

**Med. 97-B**

**Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of Central Government servants and their families ---- For Medical Attendance by Authorized Medical Attendant**

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 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.....
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**I. 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 free paid for each injection.....

(d) whether consultation and / or injection where had at the hospital, at the consulting room 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 .....  
(Case memos and the essentiality certificates should be attached)

## **II. Consultation with Specialist -----**

Fee paid to 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 charged 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; 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 should be attached.....

9. Total amount claimed ..... Rs.

10. Less advance taken on ..... Rs.

11. Net amount claimed ..... Rs.

12. List of enclosures ..... Rs.

**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 .....