***Form No.8***

# MEDICAL REIMBURSEMENT FORM

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and / or treatment for Central Government Servants/employees of autonomous institutions covered under CS(MA) Rules and their families– For medical attendance / treatment taken both from an **Authorized Medical Attendant and a Hospital**

1. **Name & Designation of employee (In Block Letters)** :_____
   (i) Whether married or unmarried :_____
   (ii) If married, the place where wife/husband is employed :_____
2. Employee Code No. :_____
3. Pay of Employee (Pay Level) 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 & 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 the amount claimed :_____

## I. MEDICAL ATTENDANCE

**(i) Fee for consultation indicating-**

(a) the name & 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 each consultation. :_____

(c) the number & dates of injection & the fee paid for each injection. :_____

(d) whether consultations and / or injections were had at the hospital, at the consultation room of the medical officer or at the 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 under taken; and :_____

(b) whether the tests were undertaken on the advice of the Authorized Medical Attendant. If so, a certificate to the effect should be attached. :_____

**(iii) Cost of medicines purchased from the market** (Cash memos and the essentiality certificate attached) :_____

## II. 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 employee and in cases 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 the 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, 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 at the request of the employee 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)

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

**III. CONSULTATION WITH SPECIALIST:-**

Fee paid to specialist or a medical officer other than the Authorised Medical Attendant, indicating:

(a) The name & designation of the Specialist or medical: :_____
officer consulted and the hospital to which attached.

(b) Number & dates of consultations and the fees paid :_____
for each consultation.

(c) Whether consultation was held at the hospital or at the :_____
consulting room of the specialist or medial 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.

9. Total amount claimed : Rs._____

10. Less advance taken : Rs._____

11. Net amount claimed : Rs._____

12. List of enclosures : _____

## [CERTIFICATE / DECLARATION TO BE SIGNED BY THE EMPLOYEE]

Certified that I, _____, employed at INST am not availing the medical facilities or financial / medical allowance in lieu thereof either for myself /or the members of my family from any (other) source other than the CS(MA) Rules, 1944. 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.

**Date:**_____ **Signature of Employee**

# ESSENTIALITY CERTIFICATE

## CERTIFICATE 'A'

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

Certificate granted to Mrs./Mr./Miss_____

Wife/Son/Daughter//Father/Mother of Mr./Mrs./Miss_____

employed in **INSTITUTE OF NANO SCIENCE AND TECHNOLOGY, MOHALI**.

I, Dr_____hereby certify:

(a) that I charged and received Rs._____ for_____ consultations on (Dates) _____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)_____ at _____my consulting room/ the residence of the patient;

(c) that the injections administered were / were not for immunizing or prophylactic purposes;

(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 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 food, toilets or disinfectants.

| S.No. | Name of Medicine(s) | Price in Rs. | S.No. | Name of Medicine(s) | Price in Rs. |
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| **TOTAL** | | | **TOTAL** | | |

(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 expenditure of Rs. _____ was incurred was necessary and were undertaken on my advice at _____(Name of the hospital / lab);

(h) that I referred the patient to Dr._____ 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 obtained;

(i) that the patient did not require/required hospitalisation.

Date:_____

**Signature of AMA/ Designation & Regd. No. of the Medical Officer and the Hospital/ Dispensary to which attached**

**N.B. Certificates not applicable should be struck off. Certificate (e) is compulsory and must be filled in by the medical officer in all cases.**

# ESSENTIALITY CERTIFICATE
## CERTIFICATE 'B'
## (to be completed in the case of patient who are admitted to Hospital for treatment)

Certificate granted to Mrs./Mr./Miss_____

Wife/Son/Daughter/Father/Mother of Mr./Mrs./Miss_____

employed in **INSTITUTE OF NANO SCIENCE AND TECHNOLOGY, MOHALI**.

**PART-A**

I, Dr._____hereby certify :-

(a) that the patient was admitted to hospital on the advice of _____(name of the medical officer)/ on my advice;

(b) that the patient has been under treatment at_____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 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 not preparations which are primarily foods, toilets or disinfectants.

| S.No. | Name of Medicine(s) | Price in Rs. | S.No. | Name of Medicine(s) | Price in Rs. |
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| **TOTAL** | | | **TOTAL** | | |

(c) that the injections administered were / were not for immunizing or prophylactic purposes;

(d) that the patient is / was suffering from _____ and is /was under my treatment from_____ to _____;

(e) that the X-Ray, laboratory test etc., for which an expenditure of Rs. _____ was incurred was necessary and were undertaken on my advice at _____(Name of the hospital / lab);

(f) that I called on 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 rules was obtained;

**Signature & Designation of Medical Officer-In-charge of the case at the Hospital**

**PART-B**

Certify that the patient has been under treatment at the _____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**

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

**Medical Superintendent**

**Place:_____** **_____Hospital**

**NOTE: CERTIFICATES NOT APPLICABVLE SHOULD BE STRUCK OFF. CERTIFICATE (b) IS OCMPULAOSYR AND MUST BE FILLED IN BY THE MEDICAL OFFICER IN ALL CASES.**