

DYAL SINGH COLLEGE: LODI ROAD: NEW DELHI-3
UNIVERSITY OF DELHI, DELHI

Form of Application for claiming refund of medical expenses incurred in connection with hospitalization of University/College employees and other families;

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

1. Name & Designation of the employee (in Block letters)

1) Whether married or unmarried

2) And married the place where wife/husband is employee (where applicable)

2. Where employed

3. Pay of the University/College employee and other emoluments which should be shown separately

4. Place of Duty

5. Actual Residential Address

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

N.B. In the case of children stage age also

7. Place at which the patient fell ill

8. Details of the amount claimed

I HOSPITAL TREATMENT

Name of the Hospital

Charges for hospital treatment indicating separately the Charge for

i) Accommodation

(State whether it was according to the status or pay of the employee and in case whether 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 or medical on confinement

iv) Pathological bacteriological, radiological or other Similar tests, indicating

- (A) The name of the hospital or laboratory at which undertaken.
- (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 certificate 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.
- IX) Ambulance charges
(State the journey for undertaken)
- XI) 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 the patients and no choice was left to the patient.

NOTES:

1. If the treatment was received by the employee at his residence give particulars of such treatment and attach certificate from the authorized medical attendant as required by these rules.
2. If treatment was received at hospital other than a Govt. hospital, necessary details and certificate of the authorized medical attendant that these exquisite treatment was not available in any nearest Govt. hospital should be furnished.

II CONSULTATION WITH SPECIALIST

- Fee paid to a specialist or a Medical Officer other than the authorized medical attendant indicating.
- (A) The name and designation of the specialist or medical officer consulted and the hospital to which attached.
 - (B) Number & dates of consultations and the fee charges for each consultation.

- (C) Whether consultation was had at the hospital at the consulting room of the specialist or medical officer or at the residence of the hospital.
- (D) Whether the specialist or medical officer was consulted on the advice of the authorized medical attendant and the prior approval of the Chief Medical Officer of the State was obtained. If so, should be attached.

9. Total amount claimed.

10. List of enclosures.

DECLARATION TO BE SIGNED BY THE UNIVERSITY/COLLEGE EMPLOYEE

I hereby declare that the statement in this application are true to the best of knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me.

Dated

Signature of the employee & Officer
To which attached

Certificate granted to Mr./Mrs./Ms.

CERTIFICATE

Wife/Son/Daughter of Sh.

employed

in the

PART 'A'

(To be signed by the medical officer-in-charge of the

case of the hospital)

I, Dr.

herby certify:

(A) that the patient was admitted to hospital non the advice of on my advice

(B) that the patient has been under treatment at

and that the under mentioned medicines prescribed by me in this connection was 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 substance of equal therapeutic value are available not preparations which are primarily foods, toilets of disinfectants.

S.NO. NAME OF MEDICINES (IN BLOCK LETTERS)

(C) that the injections administered were/were not for immunizing or prophylactic purpose
(D) that the patient is/was suffering from..... to
and is/was under treatment from..... to

Contd.

(E) that the X-ray, laboratory tests etc. for which an expenditure of Rs. was incurred were necessary and were under taken on my advice at..... (Name of the hospital or labo

(F) that I called on Dr..... for specialist co that the necessary approval of the

(Name of the Chief Administrative Medical Officer of State) a required un was obtained)

Signature & Design
Medical Officer-in-charge in case at

PART 'B'

I certify that the patient has been under treatment at the hospital and that the services of the special nurses, for expenditure of Rs. was incurred vide bills and receipts attached were for the recovery/prevention of serious deterioration in the condition of the patient.

Signature & Designati
Medical Officer-in-charge in case at the

COUNTERSIGNED

I certify that the patient has been under treatment at the hospital and that the facilities provided were essential for the patient's treatment.

MEDICAL SUPERINTENDI

HOSPITI

PLACE:

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