

अम्बेडकर विश्वविद्यालय दिल्ली



Ambedkar University Delhi

FORM OF APPLICATION FOR MEDICAL CLAIMS

Med. 97: 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 a Hospital under CS(MA) Rules as applicable to AUD employees.

1. i) Name of the University Employee : _____
 - ii) Designation : _____
 - iii) School/ Centre/ Division : _____
 - iv) Whether married or unmarried : _____
 - v) If married, the place where wife/husband is employed : _____
 2. Office in which employed : Ambedkar University Delhi (AUD)
 3. Place of Duty : K.G. Campus / Karampura Campus
 4. Basic pay of the University Employee : _____
 5. Actual residential address : _____
 6. Name of the patient and his/her relationship to the University employee (In the case of minor children, age is to be indicated) : _____
 7. Place at which the patient fell ill : _____
 8. Details of the amount claimed : Rs.
- I. Medical Attendance:-**
- (i) Fees for consultation indicating:
 - (a) Name and designation of the medical officer consulted and the hospital or dispensary to which attached : _____
 - (b) Number and details of consultation 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 tests 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: : _____
 - (iii) Cost of medicines purchased from the market. : _____
(Cash memos and the essentiality certificates should be attached)

II. Hospital Treatment:

Name of the Hospital and its location : _____

Charges for hospital treatment, indicating separately the charges for:-

- (i) Accommodation (state whether it was according to the status or Pay of the University employee and in cases where the accommodation is higher than the status of the University employee, 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 : _____
- (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) Medicine : _____
- (vi) Special Medicine : _____
(Cash memos and the essentiality 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 University employee 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 : _____
(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 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 University employee at his residence under Rule 7 of the CS(MA) Rules, 1944, give particulars of 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 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 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 : _____
- (d) Whether the Specialist or Medical Officer was consulted on the advice of the Authorized Medical Attendant and the prior approval of the Medical Superintendent of the Hospital 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: _____

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 dependent upon me.

Signature of the University employee

Date:.....

ESSENTIALITY CERTIFICATE 'A'
(For Out Patient Treatment)

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

Certificate granted to Mrs./Mr./Miss/Dr.
wife/son/daughter of Dr./Mr./Ms. employed in the
Ambedkar University Delhi hereby certify:-

- (a) that I charged and received Rs..... for consultations on
(dates to be given) at my consulting room/at the residence of the patient;
- (b) that I charged and received Rs..... for administering intra-venous/intra-
muscular/subcutaneous injections on (dates to be given) at my
consulting room/the residence of the patient;
- (c) that the injections 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 under mentioned medicines prescribed by me in this connection were essential for the
recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the
..... (name of hospital) for supply to private
patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value
are available nor preparations which are primarily foods, toilets or disinfections.

Sl.No	Name of Medicines	Amount (Rs.)
.		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

- (e) that the patient is/was suffering from and is/was under
treatment from to
- (f) that the patient is/was not given pre-natal or post-natal treatment;
- (g) that the X-ray, laboratory tests, etc., for which an expenditure of Rs. was incurred were
necessary and were undertaken on my advice (name of hospital or laboratory);
- (h) that I referred that patient to Dr. for specialist consultation and that the
necessary approval of the (Name of the Medical Superintendent of the
Hospital) as required under the rules, was obtained.
- (i) That the patient did not require/required hospitalization.

Dated

**Signature with the Designation
of the Medical Officer**

N.B.: Certificates not applicable should be struck off. Certificate(s) is/are compulsory and must be filled in by the Medical Officer in all cases.

ESSENTIALITY CERTIFICATE 'B'
(For Indoor Treatment)

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

Certificate granted to Mrs./Mr./Miss/Dr. _____
wife/son/daughter of Dr./Mr./Ms. _____ employed in the Ambedkar
University Delhi.

PART – A

(To be signed by the medical officer in charge of the _____ case of the hospital).

I, Dr. _____ hereby certify –

- (a) that the patient was admitted to hospital on the advice of _____
(name of the medical officer)/on my advice.
- (b) that the patient has been under treatment at _____
and that the under mentioned medicines prescribed by me in this connection were essential for the
recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the
_____ (name of the hospital) for supply to private patients and do not
include proprietary for which cheaper substances of equal therapeutic value are available nor preparations
which are primarily foods, toilets or disinfectants.

Sl.No	Name of medicines	Amount (Rs.)
.		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

- (c) that the injections administered were/were not for immunizing or prophylactic purposes.
- (d) That the patient is/was suffering from _____ and is/was under treatment from
_____ to _____.
- (e) That the x-ray, laboratory tests etc. fro which an expenditure of Rs. _____ was incurred were necessary
and were undertaken on my advice at _____ (name of hospital or
laboratory).
- (f) That I called on Dr. _____ for specialist consultation and that the necessary
approval of the _____ (name of the Medical Superintendent of the Hospital) as
required under the rules, was obtained.

Date:

**Signature with Designation of the
Medical Officer In-charge of the
Hospital**