



NATIONAL SANSKRIT UNIVERSITY

A Central University Established by An Act of Parliament

Tirupati, Andhra Pradesh- 517 507

Annexure - I

APPLICATION FORM FOR MEDICAL CLAIMS

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment for Central Government servants and their families - for medical attendance/treatment taken both from the Authorized Medical Attendant and a Hospital.

1.	Name and designation of Government servant (in block letters)	
	i) Whether married or unmarried :	
	ii) If married, the place where wife/husband is Employed	
2.	Pay of the Government servant as defined in the Fundamental Rules, and any other emoluments which should be shown separately	
3.	Name of the patient and his/her relationship to the Govt. servant. N.B. - In the case of children, state age also.	
4.	Place at which the patient fell ill	
5. Details of the amount claimed: I. Medical Attendance		
i) Fees for consultation indicating -		
a) The name and designation of the MO (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 MO 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 (Cash memos and the essentiality certificate should be attached)		

II. Hospital Treatment : Name of the hospital Charges for hospital treatment, indicating, separately the charges for –	
i) Accommodation <i>(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)</i> 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 MO in charge of the case at the Hospital. If so, a certificate to that effect should be attached. v) Medicines vi) Special medicines <i>(Cash memos and the essentiality certificates should be attached)</i> vii) Ordinary nursing viii) Special nursing, i.e., nurses, specially engaged for the patient. State whether they are employed on the advice of the MO 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 MO in charge of the case and countersigned by the Medical Superintendent of the Hospital should be attached. ix) Ambulance charges <i>(State the journey – to and from – undertaken)</i>	
III. Consultation with Specialist – Fees paid to specialist or a MO other than the authorized medical attendant, indicating – a) The name and designation of the Specialist or MO consulted and the hospital to which attached. b) Number and dates of consultations and the fees charged for each consultation. c) Whenever consultation was had at the hospital, at the consulting room of the Specialist or MO, or at the residence of the patient, and d) Whether the Specialist or MO was consulted on the advice of the authorized medical attendant and the prior approval of the Chief Administrative MO of the State was obtained. If so, a certificate to that effect should be attached.	
9.	Total amount claimed
10.	Less advance taken on
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 upon me.

Date: .../.../.....

Signature of the Govt. Servant