

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 Hospital.

- 1 Name & 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 is 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) 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 :

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- (b) whether undertaken or the advice of the medical officer in charge of the hospital, if so, a certificate to that effect should be attached :
- (v) Medicines :
- (vi) Special medicines (cash memos and the essential 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 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 electronic light, fan, heater, 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 :

Note:1:- if the treatment was received by the Government servant at his residence under Rule 7 of the CSMA Rules, 1994, give particulars 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 Government hospital, necessary details and the certificate of the Authorized medical attendant as 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 authorized attendant, indicating. :
- (a) the name and designation of the specialist or Medical Officer consulted and the hospital to which attached :
- (b) number and dated of consultations and the fees 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 and :

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(d) whether the specialist or medical officer was consulted on the advice of the authorized medical attendant and 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 on	Rs.	:
11	Net amount claimed	Rs.	:
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 dependant upon me.

Signature of the Government Servant
and Office to which attached

Date :
Place:

Check list for reimbursement of medical claims:

- 1) Medical Reimbursement Claim Form (Form-97).
- 2) Copy of Employee ID card/ Pensioner ID Card.
- 3) Certificate-B.
- 4) Copy of Permission letter (if any).
- 5) Emergency certificate in original (if any).
- 6) Discharge summary in original.
- 7) Final consolidated (abstract) bill in original along with detailed break up of hospital bills in original.
- 8) Receipts in original of total amount paid to hospital/pharmacy.
- 9) Copy of pass book showing Account Number with Name and Bank details viz., Branch Name, IFSC code etc.
- 10) Copy of referral from the specialist / advice of the specialist (if any).

Note: Please prepare your claim in the same sequence as mentioned in the checklist.