



Medical Reimbursement Claim for Outpatient Treatment

1. Name & Designation of the employee :

Emp. ID .No.

2. Department / Branch :

Bank Acct. No.

3. Pay including special pay :

4. Place of duty :

Cell No.

5. Actual residential address :

6. l) Name of the patient and his/her
Relationship to the employee :

a) Whether married :

b) Whether Wife is employed :

c) If so, Where :

7. Address/Place at which the patient fell ill:

8. Details of charges paid for A.M.A./ Specialist services indicating :

i) Consultation on _____ amount paid ₹. _____

ii) Injections on _____ amount paid ₹. _____

iii) Investigations on _____ amount paid ₹. _____

9. Cost of Medicines ₹. _____

10. Total amount claimed ₹. _____

11. List of enclosures:

i) Essentiality Certificate Aqdated:

ii) Doctor's prescription dated:

iii) Cash Memo No. & Date	Name & Address of the Medical Shop	Name of the medicines and quantity	Price ₹. Ps.
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12. **Declaration:**

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 on me.

13. **Undertaking**

I resolve to undertake that the treatment that is being taken by me or by my dependent family member is found to be false or not as per laid-down procedure of CGHS or otherwise, I shall refund the money paid to me or to the hospital through salary.

Station

Date :

Signature of the Employee

CERTIFICATE 'A'

(To be completed in the case of patients who are not admitted to Hospital for treatment)

Certificate granted to Mrs./Mr./Miss . _____

Wife/Son/daughter/father/mother of Mr. _____

Employee in the University of Maulana Azad National Urdu University.

I, Dr. _____ hereby certify

- (a) That I charged and received ₹. _____ for _____ consultation on _____ (dates to be given) at my consulting room/ at the residence of the patient.
- (b) That I charged and received ₹. _____ for administering _____ intra-venous / intra-muscular / subcutaneous injection on _____ (dates to be given) at _____ my consulting room/the residence of the patient.
- (c) That the injection administered were not/were for immunising or prophylactic purpose.
- (d) That the patient has been under treatment at _____ Hospital/my consulting room located at H.No. _____ and that the medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient.
- (e) The medicines are not stocked in the _____ (Name of Hospital) for supply to private patients and do not include proprietary preparations for which cheaper substance of equal therapeutic value are available nor preparations which are primarily foods , toilet or disinfectants.
- (f) That the patient is/was suffering from _____ and is / was under my treatment from _____ to _____,
- (g) That the patient is / was not given pre-natal treatment.
- (h) That the X-Ray, Laboratory, Test, etc., for which an expenditure of ₹. _____ was incurred was necessary and were undertaken on my advice at _____ (Name of the Hospital or Laboratory)
- (i) That I referred the patient to Dr. _____ for specialist consultation and that the necessary. Approval of the _____ (Name of the Chief Administrative Officer of the State) as required under the rule was obtained
- (j) That the patient did not require / required Hospitalisation.

Signature, Designation &

Dated: _____

Registration No. of the Medical Officer & Hospital/Dispensary.

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

Note: 1. The above certificate may be deemed to be regular receipt for the payments received by the Medical Officer, who will be required to affix a Revenue Stamp on the Essentiality Certificate itself when the payment exceeds Rs. 500.00.

2. The cash memos for purchase of medicines must be countersigned by the doctor prescribing the medicines.