

TRIPURA UNIVERSITY

(A Central University)
Suryamaninagar, Tripura

APPENDIX - XIII

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 University employees and their families – For medical attendance/treatment taken both from an Authorized Medical Attendant and a Hospital.

S.B.I. Bank A/c No.

Note : Separate application form should be submitted for each patient.

1. Name & Designation of the Government Servant :
(in block letters)
 - i) Whether married or unmarried :
 - ii) If married, the place where wife / husband is employed :
2. Department / Branch in which employed :
3. Basic Pay (band pay + grade pay) of the employee 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 employee (N.B. In the case of children state age also) :
7. Place at which the patient fell ill :
8. Details of the amounts claimed :
 - I. Medical Attendance -
 - 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 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 _____

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

i) Accommodation (State whether it was according to the status or pay of the employee and in cases where the accommodation is higher than the status of the 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) Medicines :

vi) Special Medicines :
(*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 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 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 normally provided to all patients and no choice was left to the patient :

Note 1 : If the treatment was received by the 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 : Deleted vide G.I., M.H., O.M. No. S. 14025/35/2007-MS, dated the 1st/17th October, 2007.

III. Consultation with Specialist –

Fees paid to a Specialist or a Medical Officer other than the Authorized 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 :
- d) whether the Specialist or Medical Officer was consulted on the advice of the Authorized Medical Attendant and the prior approval of the Chief Administrative Medical Officer of the State 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 :

DECLARATION TO BE SIGNED BY THE EMPLOYEE

I hereby declare that the statement 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.

Date

*Signature of the Employee
and Office to which attached*

APPENDIX - XIV
ESSENTIALITY CERTIFICATES
CERTIFICATE 'A'

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

Certificate granted to Mrs./Mr./Miss/Master _____

wife/son/daughter/father/mother of Mr./Mrs./Miss _____

employed in Tripura University

I, Dr. _____ 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 undermentioned 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 disinfectants.

Names of Medicines

Price

- | | | |
|----|-------|-------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

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 _____
 (Name of the Hospital or Laboratory);

- h) That I referred the patient to Dr. _____
for Specialist consultation and that the necessary approval of the _____
(Name of the Chief Administrative Officer of the State) as required under the rules was obtained;
- i) That the patient did not require / required Hospitalisation.

Dated : _____

Signature of AMA / Designation of the
Medical Officer and hospital /
Dispensary to which attached

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

Note : 1. In cases where double the rates of consultation fees are charged by the A.M.A. for night visits (between 10 p.m. and 6 p.m.), the A.M.A. should furnish a certificate showing why the night consultation was necessary.

[G.I., M.H., O.M. No. F. 28-57/60-H. 1., dated the 4th April, 1962]

Note : 2. The above certificate may be deemed to be regular receipts for the payments received by the Medical Officers, who will be required to affix a Revenue stamp on the Essentiality Certificate itself when the payment exceeds Rs. 5000/-. Separate receipts (stamped where necessary) would however be necessary from the Specialists for consultation with them, who do not sign the Essentiality Certificates.

[G.I., M.H., O.M. No. F. 28-8/60-H. 1., dated the 30th January, 1961]

Note : 3. Where the receipts issued by the Government hospitals are on authorized forms (printed and numbered) and the amount of these receipts is incorporated in the body of the Essentiality Certificate, countersignature of such receipts need not be insisted upon.

[G.I., M.H., O.M. No. F. 61(1)-E. V/60, dated the 29th February, 1960]

APPENDIX - XIV
 ESSENTIALITY CERTIFICATES
CERTIFICATE 'B'

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

Certificate granted to Mrs./Mr./Miss
 wife / son / daughter / father / mother of Mr./ Mrs. / Miss
 employed in Tripura University.

Part - A

I, Dr. hereby certify

a) That the patient was admitted to Hospital on the advice of
 (Name of Medical Officer) on my advice;

b) That the patient has been under treatment at
 and that the undermentioned 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 primary foods, toilets or disinfectants;

	<u>Names of Medicines</u>	<u>Price</u>
1.
2.
3.
4.

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. for 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 Chief Administrative Medical Officer of the State) as required under the rules
 was obtained.

*Signature and Designation of
 the Medical Officer in charge
 of the case at the Hospital*

PART - B

I Certify that the patient has been under treatment at the

..... hospital and that the service of the special nurses for which
an

expenditure of Rs. was incurred *vide* bills and receipts attached, were
essential for the recovery / prevention of serious deterioration in the condition of the patient.

*Signature of the Medical
Officer in charge of the case
at the Hospital*

COUNTERSIGNED

MEDICAL SUPERINTENDENT

..... Hospital

* I certify that the patient has been under treatment at the
hospital and that the facilities provided were the minimum which were essential for the patient's
treatment.

Medical Superintendent

Place

..... Hospital

Note : Certificates not applicable should be struck off. Certificate (d) is compulsory and
must be filled in by the Medical Officer in all cases.

* 'The minimum facilities certificate' may be signed either by the Medical Superintendent of
the Hospital concerned or another Gazetted Medical Officer who has been authorized in this
behalf by the Medical Superintendent.

[G.I. M.H., O.M. No. F.2-35/52-LSG(H.I.) dated the 19th September, 1958]