DOCSUMENTS REQUIRED FOR SUBMISSION OF MEDICAL BILLS

The following documents should be sent along with the medical reimbursement claims:

1. - Individual's representation.

2. - Med. 97 in duplicate.


4. - Cash vouchers countersigned and stamped by the Medical Officer.

5. - Prescription.

6. - Xerox copy of the CGHS Identity Card.

7. - Distance from residence to the Private Hospital and to the nearest Government Hospital.

8. - Medical History Sheet/Discharge summery.


- : 0 : -
FORM OF APPLICATION FOR MEDICAL CLAIMS

FORM OF APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND/OR TREATMENT OF CENTRAL GOVERNMENT SERVANTS & THEIR FAMILIES FOR MEDICAL ATTENDANCE/TREATMENT TAKEN BOTH FROM AN AUTHORISED MEDICAL ATTENDANT AND A HOSPITAL.

1. Name & 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 Government servant as defined on the Fundamental Rules and any other emoluments should be shown separately : __________________________

4. Place of Duty : New Delhi

5. Actual residential address :
                           __________________________
                           __________________________
                           __________________________
                           __________________________
                           PIN __________

6. Name of the patient and his/her relationship to the Govt. servant (N.B in case of children, state age also) : __________________________

7. Place of which the patient fell ill : __________________________

8. Details of the amount claimed : __________________________

(1) MEDICAL ATTENDANCE

(i) Fees for consultation indicating
   (a) The name & designation of the medical officer consulted and the hospital or dispensary to which attached : __________________________

Contd..2/-
(b) The number and dates of consultation and the fees paid for each consultation: __________________________

(c) The number & dates of injection & the fee paid for each injection: __________________________

(d) Whether consultation and/or injections were had at the Hospital at the consulting room of the Medical Officer or at the residence of the patient: __________________________

(ii) Charges for pathological, bacteriological 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 advise of the authorised Medical Attendant. If so, a certificate should to that effect should be attached: __________________________

(iii) Cost of medicines purchased from the market (Cash memos & the essentiality certificate should attached): __________________________

(2) HOSPITAL TREATMENT

Name of the Hospital: __________________________

Charges for Hospital treatment, indicating separately the charges for: __________________________

(i) Accommodation (State whether it was according to the status or pay of the Govt. servant & 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 to which he was entitled was not available: __________________________

(ii) Diet: __________________________

Contd..3/
(iii) Surgical operation or medical treatment or confinement

: __________________________

(iv) Pathological, Bacteriological radiological or other similar tests, indicating

: __________________________

(a) The name of the Hospital or laboratory at which undertaken and

: __________________________

(b) Whether undertaken on the advise 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 essential certificate should be attached)

: __________________________

(vii) Ordinary Nursing

: __________________________

(viii) Special nursing i.e. nurses specially engaged for the patient. State whether they are employed on the advise 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 countersigned by the Medical Superintendent of the hospital should be attached......

: __________________________

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

: __________________________

(x) Any other charges, e.g., charges for electric light, fan, heaters, 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

: __________________________

contd.. 4
NOTE:1. If the treatment was received by the Government servant at his residence under Rule 7 of the Central Service (M.A.) Rules, 1944 particulars of such treatment and attach a certificate from the authorised medical attendant as required by these rules: ______________________

NOTE:2. If the treatment was received at a hospital other than a Government hospital, necessary details and the certificate of the authorised medical attendant (AMA) that the requisite treatment was not available in any nearest Government hospital should be furnished: ______________________

(3) CONSULTATION WITH SPECIALIST

Fees paid to a Specialist or a Medical Officer other than the authorised medical attendant, indicating:-

a) The name and designation of the Medical Officer and the hospital to attached: ______________________

b) Number and dates of consultations & fees charged for each consultation: ______________________

c) Whether consultation was had at the consulting room of Specialist or Medical Officer, or the residence of the patient; and: ______________________

d) Whether the Specialist or Medical was consulted on the advice the authorised medical attendant the prior approval of the Chief Medical Officer of the was obtained. If so, a certificate that effect should be attached: ______________________

contd.. 5/.
9. Total amount Claimed  
   Rs. ______________________

10. Less advance taken on  
    Rs. ______________________

11. Net amount claimed  
    Rs. ______________________

12. List of enclosures
   1. __________________________
   2. __________________________
   3. __________________________
   4. __________________________

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I, __________________________ hereby declare that the statement 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.

