICATE 'A'**

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

I, Dr. .... hereby certify :—

- (a) That I charged and received ₹ ..... for ..... consultations at my consulting room on ..... (date to be given) .....at the residence of the patient ;
- (b) That I charged and received ₹ .....for administering .....intramuscular injections or subcutaneous on ..... (date to be given) at my consulting room/at the residence of the patient ;
- (c) That the injections administered were/were not immunizing or prophylactic purpose ;
- (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 in stock in the..... (name of hospital) for supply to private patients and do not includes proprietary preparations for which cheaper substances of equal the rapeutic value are available nor preparations which are primarily food, toilets or disinfectants :—

---

Sr. No.	Name of Medicines	Price
---------	-------------------	-------

---



---

(e) That the patient is/was suffering from .....

- (f) That the patient is/was not given pre-natal or post-natal treatment ;
- (g) That the X-Ray, laboratory test, etc. for which an expenditure of ₹ ..... 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 Medical Officer of the State) as required under the rule was obtained ;
- (i) That the patient did not require/required hospitalization.

Dated : .....

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

- Notes.*— (1) Certificates not applicable should be struck off. Certificate © is compulsory and must be filled in by the Medical Officer in all case.
- (2) In cases where double the rates of consultation fees are charged by the Authorized Medical Attendant for night visits (between 10 P.M. to 6 A.M.) the Authorized Medical Attendant should furnish a certificate showing why the night consultation was necessary.

(G.L.M.H.O.M No. F. 28-57/60-MI, dated the 4th April, 1962)