

UNIVERSITY OF DELHI

Name of Deptt./Section _____

FORM OF THE APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND / OR TREATMENT OF UNIVERSITY EMPLOYEES AND THEIR FAMILIES

N.B. : *Separate Form should be used for each Patient.*

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1. Name and Designation of the Employee :
(IN BLOCK Letters)
(i) Whether married or unmarried.
(ii) If married, the place where wife/husband of the employee is employed (where applicable)
(In case employed, a Joint declaration duly countersigned by the wife's/husband's employer may be furnished) at the time of first bill during each financial year.
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2. Where Employed :

3. Pay of the University/College, Employee and any other emoluments, which should be shown separately :
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4. Place of Duty :

5. Actual Residential Address :

6. Name of the Patient and his/her relationship to the University/College employee.
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N.B - In the case of children, state age also

7. Place at which the patient fell ill :

8. Whether member of W.U.S. Health Centre or Not

9. Details of the amount claimed :

I. MEDICAL ATTENDANCE :

(i) Fees for the consultation, including :

- (a) the name, qualifications and designation of the medical officer consulted and the hospital or dispensary to which attached.
- (b) the number and dates of consultations and the fee paid for each consultation.
- (c) the number and dates of injections and the fee paid for each injection.
- (d) whether consultations and / or injections were had at the hospital in 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 test were undertaken on the advice of the authorised medical attendant. If so, a certificate to that effect should be attached.
- (iii) Cost of medicines, purchased form the market. (list of medicines, cash memos, and the essential certificates should be attached).

II HOSPITAL TREATMENT :

Name of the Hospital :

Charges for hospital treatment, indicating separately the charges for :

- (i) Accomodation :
(State whether it was according to the status or pay of the employee and in cases where the accomodation is higher than the status of the employee. A certificate should be attached to the effect that the accomodation to which he was entitled was not available.)
- (ii) Diet :
- (iii) Surgical operation or medical treatment on confinement :
- (iv) Pathological, bacteriological, radiological or other similar tests, indicating :
 - (a) the same of the hospital or laboratory where undertaken, and
 - (b) whether the tests were undertaken on the advice of the authorised medical attendant. If so, a certificate to that effect should be attached.
- (v) Medicines :
- (vi) Special medicines :
(List of medicines, cash memos, and the essential certificates 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 countersinged by the Medical Superintendent of the hospital should be attached.

Note : All tests should be undertaken at Govt. Hospital/Dispensaries. (In the case of O.P.D. treatment).

- (ix) *Ambulance charges :
(State the journey, to and from 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 employee at his residence, give particulars of such treatment and attach a certificate from the authorised medical attendant as required by these rules.
2. If the treatment was received at hospital other than a Government hospital, necessary details and the certificate of the authorised medical attendant that this requisite treatment was not available in any nearest Government hospital should be furnished.

III CONSULTATION WITH SPECIALIST :

Fees paid to a Specialist or Medical Officer other than the authorised 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 fee 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.
- (d) Whether the Specialist or Medical Officer was consulted on the advice of the authorised 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.

10. Total amount claimed :

11. List of enclosure :

* In case ambulance is not available a taxi is used in lieu thereof then please produce a certificate from the hospital to this effect that the conveyance was essential for the patient.

DECLARATION TO BE SIGNED BY THE UNIVERSITY/COLLEGE EMPLOYEES

I hereby declare that statements in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is residing with me and wholly dependent upon me and his/her income is less than Rs. 500/- p.m.. from all sources.

(PRE-RECEIPTED)

Date.....200

Signature of the University Employee and
Officer to which attached.

- (1) Amount does not exceed to Rs. 500/- during this financial year.
- (2) 5% empties of the used medicines as wrappers, vials bottles are enclosed for verification and destruction.
- (3) All the empties, as wrappers, vials bottles are enclosed for verification and destruction as the amount has exceeded Rs. 1000/- during the financial year.
- (4) Entry of this Medical Bill is made at Page No.....
Sr. No of Medical Bill Resgister.

Signature of the Controlling Authority
with Office Seal.

(To be filled in by the Finance Branch-III)

Pay to.....

DEBIT ACCOUNT : Maintenance Grant A/c No. 1

Passed for Rs.....(Rupees).....

Debit Head : sec. 15-B/Medical Reimbursement

Ast./S.O./J.F.O.

Paid Vide Cheque No.....

Date :

Cheque Signing Officer

UNIVERSITY OF DELHI

CERTIFICATE 'A'

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

Wife/ Son/ Daughter/Father/Mother of Mr.....

Employed in the.....

I, Dr.....hereby certify

(a) that I charged and received Rs. for.....
 Consultation/s on.....date(s) to be given at my consulting room
 the residence of the patient

(b) that I charged received Rs.For administering
 intra muscular injections or subcutaneous

onat my consulting room
 (dates to be given) the residence of patient

(c) that the injections administered were for immunising or prophylactic purposes.
were not

(d) that the patient has been under treatment at..... hospital
my consulting room

and that the undermentioned medicines prescribed by me in this connection were 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 proprietary preparations for which cheaper substances of equal
 therapeutic value are valuable nor preparations which are primarily foods, toilets or disinfectants.

| <i>Name of Medicines (in Block Letters)</i> | <i>Price</i> |
|---|--------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |

(e) that the patient is/was suffering from.....and is/was under my treatment
 fromto.....

(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 were necessary and were undertaken on my advice at.....

(Name of 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 Adm. Medical Officer of the State)

as required under the rules was obtained.

(i) that the patient did not require hospitalisation.
required

.....
*Signature & 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.