

Central University of Rajasthan
Medical Reimbursement Rules for employees of the University
(University Ordinance 29)

Annexure - I

Form of Application for Medical Claims

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 amounts claimed :

(I) Medical Attendance –

- (i) Fees for consultation including –
 - (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 dated 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 Officers 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)

(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 Government servant and in cases where the accommodation is higher than the status of the Government servant, 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 treatment or confinement :
 - (iv) Pathological, Bacteriological, Radiological or other similar tests, indication –
 - (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 :

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- (vi) Special medicine :
.....
.....
(Cash memos and the Essentiality Certificates should be attached)
- (vii) Ordinary nursing :
.....
- (viii) Special nursing, i.e., nurses, specially engaged for the patient. State whether they are employed on the advice of the Medical Officer in charge of the case at the hospital or at the request of the Government servant 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 – to and fro – undertaken)
- (x) 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 :
.....

Note 1. – If the treatment was received by the Government servant at his residence under Rule 7 of the CS (MA) Rules, 1944, give particulars of such treatment and attach a certificate from the Authorised Medical Attendant as required by these rules.

Note 2. – Deleted vide G.I., M.H., O.M. No. S. 14025/35/2007 – MS, dated the 1st / 17th October 2007.

(iii) Consultation with Specialist -

Fees paid to a Specialist or a Medical Officer other than the Authorised Medical Attendant, indication –

- (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 charged for each charged for each consultation.
- (c) Whether consultation was held at the hospital, at the consulting room of the Specialist or Medical Officer or at the residence of the patient; and
.....
- (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 claimed :
.....

10. Less advance taken on :
.....

11. Net amount claimed :

12. List of enclosures :
.....
.....

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.

**Signature of the Government servant
and Office to which attached**

Date

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Essentiality Certificates
Certificate 'A'

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

Certificated granted to Mrs. / Mr. / Miss/ wife / son / daughter of Mr. employed in the

I, Dr. hereby certify –

- (a) that I charged and received Rs. for consultations on (dates to be given) at my consulting room / at the residence of the patient;
- (b) that I charged and received Rs. for administering intravenous / intra – muscular / subcutaneous injections on (dates to be given) at my consulting room / the residence of the patient;
- (c) that the injections administered were not / were for immunizing or prophylactic purposes;
- (d) that the patient has been under treatment at hospital / my consulting room and that the under mentioned medicines prescribed by me in this connection were essential for the recover / prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the (name of hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

Name of medicines	Price
1.
2.
3.
4.
5.

- (e) that the patient is / was suffering from and is / was under my treatment from to
- (f) that the patient is / was not given pre-natal or post –natal treatment;
- (g) that the X-ray, laboratory test, etc., for which an expenditure of Rs. was incurred was necessary and were undertaken on my advice at (name of the hospital or laboratory);
- (h) 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 rules was obtained;
- (i) that the patient did not require / required hospitalization.

**Signature of AMA / Designation of the
 Medical Officer and hospital / dispensary to which attached**

Dated

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.

Note 1. – In cases where double the rates of consultation fees are charged by the AMA of night visits (between 10 p.m. and 6 a.m.) the AMA should furnish a certificate showing why the night consultation was necessary. (G.I., M.H., O.M. No. F 28-57/60-H. I., dated 4th April 1962)

Note 3 – Where the receipts issued by the Government hospitals are on authorised forms (printed and numbered) and the amount of these receipts is incorporated in the body of the Essentiality Certificate, Countersignature of such receipts need not be insisted upon. (G.I., M.H., O.M. No. F 61(1)-E V/60, dated 29th February 1960)

Any other rule will be governed as per CS(MA) Rules 1944.

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Certificate 'B'

(To be completed in the case of patients who are admitted to hospital for treatment)

Certificated granted to Mrs. / Mr. / Miss/ wife / son / daughter of Mr.
..... employed in the

Part – A

I, Dr. hereby certify –

- (a) that the patient was admitted to hospital on the advice of(name of Medical Officer) / on my advice.
- (b) that the patient has been under treatment at and under mentioned medicines prescribed by me in this connection were essential for the recover / prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the (name of hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

Name of medicines	Price
1.
2.
3.
4.
5.

- (c) that the injections administered were not / were for immunizing or prophylactic purposes;
- (d) that the patient is / was suffering from and is / was under my treatment from to
- (e) that the X-ray, laboratory test, etc., for which an expenditure of Rs. was incurred was necessary and were undertaken on my advice at (name of the hospital or laboratory);
- (f) 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 rules was obtained;

**Signature and Designation of the
Medical Officer in charge of the case at the hospital**

Dated

Part – A

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

**Signature of the Medical Officer in charge
of the case at the hospital**

COUNTER SIGNED
Medical Superintendent
..... **Hospital**

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

Medical Superintendent
..... **Hospital**

Note – Certificates not applicable should be struck off. Certificate (d) is compulsory and must be filled in by the Medical Officer in all cases.