

NO. _____

SECTOR-8 CHD

*** FORM OF APPLICATION FOR MEDICAL CLAIM**

N.B.- Separate form should be used for each patient

1. Name & Designation of the Govt. Servant *
(In Block Letter)

2. Office in which employed *

3. Pay of the Govt. 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 Govt. Employee.
N.B. – In the case of Children, stats age also

7. Place at which the patient fell ill *

8. Details of the amount claimed *

*** MEDICAL ATTACHMENT**

I. Fees for consultation indicating:-

- (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 under taken 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, certificate to that effect should be attached _____

(III) Cost of medicines purchased from the market	
(List of the cash memos and the essentially certificates should be attached	

9. Total amount claimed: Rs.....

10. Less advance taken on Rs.....

11. List of enclosure

DECLARATION

I hereby declare that the statement in this application are true to the best of my knowledge and belie and that the person for who medical expenses were incurred is wholly dependent upon me.

Dated.....

Signature of the Government Servant
And office to which attached

APPENDIX XI
ESSENTIALITY CERTIFICATE "A"

Certificate granted to Mr/Mrs/Miss _____
Wife/Son/Daughter of Mr. _____ employed in the POLICE
DEPARTMENT UNION TERRITORY, CHANDIGARH.

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

Rs. _____ for _____ consultations

At my consulting room on _____ (date to be given)

At the residence of patient.

(B) That I charged and received Rs. _____ for administering _____
instramuscular

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 prescribe by me in this
connection were essential for the recovery/prevention of serious 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 include proprietary preparations for which
cheaper substances of equal the rapeutic value are available nor preparations which
are preparations which are primarily food, toilets or disinfectants :-

Sr. No.	Name of Medicines	Price
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(E) That the patient is/was suffering from _____ and he 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 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.

Signature and designation of Medical Officer
And Hospital/Dispensary to which attached

Dated

COUNTER SIGNED

I, certified that the patient has been under treatment at the _____
Hospital and that facility provided were the minimum, which were essential for the patient.

Medical Superintendent
_____ Hospital

- Notes:- (1) Certificate not applicable should be struck off. Certificate (a) is compulsory and must be filled in by the Medical Officer in all cases.
- (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.I.M.H.O.M. No. F. 28-57/60-MI, dated the April, 1962)

ESSENTIALITY CERTIFICATE "B"

Certificate granted to Mr./Mrs./Miss _____

Wife/son/daughter of _____ employed in

The o/o THE INSPECTOR GENERAL OF POLICE UT, CHANDIGARH

CERTIFICATE "B"

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

PART – A

Dr. _____ is hereby certify :-

- A) That the patient has been under treatment at PGI/GMHC-32/PVT Hospital/GH-16
- B) That the patient has been under treatment at PGI/GMHC-32/PVT Hospital/GH-16 and that the under mentioned essential for the recovery/prevention of serious deterioration in the completion of the patient
- C) The medicines are not stocked in the STOCK for supply to private patient and do not include proprietary preparations for which cheaper substance of equal the reputic value is availed nor preparation which are primarily food, toilets or disinfectants

S. No.	Name of the medicines	Price	S. No.	Name of the medicines	Price
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(C) That the injections administered were/were not for immunizing prophylactic

(D) That the patient is/was suffering from _____ and is/was under treatment

From _____ To _____

That the X-Ray, Laboratory tests etc., for which an expenditure of Rs. _____ was incurred was necessary and were undertaken on my advice at _____ (Name of hospital or laboratory).

Signature designation of Medical Officer and hospital/dispensary to Which attached

Certified that the patient has been under treatment at PGI/GMHS-32/G.H.-16/Pvt. Hospital and that the services of the medical nurses for which an expenditure of Rs. _____ incurred vide bills and receipts attached, were essential for the recovery prevention of serious deterioration in the conditions of the patients.

Signature of the Medical Officer,
Incharge of the case of Hospital

COUNTERSIGNED

I, certified that the patient has been under the treatment at PGI/GMHS-32/G.H.-16/Pvt. Hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Medical Superintendent
PGI/GMHS-32/G.H.-16/Pvt. Hospital