MEDICAL REIMBURSEMENT CLAIM FOR OUTPATIENT TREATMENT

Note: Separate application form should be submitted for each patient

1. Name & designation of the employee (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 employee as defined in the F.R. and 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 employee (N.B. In case of children state age also) : _____
7. Place at which the patient fell ill : _____
8. Nature of illness and its duration : _____
9. Details of the amount claimed

(i) Fees for consultation indicating :-

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

(b) The number and dates of consultations and the fee paid for each consultation. : _____

(c) The number and dates of injection and the fee paid for each injection : _____

(d) Whether consultations and /or injections were had at the hospital, at the consulting room of the medical Officer or at the residence of the patient. : _____

(ii) Charges for Pathological, Bacteriological, Radiological or other similar testes undertaken during diagnosis indicating –

(a)The name of the hospital or laboratory where undertaken; and : _____

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

Contd...2

(iii) Costs of medicines, purchased from the market: _____
(Cash memos and the Essentiality Certificates should be attached)

10. Total amount claimed : Rs._____

11. Less advance taken on _____ : Rs._____

12. Net amount claimed : Rs._____

13. List of enclosures : _____

DECLARATION TO BE SIGNED BY THE EMPLOYEE

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 dependentupon me.

Date: _____

Signature of the employee and Office to which attached

Contd...3

CERTIFICATE 'A'

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

Certificate granted to Mr./Mrs./Miss_____Wife/son/daughter/husband of Mr. _____ employed in the _____

I, Dr._____hereby certify -

(a) that I charged and received Rs. _____ for_____ consultation on _____ at my consulting room/at the residence of the patient.

(b) That I charged and received Rs._____for administering _____intravenous/intra-muscular/subcutaneous interjections on _____ at _____ my consulting room / the residence of the patient.

(c) That the injection administered were not/were for immunizing or prophylactic purposes.

(d) That the patient has been under treatment at _____ hospital / my consulting room and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/prevention of services deterioration in the condition of the patient. The medicines are not stocked in the_____for the supply to the private patients and do not include proprietary preparation for which cheaper substances of equal therapeutic value are available nor preparation which are primarily foods, toilets and disinfectants.

Sl.No.	Name of Medicines	Prices
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	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_____

(h) That I referred the patient to Dr._____for specialist consultation and that the necessary approval of the _____ as required under the rules was obtained.

(i) That the patient did not require / require hospitalization.

***Date:* _____**

Signature of AMA / Designation of the Medical Officer and Hospital / dispensary to which attached