

Medical Expenses Claim Form

Government of India  
National Informatics Centre

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 from an Authorised Medical Attendant/Hospital.

(N.B. - SEPARATE FORM SHOULD BE USED FOR EACH PATIENT)

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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. Office/Division in which employed :

3. Pay of the Government Servant 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 Government Servant

N.B.- In the case of children, State age also

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 & 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 & dates of injection and the :  
fee paid for each injection

(d) Whether consultation and/or injections :  
were had at the hospital, at the consulting  
room of the medical officer or 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 authorised medical attendant. If so, a certificate to that effect should be attached. :
- (iii) Cost of medicine purchased from the market (list of medicines, 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 Govt. servant and in cases where the accommodation is higher than the status of the Govt. 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 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 (list of medicine, cash memos and the essentiality cash should attached) :
- (vii) Ordinary Nursing
- (viii) Special nursing i.e. nurses, specially engaged for the patient. State whether :

are employed on the advice of the medical Officer-in-charge of the case at the hospital or at the request of the Govt. 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 from \_\_\_\_\_  
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 provide  
to all patients and no choice was left to the  
patient

#### NOTES

1. If the treatment was received by the Govt. servant at his residence under Rule 7 of CS (MA) Rules, 1994, give particulars of such treatment and attach a certificate from the authorised medical attendant as required by these rules.

2. If the treatment was received at a hospital other than a Govt. 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.

#### III. CONSULTATION WITH SPECIALIS

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 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 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

NOTE: FILL ONLY APPLICABLE PART I &/OR II &/OR III

9. Total Amount Claimed Rs. \_\_\_\_\_  
10. Less Advance Taken on Rs. \_\_\_\_\_  
11. Net Amount Claimed Rs. \_\_\_\_\_  
12. List of encloures Rs. \_\_\_\_\_

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.

Dated: \_\_\_\_\_

(Signature of Govt. Servant)

Name \_\_\_\_\_

Emp. Code No. \_\_\_\_\_

Tel./Intercom No. \_\_\_\_\_

E-mail Address \_\_\_\_\_