(Signature of the Government Servant)

Branch/Section : __________________
Dated: _____________  Telephone No. : ________________
APPENDIX -XI

ESSENTIALITY CERTIFICATE

CERTIFICATE 'A'

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

Certificate granted to Mr/Mrs./Miss___________________________________

wife/son/daughter of Shri/Smt. ____________________________________ employed in the
_______________________________________________________________

I, Doctor, ____________________________________________ hereby certify:

(a) That I charged and received Rs. ______________ for ______________ consultations
on ___________ (dates to be given) at my consulting room/at the residence of the patient.

(b) That I charged and received Rs. ______________ for administering
_____________________________ intra-venous/intra-muscular/subcutaneous injections
on ______________ (dates to be given) at ______________ my consulting room/the
residence of the patient.

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

(d) That the patient has been under treatment at___________ hospital/my consulting room
and that the undermentioned 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 the hospital)
for supply to private patients and do not include proprietary preparations for which cheaper
substances of equal therapeutic value are available nor preparations which are primarily
foods, toilets or disinfectants.

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<tr>
<th>Name of Medicines</th>
<th>Price</th>
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<tbody>
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<td>1.__________________</td>
<td>Rs.__________</td>
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<td>3.__________________</td>
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<td>4.__________________</td>
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Contd... 2
(e) That the patient is/was suffering from __________________________ and is/was under my treatment from __________________ to __________________.

(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 amount of Rs. ___________ was incurred was necessary and were taken on my advice at __________________________ __________________________(name of the hospital or laboratory).

(h) That I referred the patient to Doctor __________________________ for specialist consultation and that the necessary approval of the __________________________ (name of the Chief Administrative Officer of the State) as required under the rules was (i) obtained.

(i) That the patient did not require/required hospitalization.

(SIGNATURE & DESIGNATION OF THE MEDICAL OFFICER)
Dated: AND HOSPITAL/DISPENSARY TO WHICH ATTACHED

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

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

Certificate granted to Mr./Mrs./Miss ____________________________
son/wife/daughter of Mr./Mrs. ________________________________
employed in the ________________________________.

PART 'A'

I, Doctor ____________________________ hereby certify:

(a) that the patient was admitted to hospital on the advice of ____________________________
(name of the medical officer/on my advise).

(b) that the patient has been under treatment at ____________________________
(name of the hospital) & that the undermentioned 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 the Hospital)
for supply to private patients and do not include proprietary preparations for which cheaper
substances of equal therapeutic value are available nor preparations which are primarily
foods, toilets or disinfectants:

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(c) that the injections administered were/were not for immunising or prophylactic
purposes.

(d) that the patient is/was suffering from______________________________ and is/
was under treatment from________________________ to__________________.

(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 the hospital/Lab).

Contd...2
(f) that I called on Doctor______________________________ for specialist consultation and that the necessary approval of the __________________________(name of the Chief Administrative Officer /Administrative Medical Officer of the State) as required under the rules was obtained.

(SIGNATURE & DESIGNATION OF THE MEDICAL OFFICER IN-CHARGE OF THE CASE AT THE HOSPITAL)

PART 'B'

I , certify that the patient has been under treatment at __________________________ ____________________________ hospital and that the service of the Special Nurses for which an expenditure of Rs. __________________________ was incurred vide bills and receipts 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

________________________________________________________ Hospital

* I certify that the patient has been under treatment at the __________________________ hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

MEDICAL SUPERINTENDENT

Place : _______________ Hospital

Dated: _______________

Note: Certificate not applicable should be struck off, certificate (d) is compulsory and must be filled in by the Medical Officer in all cases.

*The minimum of facilities certificate may be signed either by the Medical Superintendent of the hospital concerned or another gazetted Medical Officer who has been authorized in this behalf by the Medical Superintendent.
## LIST OF MEDICINES

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<tr>
<th>Sl. No.</th>
<th>Name of Medicine</th>
<th>Cash Memo. No. and Date</th>
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