

ESSENTIALITY CERTIFICATE

(For medical reimbursement)

Name of Claimant. Designation.....
Department..... Pay.....
Period of Treatment.....to.....Outdoor no.....Date.....
Indoor no. Date.....

I certify that Mr/ Mrs.....
Son/ Daughter/Wife/Mother/Father of Mr/Mrs.....
Employed in the office ofhas been under
my treatment in the.....Hospital/Dispensary in my consultation room and that the
under mentioned medicines prescribed by me in this connection were absolutely essential in the
condition of the patient, the medicines were not stocked in the..... (Name of the
Hospital./Dispensary) for the supply to the patient and do not include preparation for which
cheaper substitute of equal therapeutic value are available nor the preparation prescribed are
primarily food/toilets or disinfectants.

Certified that

1. The medicines have no cheaper and effective substitute.
2. The treatment was given indoor/outdoor.
3. The price claimed is reasonable.
4. The medicines are not in the nature of tonic or food or vitamins etc. cost of which is not reimbursable in Govt. issued on this subject from time to time.
5. He/She was suffering from.....

Sr. No.	Name & Quantity of Medicines (in capital letter)	Outdoor ticket no. and Date on which prescribed	Date on which Purchased	Price (Rs)
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Sign. & Stamp of the A.M.A.

In case of indoor treatment

Certified that the medicine claimed in this bill are as per ticket no.....

Relates to the case.

Sign. & Stamp of the A.M.A.

Certified that:-

- 1) The medicines have actually been purchased by me during course of treatment.
- 2) I am living in House no.....
- 3) I have purchased the medicines from the prescribed co-op store.
- 4) The medicines have been purchased from private shop after non availability certificate from co-op store/super bazaar of.....
- 5) The amount of medicines purchased from private shop against one or more prescription does not exceed Rs.50/- in a single day.
- 6) In case of wife / children:-
That the patient Mr. / Mrs. _____ is my _____ and he / she is wholly dependent upon me and is residing with me at _____ and he / she is unmarried and unemployed (in case of sons/ daughters).
- 7) For parents only:-
His / her total monthly income does not exceed Rs. 750/- p.m and father/ mother is residing with me at _____.
- 8) In case spouse is working :-
 - a) Certified that my wife / husband is not getting any fixed medical allowance from any source.
 - b) Certified that my wife / husband is employed and is not getting any medical reimbursement.
 - c) Certified that I am not an adhoc employee and I am working on regular basis.

Signature of Claimant.....

Name.....

Designation.....

Office.....