

APPENDIX – X

FORM OF APPLICATION FOR MEDICAL CLAIM

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 and Hospital.

1. Name and Designation of Government Servant (in Block Letters) :
- a) Whether married or unmarried :
- b) If married, the place of where Wife/husband is employed :
- c) Employee No :
2. Office in which employed :
3. Pay of the Government Servant as defined in the fundamental rules, and other emoluments which should 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 case of children state age also) :
7. Place of where the patient fell ill :
8. Details of the amount claimed :

- I. **MEDICAL ATTENDANCE:**
- (i) Fee 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 fee paid for each consultation :
 - c) The number and 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 at the residence. :

- ii) Charges for Pathological, Bacteriological :
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 the effect should be attached
- iii) Cost of medicines purchased from the market :
(cash memos and the essentiality certificate
should be attached)

II. **HOSPITAL TREATMENT**
NAME OF THE HOSPITAL :

- 9. Total amount claimed :
- 10. Less advance taken :
- 11. 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 on me.

Place:
Date:

Signature of the Government
Servant and office to which attached