

FORM MEDICAL 97-A

FORM OF APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE/OR TREATMENT OF CENTRAL GOVT. SERVANTS AND THEIR FAMILIES FOR TREATMENT IN A HOSPITAL.

1. Name and designation of :
Government Servant
(in block letters)
2. Office in which employed. :
3. Pay of the Government :
servant defined in the
F.R. 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 Govt. servant.
(in case of children state age also)
7. Details of the amount claimed. :

HOSPITAL TREATMENT

Charge for hospital treatment indicating separately the charges for

Accommodation :

(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 Government servant 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.
- iv) pathological, bacteriological, radiological or other similar test, indicating.
 - a) the name of the hospital of laboratory at which undertaken
 - b) whether undertaken on the advice of the medical officer incharge of the case at the hospital. If so, a certificate to that effect should be attached.

- v) Medicines :
- vi) Special medicines, cash memos and the essentiality certificate should be attached.
- vii) Ordinary nursing :
- viii) Special nursing, i.e. nurses specially arranged for the patient. State whether they were employed on the advice of the hospital or at the request of the Government servant or patient. In the former case a certificate from the medical officer in charge of the case and countersigned by the medical superintendent of the Hospital should be attached.
- ix) Ambulance charge (state the journey to and from 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.

Note - I. If the treatment was received by the Government servant at his residence under Rules 8 of the Secretary of State's (M.A.) Rules, 19, give particulars of such treatment and attach certificate from the authorised medical attendant as required by these rules.

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

CONSULTATION WITH SPECIALISTS

Note - III.

Fee 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 consultation 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.
- d) Whether the specialist or medical officer was consulted on the advice of the authorised medical attendant & prior approval of the Chief Administrative Medical Officer of the State was obtained, if so, a certificate to that effect should be attached.
- e) Cost of medicines, cash memos, and the essentiality certificates should be attached.

8. Total amount claimed :

9. Loan advance taken on _____ Rs. _____

10. Net amount claimed _____ 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.

Date :

**Signature of the Govt. Servant
and office to which attached.**