

**INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH
NORTH EASTERN REGIONAL CENTRE :: SHILLONG**

*Form of application for claiming refund of medical expenses incurred in connection with medical Attendance and for treatment of the employees of ICSSR-NERC and their families for treatment in a Hospital
(Separate form should be used for each patient)*

1. Name and Designation of the Employee :
(in Block letters)
 2. Department of the Employee :
 3. Pay of the Employee :
 4. Place of duty :
 5. Actual residential address :
 6. a) Name of the patient and his/her relationship to the :
employee (N.B. in case of children, state age)
 - b) Marital Status :
 - c) Whether employed and if so, Address of the :
employer and monthly income
 7. Place at which the patient fell ill :
 8. Details of the amount 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) whether consultations were at the hospital or :
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) Name of the hospital or laboratory where :
undertaken; and
 - (b) whether the test 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 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 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 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 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 employee or patient.
 - (ix) Ambulance Charges- (state the journey to and fro) :
 - (x) Any other charges, e.g. charges for electric light, fan heater, airconditioning, 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. :

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 at the hospital, at the consulting room of the Specialist or Medical Officer, or 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. If so, a certificate to that effect should be attached :

9. Total Amount claimed :

10. List of enclosures :

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

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.

Sign. Of the Govt. servant
and office to which attached

Date:

(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/
Mother/Father of _____ Employed in the _____.

'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 _____ (name of Hospital) 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 not preparation which are primarily foods, toilets or disinfectants:

S.N.	Name of Medicines	Price
------	-------------------	-------

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

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 my treatment from _____ to _____.

e) that the X-Ray, laboratory tests, etc. for which an expenditure of Rs. _____ was incurred was 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 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 patients 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 and designation of the Medical
Officer in charge of the case at the hospital

COUNTERSIGNED

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
_____ **Hospital**

Place _____

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