

Med. 97-A

**Form of application for claiming refund of medical expenses incurred
in connection with medical attendance and/or treatment of
Central Government servants or their families – for treatment in 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 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 :

I. 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 and in case 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. 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 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 Govt. 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, heater, air conditioning, etc. State also whether the facilities referred to are a part of the facilities normally provide to all patients and no choice was left to the patient

Note 1. ----- If the treatment was received by the Government servant 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 Attendance 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 Authorized Medical Attendant that the requisite treatment was not available in any nearest Government hospital should be furnished.

II. 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 :
Specialist or Medical Officer consulted and the
hospital to which attached
 - (b) Number and dates of consultation and the fee
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

(d) Whether the specialist or Medical Officer :
was consulted on the advice of the authorised 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 :
10. Less advance taken on :
11. Net amount claimed :
12. 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 dependent upon me.

Date :

Signature of the Government Servant
and Office to which attached