Med, Form-97

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 Government .Servant as defined in the
Fundamental Rules, and any other emoluments
Which should be shown separately.

4. Place of duty (Posting)

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. **RS-**

MEDICAL ATTENDENCE

1.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.

(c) the name of the hospital or laboratory where the tests were undertaken, and

(d) whether the tests were undertaken on the advice of the authorized medical attendant if so, certificate to that effect should be attached.

(iv) Cost of medicines purchased from the market Rs._____
(List of the cash memos and the essentiality certificates should be attached)

Contd. P-2

LIST OF MEDICINES

S. No	Name of the medicines	Price	S. No	Name of the medicines	Price

TOTAL Rs.

9. Total amount claimed: Rs………………

10.Less advance taken on dated Rs………………

11. List of enclosures. …………………..

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT.

I hereby declare that the statements in this 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.

Dated……………..

✓

Signature of the Government Servant
and office to which attached
M. Phone No –

ESSENTIALITY CERTIFICATE "B"

Certificate granted to Mr./Mrs./Miss____

______________________________Wife/son/daughter of________________________

______________________________employed in the o/o THE INSPECTOR GENERAL OF POLICE U.T.CHANDIGARH.

CERTIFICATE "B"

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

PART

Dr...is hereby certify:-

A) That the patient has been under treatment at PGI,GMCH-32,PVT Hospital,GH-16,CHD.

B) That the patient has been under treatment at PGI,GMCH-32,PVT Hospital,GH-16,CHD 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

TOTAL Rs.

(D) That the injections administered were not for immunizing prophylactic purposes.

(E) That the patient was Suffering from_____
And was under treatment from_____To_____.
That the X-Ray, Laboratory tests etc., for which an expenditure of Rs._____was incurred which 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, GMCH-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,GMCH-32,GH-16,PVT Hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Medical Superintendent,
PGI/GMHS-32/GH-16/PVT. Hospital.

SELF-DECLARATION

I_____Son/Wife of Sh._____Age_____resident of _____ is posted at_____UT, Chandigarh; declare as per the Govt of Punjab department of health and family welfare, Chandigarh letter no.12/3/2013-5HS/843, dt. 23.05.2013 and Administrator, Union Territory, Chandigarh is pleased to adopt the said letter no.99 / 01 / 04-UTFII (12)-2015-2613, dated 23.03.15 as hear under:-

1. That I have not claim medical reimbursement under reference from any other agency/insurance company.

2. That I also agree to claim under reference as per the specified Govt. rate.

VERIFICATION

I also hereby declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I am well aware of the fact that if the information given by me is proved false/not true, **I will have to face the punishment as per the law.** Also, all the benefits availed by me shall be summarily withdrawn.

Signature of the Govt. servant
And office to which attached

Form Med. 103

Only For CHRONIC PATIENT

APPENDIX XI
ESSENTIALITY CERTIFICATE "A"

Certificate granted to Mr/Mrs/Miss____________________________
Wife/Son/Daughter of Mr.__________________________employed in the o/o THE INSPECTOR GENERAL OF POLICE U.T.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:-

S. No	Name of the medicines	Price	S. No	Name of the medicines	Price

TOTAL Rs.

(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,
PGI/GMHS-32/GH-16/PVT. Hospital.

Notes: -

(1) Certificates not applicable should be struck off. Certificate (c) 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 4th April, 1962)

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