IPD

Form of application for claiming refund of Medical Expenses incurred in connection with Medical attendance and/or medical treatment of Central Government Servants and Their Families.

N.B.: SEPARATE FORM SHOULD BE USED FOR EACH PATIENT.

1) Name and Designation of the Govt. 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 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. Servant. (NB) In case of children state age also : :

7) Place at which the patient fell ill :

8) Nature of illness and duration :

9) Details of the Amount Claimed :

I. MEDICAL ATTENDANCE

i) Fees for consultation indicating
   (a) the name, qualification & designation of the medical officer consulted and the hospital or dispensary to which attached.

   (b) the number & dates of consultation and the fee paid for each consultations.

   (c) the number & dates of Injection and the fees paid for each injections.

   (d) whether consultation 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 Laboratory test undertaken during diagnosis indicating:

a) The name of the Hospital or Laboratory where the tests were undertaken :

b) Whether the tests were undertaken on the advice of the authorised medical attendant. If so, a certificate to that effect should be attached.

iii) Cost of Medicines purchased from the Market. (LIST OF MEDICINES. CASH MEMOS AND ESSENTIALITY CERTIFICATE SHOULD BE ATTACHED.)

II. HOSPITAL TREATMENT :

NAME OF THE HOSPITAL _____

Charges for Hospital treatment, indicating separately the charges for

i) Accommodation Rs. _____

(State whether it was according to the status or pay of the Government Servant and in cases where the accommodation is higher than the status of the Govt. Servant a Certificate should be attached to the effect that the accommodation to which the patient was entitled was not available.)

ii) Diet _____ Rs. _____

iii) Surgical operation or medical treatment or confinement. _____ Rs. _____

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 _____ Rs. _____

vi) Special Medicines. _____ Rs. _____
(Cash Memos and the essentiality Certificate should be attached).

vii) Ordinary Nursing _____ Rs. _____

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 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 Supdt. of the Hospital should be attached.

ix) Ambulance charges. _____ Rs. _____
(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 normally provided to all patients and no choice was left to the patient. Rs. _____

NOTE :

1. If the treatment was received by the Government servant at his residence under Rules 7 of CS (M.A.) Rules 1944, give particulars of such treatment and attach a certificate from the authorised medical attendant as required by these rules.

2. If treatment was received at a hospital other than a Government Hospital, necessary details and certificate of the authorised medical attendant that the requisite treatment was not available in any nearest Government hospital should be furnished.

III. 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 consultants 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; and

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, for the State was obtained. If so a certificate to that effect should be attached.

10. Total Amount claimed Rs. _____

11. LESS - Advance taken on _____ Rs. _____

12. Net Amount claimed Rs. _____

13. List of enclosures :

(1)

(2)

(3)

(4)

(5)

(6)

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

the person for whom medical expenses were incurred is wholly dependent upon me.

STATION : _____ Signature of the Govt. Servant

DATE : _____ and office to which attached.