FORM OF APPLICATION FOR MEDICAL REIMBURSEMENT

[See Rule 13 (1)] (N. B. - Separate form should be used for each patient) 1. Name and designation of the Government Servant (in block letters). 2. Office in which employed 3. And Market in the application Pay of the Government servant as defined in the Fundamental Rules, and any other emoluments, which should be shown separately. Place of duty 4. Actual residential address 5. Name of the patient and his/her relationship 6. to the Government servant (in the case of children, give the following information also namely) :-...... (i) Date of birth (ii) Number in order of birth (iii) Total number of children Place at which patient fell ill 7. Nature of illness and its duration 8. Details of the amount claimed :-9. I- Medical attendance :-(i) Fees for consultation indicating :-The name and designation of the Medical Officer consulted and the hospital or dispensary to which attached. The number and dates of consultations and the fees paid for each consultation. Whether consultations were held at the hospital, 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:-The name of the hospital or laboratory where the tests were undertaken, and Whether the tests were undertaken on the advice of the authorised attendant; and if so, a certificate to that effect should be attached. (iii) Cost of medicines purchased from the

market.

(list of medicines, cash memos and the essentiality certificate should be attached).

II Hospital treatment:- Charges for hospital, treatment, indicating	AND WELLT TO MANAGE THE PARTY OF THE PARTY O
separately the charges for-	1870
(i) Accommodation (state whether it was	the state of the s
according to the status or pay of the	creation of the nature call and Threat
Government servant and in cases where	A SAME A SERVE OF THE PARTY.
the accommodation is higher than the	The transfer of the builds
status of the Government servant, a	· ·
certificate should be attached to the	"million to be a superior of the order of
effect that the accommodation to which	suferro artiro va de la sala denta a la
he was entitled was not available).	Replace a consent paret and the con-
(ii) Diet	
(iii) Surgical operation or medical treatment	million of the
(iv) Pathological, bacteriological, radiological	
or other similar tests indicating:-	
(a) the name of the hospital of labora-	
tory at which undertaken; and	
(b) whether undertaken on the advice of	
the medical officer in-charge of the	
case at that hospital. If so, a certifi-	Self. * To Touris glob
cate to the effect should be attached.	made a modern of an
	We that its steam was any
The second secon	
(vi) Special medicine	••• •• •• •• •• •• •• •• •• •• •• •• ••
(list of medicines, cash memos and the essentiality	
certificate should be attached).	
(vii) Ordinary nursing	
(viii) Special nursing, i. e., nurses, specially	
engaged for the patient. State whether	
they were employed on the advice of the	and the same and the same and the
Medical Officer in-charge of the case at	with Danie bestudence in the Contestant
the hospital or at the request of the	ALL A MANUAL DISCLAR DISCLARED
Government servant or patient. In the	
former case a certificate from the M.O.	- Shipper C. Stell Ball Lane. 14 (4)
I/c.of the case and countersigned by the	for the his self on the con-
Medical Superintendent of the hospital	1.213.
should be attached.	to Black the other to the state of the state
	1275 NO.
(ix) Any other charges e.g., charges for	
electric lights, fans, heaters, air condition-	
ing, etc. State also whether the facilities	
referred to are a part of the facilities	
normally provided to all patients and no	table test in force on a second of
choice was left to patient.	Colored Report and
NOTE : If the treatment was received by the Government	
servant at his residence, give particulars of such	· 1757 3667 135
treatment and attach a certificate from the authorised medical attendant.	
	are Adhelian is a reason of substantial in-
Total amount claimed	7 * Tai in
	*
List of enclosures	the Covernment Comment
Declaration to be signed by	
I HEREBY DECLARE THAT the statement in applic	cation are true to the best of my knowledge an
and that the person for whom medical expenses	were incurred is wholly dependent upon me.
	the manufacture and the second
	Signature of the Government servant
200	and Office to which attached

FORM - II Form of Essentiality certificate

See Rule 13	(2)]		- (0)
	XI I lame of the	Madical Stores	Depo

A	In case of medicines not included	in the priced Vocabular	y of the Medical Stores Depot
	Certified that Shri / Shrimati / Kumari	• • • • • • • • • • • • • • • • • • • •	and the second solution
Son /	Wife / Daughter of Shri		
emple	byed in the	••••••••••••	has been under my treatment
from	to for		(name of the disease)
at the		hospital as indoor / outdoor	patient and that the undermentioned
medi	cines have been prescribed by me in t	his connection. These med	dicines are not included in the priced
Voca	bulary of the Medical Stores, nor are	the preparations which are	e primarily food, toilets or disinfectant.
Thes	e medicines were absolutely essential	for the treatment of the	aforesaid patient:-
11105	medicines were associately essential		
	P. Carrier and P. Carrier and P.	Name of the Medicines	
(1)	TO Comment of the com		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(-)			
	Sign	nature of the Medical Offic	he authorised Medical Attendant/ er I/c. of the case at the hospital
В	- In case of medicines included in	the priced Vocabulary	of the Medical Stores Depot
	I Certified that Shri / Shrimati / Kuma / Wife / Daughter of Shri	III	***
Son	/ Wife / Daughter of Shri		has been under my treatment.
emp	loyed in theto	for	(name of the disease)
fron	e	hoepital as indoor / outdoo	or natient and that the undermentioned
at th	ei	this connection. These or	nedicines are included in the priced
med	icines have been prescribed by the in	out of stock /not available	in thehospital.
Voc	abulary of the Medical Stoles, and alc	prietory / or otherwise outsi	de the aforesaid priced vocabulary not
(Th	the preparations which are primarily	food toilets of disinfectar	nts)
are	the preparations which are primarily	1000, tolless of disfilieeding	, in the second of the second
	Name of medicines	P. V. M. S. No.	Cost
	(1)	(2)	(3)
	(1)	(2)	Rs. P.
(1)			
(1)			
(2)			***************************************
(3)			
(4)			
(5)			
(6)			

Signature and designation of the authorised Medical Attendant / Signature of the Medical Officer I/c. of the case at the hospital

C In case of Insulin Treatme	
CERVIFIED THAT Shri / Shrimati / Kumari	that insulin prescribed by the
hospital of the disease, for which no reimbursement has been made	during the initial stage / in the de extending over the period from the natient having
developed complications necessitating hospitalisation.	Contract Library Contract
Auth Medical	norised Medical Attendantt / Officer I/c. of the case at hospital
	(t) (t)
respondent lagification of the side of the sense of the s	
The second state of the se	
Lateratoria de la caractería de la carac	And the second of the second o
to the factor of the second of	company of the second of the s
23 (C. 1977)	and show in the d

संचालक, मुद्रण तथा लेखन सामग्री, छत्तीसगढ़ द्वारा शासकीय क्षेत्रीय मुद्रणालय, राजनांदगांव से मुद्रित तथा प्रकाशित—2013.