Hall Management Centre

INDIAN INSTITUTE OF TECHNOLOGY
KHARAGPUR - 721 302

Date:
Sl. No.:

Application for Reimbursement of Medical Expenses incurred in connection with Medical Attendance / or Treatment of Hall Employees and their Families
(To be used for INDOOR TREATMENT at B. C. Roy Technology Hospital /.....Hospital)
N.B.: Separate Form should be used for each Patient

Employee Details

Employee Code	Name of employee (in block letters)	Designation

Hall / HMC	Band Pay	Grade Pay	Residential Address

Patents details & Relation

Name of the Patient	Relation with employee	Place at which the patient fell ill

Name of illness & its duration

DETAILS OF MEDICAL EXPENSES

		Claimed by Applicant	Amount admissible as per GOI norms (to be filled by Auditor)
i)	Accommodation Charges (Attach copy of discharge Certificate)	₹	₹
ii)	Operation Charges	₹	₹
iii)	Pathological, Bacteriological or other similar Charges (Details with MO's advice and Cash Memos in original to be enclosed)	₹	₹
iv)	Cost of Medicines (List of medicines, Cash memos and essentiality certificate to be attached)	₹	₹
	Total	₹	₹

DECLARATION TO BE SIGNED BY THE MEMBER OF THE STAFF

I hereby declare that:

(i) the claim is genuine;
(ii) the statement made in this application are true to be best of my knowledge and belief.
(iii) the person for whom the medical expenses were incurred is wholly dependent upon me is not an earning member of the family.
(iv) my wife/husband is not employed and the reimbursement has not been claimed from her / his source of employment;
(v) the claim was not drawn before me.

Date: ..... Signature of the HMC Employee

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

P A R T – A
(to be signed by the Medical Officer-in-Charge of the case at the Hospital)

I, Dr ..... hereby certify

a) that the patient was admitted to hospital on the advice of Dr.....(name of the Medical Officer) / on my advice.

b) that the patient has been under treatment at the ..... Hospital and that the under mentioned 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 ..... hospital for supply to private patients and do not include proprietary, preparations for which cheaper substances of equal therapeutic value are available for preparations which are primarily food toilets or disinfectants;

P.T.O.

- Details of medicine furnished as per enclosed bills.

	Name of Medicine	Quantity	Price(₹)		Name of Medicine	Quantity	Price(₹)
1				5			
2				6			
3				7			
4					**Total Rs.**		

c) that the injections administered were not 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 the expenditure of Rs. .....was incurred, were necessary and were undertaken on my advice at..... (name of hospital)' or.....Laboratory);

f) that I called in Dr.....for specialist consultation.

Signature of the M. I. O. – in – Charge of the case

PART - B

1 hereby certify that the patient has been treatment at the .....hospital and that the services 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 M. I. O. - in - Charge of the case

COUNTERSIGNED

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

Place: ..... Medical Superintendent: .....

Date: ..... Hospital .....

(FOR OFFICE USE ONLY)

Gross Payable Rs.....

Less: Advance Rs.....

Bill No.....Date.....

Net Payable Rs.....

Passed for Payment for Rs.....

(Rupees.....)

As per the above claim which is covered by Rules and was not drawn before

Checked & Verified by: _____

Pay Rs.....(Rupees.....only)

Accountant:

Chairman, HMC