APPENDIX 'A'

Certificate granted to Shri/Smt./Kumar _____

Wife/Husband/Son/Daughter/Mother/Father/Sister of Shri/Smt. _____

employed in the _____

CERTIFICATE 'A'

[to be issued in the case of patients who are not admitted to hospital for treatment.]

1. Dr. _____ thereby certify.

(a) that the patient has been under treatment at _____ Hospital/My consulting room and that the under mentioned medicines prescribed by me in this connection were essential for the recovery preventation of serious deterioration in the condition of the patient. The medicines prescribed are. including in the category of medicines which are reimbursable under G.R. No.MAG.1063/60511(a) P dated 11th Feb.1971. MAG-1068- 60511/(1)P dated 29th April 1972 and G.R. No. M.G.1072,60072/S dt.24th Sept. 1973 and are not stocked in the _____ (name of the Hospital) for supply to patients and do not include propriotary preparations for which cheaper substance of equal therapetutic value are available for preparations which are primarily foods tonics or disinfactants.

Sr. No.	Name of the Medicine appliance and their	Category No.	Quantity per day total quantity required.	Amount	Vr.No.& date

(b) That the patient is/was suffering from _____ and is/was under my treatment from _____ to _____

(c) That the patient is/was not given prenetel or postnatal treatment.

(d) That the X-ray, Laboratory tasts etc. for which an expenditure of Rs. _____ was incurred were necessary and were undertaken on my advice at _____ (name of hospital of Laboratory)

(e) That the patient did not require hospitalisation.

Place :-

Date :-

Name signature and Designation of the Medical Officer/ name of the hospital Dispensary, etc. to which attached and stamp.

ANNEXURE-- 'B'

Certificate granted to Shri/Smt./Kum./Kumari _____

_____wife/Husband/Son/Daugher/Father/Mother/Sister of

Shri/Smt. _____ employed

in the _____

CERTIFICATE 'B'

(To be issued in the case of patients who are admitted to hospital for treatment.)
(To be signed by the medical officer-incharge of the case at the hospital.)

Dr. _____ hereby certify :-

(a) that the patient was admitted to hospital on the advice of my _____

_____ (Name of medical officer and his designation.)

(b) that the patient has been under treatment _____
and that the under mentioned medicines prescribed by me in this connection were esential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines prescribed are included in the category of medicines in Govt.Resolution No.MAG. 1068-60511- (a)-P.dtd. 11th Feb.1971 No. MAG, 1068-60511-(a) dtd. the 24th Sept. 1973 of Annexure I/ Annexure-II, Annexure-III to this Certificate and are not stocked in.

_____

(Name of Hospital) for supply to patients and do no include preperationate preparations for which cheaper substance of equal therepeutic value are available not preparation which are primarily foods, tonics or disinfectants.

Sr. No.	Name of medicines/and third category	appliances No.	Quantity per day	Total quantity required
1)				
2)				
3)				
4)				
5)				
6)				

(c) that the patient is/was suffering from _____ and/
he is/was under my treatment from _____ to _____

(d) that the x-ray laboratory tests, etc. for which an expenditure of Rs. _____
was incurred were necessary and were undertaken on my (advice at _____
(Name of hosital or laboratory) _____

Place :-

Date :-

Name Signature & Designation of
the M.O.Incharge

Certificate Form 'C'

(Certificate of expenses for emergency medical treatment is Government Servant.

(To be issued by attending private practitioners.)

This is to certify that Shri / Smt. _____

wife / Husband / Son / Daughter / Father / Mother / Brother / Sister of / Smt. _____

_____ address _____

_____ employed in

the _____ was treated by

the _____ from _____

to _____ as on emergency patient

for the complaints of _____

Vital sign observed _____

Necessary emergency invest gation

with results :-

The Diegnosis was _____

Total expenditure (Annexure D) incurred for the treatment was Rs. _____ and details of which are given in form 'D'.

Certified that after the emergency treatment the patient was advised to attend authorised Medical (Authority) attend for treatment.

Date :-

Place :-

Signature :-

Name of Doctor :-

Registration No. :-

Name of Hospital :-

Form ' D '

(Certificate of expenditure incurred (in details) for the Govt. Servant treated for emergency in private Hospital.)

[To be filled in by freating doctor and to be attached to (Annexure C)]

Name of patient :

Date of Admission : Date of descharge :

Hospital Registration No. :

Charges :

A) i) Consultation

ii) Indoor charges from _____ to _____ total days.

at the rate of Rs. _____ per day _____

iii) Operation charges :

iv) Operation Theatre charges :

v) Anaesthesia Charges :

vi) Visits a) Routine at Rs. per visit.

b) Referals to Dr. _____ No. _____ at Rs. _____

Dr. _____ No. _____ at Rs. _____

Dr. per visit

_____ No. _____ at Rs. _____

per visit

7) Use of Inclubator at Rs. _____ per day for _____ days

8) Use of monitor at Rs. _____ per day for _____ days

9) Investigations : a) Pathology Lab. _____

b) X-Rays _____

No. _____ c) ECG _____ at Rs. _____ per E.C.G.

B) Medicines :

Sr. No.	Name and medicines	7 cost of Medicine Rs.

Total :

Grand Total : (A+B) =

Form of Application for claimining refund of Medical Expenses incurred in Connection With Medical Attendance and / or treatment of employees and their family

1) Name of designation of the employees (in Block capital) :-

2) Office in which employed :-

3) Pay of the _____ employees as defined in the F.R. and any other cmoluments which should be shown sperately. :-

4) Place of duty :-

5) Actual residential address :-

6) Name of the patient and his / her relationship to the _____ employees. :-

NB :- In the Case of children state the age also. :-

7) Place at which the patient fell ill :-

8) Nature of illness and duration :-

9) Details of the amount claimed. :-

10) Medical Attendance

i) Fees for consultation indicates :-

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) Whether consultation were / had at the hospital at the consultation room of the medical officer or at the residence of the patient. :-

a) Charges for pathological, bacteriological, radiological or other similar tests under taken during diagnosis indicating. :-

b) Whether the tests was undertaken on the advice of the authorised medical attendant. is so, a Certificate to that effect should be attached. :-

ii) Cost of medicines purchased from the merket (list of medicines, cash memos,) should be attached. :-

(P.T.O.)

CONSULTATION WITH SPECIALIST

Fees pait to specialist or at medical officer other than authorised medical officer other than the authorised medical atteandant, indicating.

a) The name and designation of the specialist or medical officer consulted and the hospital to which attached. :-

b) Number and date os consultations and the fees charged for each consultation. :-

c) Whethere consultation was / had at the Hospital, at the consulting room or 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 prior approval of the Chief Administrative Officer, of the province. If so a certificate to that effect should be attached. :-

10) Total amount claimed :-

11) List of enclosure :-

12) Size of family i. e. living children as on 1st March 1972 and thereafter. :-

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Declaration to be signed by the _____

I hereby declare that the statements in this application are ture to the best of my knowledge and behalf of that the presons for whom medical expenses were incurred in wholly dependent on me.

Signature of the _____

employee

Office to which attached