

SHIVAJI COLLEGE

(UNIVERSITY OF DELHI)

RAJA GARDEN, NEW DELHI-110027 PH. : 25116644, 25191458

Form of the application for claiming refund of medical expenses incurred in connection with medical attendance / hospitalization of college employees and their families.

N.B.. - Separate form should be used for each patient

-
- 1 (a) Name of the employee. (in block letters)
(b) Designation. :
(c) Department.
(d) Account No.
(e) Mobile No.
(f) E-mail Address.
(I) Whether married or unmarried Yes ☐ No ☐
(ii) If married, the place where the wife/husband
of employee is employed (where applicable) :
-
2. Pay of the College Employee, and any other
emoluments, which should be shown separately (Basic as per 7th (PC) :
-
3. Actual residential address :
-
4. (a) Name of the Patient.
(b) Relationship with College Employee.
(c) Date of Birth.
(d) Age.
-
5. (a) OPD ☐
(b) Hospitalization ☐
(In case of hospitalization Certificate B is mandatory)
-
6. W.U.S. Health Center Membership No.
-
7. The Patient is/was suffering from and is/was under
treatment of Dr. from.....to
-
8. Details of amount claimed :
(i) Medical Attendance :
(i) Fee for consultation, including :
(a) The name, qualification and designation for
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 consultations and
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 undertaken on the advice of the authorised medical attendant; and if so, a certificate to that effect should be attached.
 - (iii) Cost of medicines purchased from the market (list of medicines, cash memos, and the essentiality certificates should be attached)
-

II. HOSPITAL TREATMENT

Name of the Hospital

Charges for hospital treatment, indicating

Separately that charged for :

- (i) Accommodation :
(State whether it was according to the status or pay of the employee and in cases where the accommodation is higher than the status of the employee a certificate should be attached to the effect that the accommodation to which he/she was entitled was not available).
- (ii) Diet :
- (iii) Surgical operation or medical treatment on confinement:
 - (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 at the hospital; if so, a certificate to that effect should be attached.
- (iv) Medicines :
- (v) Special Medicines :

(list of the medicines, cash memos, and the essentiality certificates should be attached).
- (vi) Ordinary nursing :
- (vii) 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 employee or patient countersigned by the Medical Superintendent of the hospital should be attached.

(viii) 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.

(ix) Ambulance Charges :

(state the journey to and from undertaken)

1. If the treatment was received by the employee at his residence, give particulars of such treatment and attach a certificate of the authorised medical attendant as required by these rules.
2. If the treatment was receive at a hospital other than a Government Hospital, necessary details and the certificate of the authorised medical attendant that the 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 if consultations and fee charged for each consultation.

(b) Whether consultation was held 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.

I.Total amount claimed :

II. List of enclosures :

DECLARATION TO BE SIGNED BY THE COLLEGE EMPLOYEE

I hereby declare that the 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 wholly dependent upon me. My spouse is employed/not employed anywhere and I have not claimed the payment of this bill from any other Source.

Dated.20

(Pre-Receipted Signature)

(4)

(To be verified by Adm. Section)

1. Patient mentioned above is wholly dependent on _____ (Name of Employee)

2. She/He has submitted No Claim certificate of her/his spouse or N/A

Dealing Asstt.

S.O. (Adm.)

(To be filled in by the Accounts Branch)

Pay to

Debit Account General Fund

Passed for Rs. (Rupees)

.....)

Dealing Asstt.

S. O. (Accounts)

.....
Paid vide cheque No.

Dated :

Bursar

(Principal)