

Med, Form-97

FORM OF APPLICATION FOR MEDICAL CLAIM

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

1. Name & Designation of the Govt. Servant
(In Block Letter)
2. Office in which employed
3. Pay of the Government .Servant as defined in the
Fundamental Rules, and any other emoluments
Which should be shown separately.
4. Place of duty (Posting)
5. Actual residential address.
6. **Name of the patient** and his/her relationship to
the Government servant .
N.B.-In the case of Children, state age also.
7. Place at which the patient fell ill.
8. Details of the amount claimed. **RS-**

MEDICAL ATTENDENCE

1. Fees for consultation indicating:-
 - (a) The name and the designation of the medical officer consulted and the hospital or dispensary to which attached.
 - (b) The numbers 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 at the hospital and the consulting room of the medical officer or at residence of the patient.
- II. Charges for pathological, bacteriological Radiological or other similar tests under taken during diagnosis indicating.
 - (c) the name of the hospital or laboratory where the tests were undertaken, and
 - (d) whether the tests were undertaken on the advice of the authorized medical attendant if so, certificate to that effect should be attached.
- (iv) Cost of medicines purchased from the market Rs. _____
(List of the cash memos and the essentiality certificates should be attached)