

MAITREYI COLLEGE

(UNIVERSITY OF DELHI)

CHANAKYAPURI, NEW DELHI-110021

Form of the application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of University/College employees and their families.

P.S. Separate form should be used for each patient.

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)
 - (iii) In case employed, a Joint declaration duly countersigned by the wife employer/husband of the child may be furnished at the time of first bill in each financial year.

2. Pay of the University / College employee of any other emoluments which should be shown separately.

3. Actual permanent Residential Address :

4. Name of the patient and his / her relationship to the University / College Employee.
N.D.- In the case of children state age also.

5. Place at which the patient fell ill :

6. Whether member of W.U.S. Health Centre or not

7. Is there any med. Store run by the Co-op. Society or Govt. within 2 Kms. from the residence of the claimant ?

8. Details of the amount claimed :-
 1. MEDICAL ATTENDANCE :
 - (i) Fees for consultation, including :
 - (a) The name , qualification and designation of the medical officer consulted and the hospital or dispensary to which attached.
 - (b) The number and date of consultation and the fee paid for each consultation.

- (c) The number and date of injections. —
- (d) Whether consultations and / or injections were had at the consulting room of the medical officer or at the residence of the patient. —
- (ii) charges for pathological, actariological, radiological or other similar tests undertaken during diagnosis indicating : —
- (a) The name of the hospital 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. —
- (iii) costs of the medicines purchased from the market. (List of medicines, cash memos and the essential certificates should be attached) —

I HOSPITAL TREATMENT

- Name of the Hospital —
- Charges for hospital treatment, indicating separately i.e. charges for : —
- (i) Accommodation (status whether it was according to the status or pay of the employee and in cases where the accommodation. Is higher than the status for the employee. A Certificate should be attached to the effect and the accommodation 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. —

III

- (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 of the hospital. If so 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 and a certificate from the medical officer-in-charge of the case and countersigned by the Medical Superintendent of the hospital should be attached. -

Note :-All tests should be undertaken at Govt. hospitals 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-conditioner etc. state also whether facilities referred to are a part of the facilities normal provided to all patient 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 a certificate from the authorised Medical attendant as required by these rules. -
2. If the treatment was received at Hospital other than a Govt. Hospital necessary details and the Certificate of the authorised Medical attended that the Requisite treatment was not available in any nearest Govt. hospital should be furnished. -

II CONSULTATION WITH SPECIALIST

Fees paid to a specialists or medical officer other than the authorised medical attendant indicate :

- (a) The name & designation of the Specialist or Medical officer consulted and the hospital to which attached. -
- (b) Number and dates of consultation and the fee charges or each consultation. -
- (c) Whether consultation was had at the hospital at the consultation room of the specialist or Medical Officer, or at the residence of the patient. -

11. Total amount claimed : Rs. _____ +Rs. _____ consultation charge
 Total Rs. _____

12. List of enclosures :
1. Cash Memo/s
 2. Doctor's prescription.
 3. Certificate 'A' /'B'

In case ambulance is not available and taxi is used in the 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 EMPLOYEE

I hereby declare that statements in the application are true to the best of my knowledge and belief and that the patient on whom the medical expenses were incurred is wholly dependent upon me.

(PRE-RECEIPTED)

Signature of the Govt. Servant
and office to which attached.

Date :

In continuation of this office circular dated 22 / 25th Sept., 1981, regarding instructions to the Controlling officers for processing the medical reimbursement bills, I am further to inform you that as per the decision of the committee, appointed by the Vice-Chancellor, the Controlling officers are required to give one of the following three certificates while countersigning the bills for the re-imburse of Medical expenses:

1. During the current Financial year the total amount to the bills claimed towards reimbursement of the expenses incurred for the O.P.D. treatment in the recognised hospitals / treatment at the clinics of the Authorised Medical Attendants has not exceeded Rs. 500/-.
2. 5% other bills claimed towards reimbursement of expenses incurred for the O.P.D. treatment in the recognised hospital / treatment in the clinics of the empties such as wrappers, bottels, vials, etc. and such empties are being destroyed since the total amount of the bill claimed towards reimbursement of the expenses incurred for the O.P.D. treatment at the recognised hospital treatment at the clinics of the authorised Medical attendants has exceeded Rs. 500/- durning current financial year.
3. All the empties such as wrappers, bottels, vials etc., have been verified and destroyed since the total amount of the bill claimed towards O.P.D. treatment at the recognised hospital / treatment at the clinics of the Authorised Medical Attendants has exceeded Rs. 1000/- during the current financial year.

Amount of Medical Bill Passed Rs.

and Pay to Mr./Ms.....

Dealing Assistant

S.O. (A/cs)

Bursar

Vice-Principal

Signature of the Controlling
Authority with office seal

Date :-