

ARYABHATTA COLLEGE

(UNIVERSITY OF DELHI)

Benito Juarez Road, Anand Niketan, New Delhi-110021 Ph. : 011-24110490

FORM OF APPLICATION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND / OR TREATMENT OF COLLEGE EMPLOYEES AND THEIR FAMILIES

N. B. : Separate form should be used for each patient.

1. Name and designation of the employee :

(IN BLOCK LETTERS)

(i) Whether married or unmarried

(ii) If married, the place where wife/ husband of the employee is employed (where applicable)

(In case employed, a joint declaration duly countersigned by the wife's/husband's employer may be furnished) at the time of first bill during each financial year

2. Basic Pay of the College employee and any other emoluments, which should be shown separately. Basic Pay : Level :

3. Actual residential Address:

4. Name of the patient and his/her relationship to the College employee.

Note - In the case of children, state age also.

5. Place at which the patient fell ill :

6. Whether member of W.U.S. Health Centre or not :

7. Details of the amount claimed :

1. MEDICAL ATTENDANCE :

(i) Fees for consultation, including :

(a) The name, qualification and designation of the medical officer consulted and the hospital or dispensary to which attached.

(b) the number and dates of consultations and the fee paid for each consultation.

(c) the number and dates of injections and the fee paid for each injection.

(d) whether consultations and/or injections were had at the hospital at the consulting room of the medical officer 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 authorised medical attendant. if so, a certificate to that effect should be attached.

(iii) Costs of medicines, purchased from the market.

(list of medicines, cash memos and the essential 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 employee and in cases where the accommodation is higher than the status of the employee. A certificate should be attached to the effect that the accommodation to which he was entitled was not available).

(ii) Diet :

(iii) surgical operation of medical treatment on 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 medicines, cash memos and the essential certificates should be attached.)
- (vii) Ordinary nursing :
- (viii) Special, nursing, i.e. nurses specially engaged for the patient. State whether they were employed on the advice of the medical officer-in charge of the case at the hospital or at the request of the employee 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.
*Ambulance Charges :

(State the journey, to and from undertaken)

- (ix) 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 provided to all patients and no choice was left to the patient.

- Notes :-1. If the treatment was received by the employee at his residence given 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 hospital other than a Government hospital necessary details and the certificate of the authorised medical attendant that the requisite treatment was not available in any nearest Government hospital should be furnished.

III. CONSULTATION WITH SPECIALISTS :

Fees paid to a Specialists or Medical Officer other than the authorised medical attendant, indicating :

- (a) The name and designation of the Specialists of Medical Officer consulted and the hospital to which attached.
- (b) Number and dates of consultations and the fee charged for each consultation.
- (c) Whether consultation was had at the hospital, or at the consulting room of the Specialists or medical Officer or at the residence of the patient.
- (d) Whether the Specialists 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 : All Tests should be undertaken at Govt. Hospitals/Dispensaries/Approved Laboratories (In the case of O.P.D. treatment).

8. Total amount claimed :

9. List of enclosures.

In case ambulance is not available and a taxi is used in lieu thereof then pl. produce a certificate from the hospital to this effect that the conveyance was essential for the patient.

DECLARATION TO BE SIGNED BY THE COLLEGE EMPLOYEES

I hereby declare that statement in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is residing with me and wholly dependent upon me, and his/ her income is less than Rs. 9000/- p.m. from all sources.

(PRE-RECEIPTED)

Date

Signature of the College Employee

Entry of this medical bill is made at page No. _____ Sr. No _____ of Medical Bill register.

Signature of the Principal
with Office Seal

(To be filled in by the Accounts Department)

Pay to.....

DEBIT HEAD : Reimbursement of Medical Charges.

Passed for Rs.

(Rupees)

Asstt.

S.O. (A/cs)

A.O.

Bursar

Principal

**ESSENTIALITY CERTIFICATES
CERTIFICATE 'A'
(Incomplete Form will not be Entertained)**

Certificate granted to Mr./Mrs./Miss
wife/son/daughter of Mr./Mrs
employed in the ARYABHATTA COLLEGE, New Delhi.

I, Dr..... hereby certify

- (a) that I charged and received Rs..... for
consultation on..... (date to be given)
- (b) that i charged and received Rs.....for admin ering
on
intra muscular injections or subcutaneous..... (date to be given)
- (c) that injections administered were not for immunizing or prophylactic purpose.
- (d) that the patient has been under treatment athospital/my consulting
room and that the undermentioned medicines prescribed by me in this connection
were essential for the recovery prevention of serious deterioration in the condition
of the patient. the medicines are not stocked in the

.....(Name of the Hospital)
for supply to private patients and do not include proprietary preparations for which
cheaper sub-stances of equal therapeutic value are available nor preparations
which are primarily food, toilets or disinfectant.

	Name of Medicines	Price	Cash Memo No. & Date
1
2
3

- (e) that the patient is / was suffering form and is / was under my treatment
from to
- (f) that the patient is / was not given pre-netal treatment;
- (g) 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 Hospital or Laboratory) ;
- (h) that I referred the patient to Dr.....for specialist consultation
and that the necessary approval of
.....(Name of the chief admn., Med.Officer of the State) as required under the
rules was obtained. :
- (i) that the patient require/did not require hospitalization.

Dated

.....
Signature of AMA Designation of the
Medical Officer and Hospital/
Dispensary to Medical attached

N.B. - Certificates not applicable should be struck off. Certificate (e) is compulsory and must be filled in by the Medical Officer in all cases.