

**NORTH EASTERN REGIONAL INSTITUTE OF
WATER AND LAND MANAGEMENT
DOLABARI, Tezpur (Assam)**

FORM OF APPLICATIONS FOR MEDICAL CLAIMS

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

1. Name and designation of Government servant : _____
(in Block letters)
- (i) whether married or unmarried
- (ii) if married, the place where wife/husband is : _____
employed
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 : _____
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 : _____

1. Medical Attendance-

- (i) Fees for consultation indicating -
- (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 the fee paid for each consultation
- (c) The number and dates of injection : _____
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 under taken : _____
on the advice of the authorized medical
attendant. If so, a certificate to that
effect should be attached.....
- (iii) Cost of medicines purchased from the : _____
market
- (Cash memos and the essentiality
certificates should be attached)*

(FOR USE IN OFFICE)

GROSS AMOUNT OF CLAIM	Rs. _____
Less: Inadmissible Amount	Rs. _____
Net Amount Admissible & Payable	Rs. _____

Clerk

Accountant

Accounts Officer

Director

2. Consultation with Specialist-

Fees 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 and dates of consultations and the fees 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 patient. : _____
- (d) Whether the Specialist or medical officer was consulted on the advice of the authorized 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. : _____

9. Total amount claimedRs.

10. Less advance taken onRs.

11. Net amount claimedRs.

12. List of enclosures: (1) Prescription (2) Essentiality Certificates 'A' (3) Cash memos

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

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 upon me.

Date.....

Signature of the Employee