



Application for Medical Claims

To : AO (Payrolls) Through : Department Head

Name of the Claimant :	Dept. & Badge No. :
Name of the Patient :	Relationship :
Nature of the illness :	Duration :
Reference :	

PART "A" (For Medical Attendance)

Name of Regd. Medical Practitioner :	Regn. No.
Place of Treatment :	

SUMMARY OF CLAIMS	Amount Claimed Rs. P.		Enclosures	FOR ACCOUNTS USE ONLY					
				Amt. paid from 1st April		Amount Admitted		Cumulative Total	
				Rs.	P.	Rs.	P.	Rs.	P.
1. Consultation									
2. Injection									
3. Pathological Tests									
4. Medicines									
5. Miscellaneous									
Total :									

PART "B" (For Hospital Treatment)

Name of the Hospital :	Duration of Treatment
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CHARGES	Amount Claimed Rs. P.		Enclosures	Amount Admitted Rs. P.		FOR ACCOUNTS USE ONLY
						Passed for Rs..... (Rupees.....)
1. Ward Charges						ACCOUNTANT ACCOUNTS OFFICER Asst. ACCOUNTS MANAGER
2. Clinical Charges						
3. Operation Theatre Charges						
4. Cost of Medicine						
5. Prof / Specialist Charges						
6. Injection Charges						
7. Miscellaneous						
Total :						

1. Certified that the above expenses were actually incurred.
2. Certified that I have not submitted any other claims in respect of the above expenditure.

SIGNATURE OF THE EMPLOYEE

COUNTER SIGNATURE OF C.M.O.

AUDIT

Since the Hospitalisation charges are more than Rs. 500/- the claim has to be Co-ordinated by the Head of the Division as per Circular No. 225 dated 25th Nov. 1977. The claim along with the bills and prescription is enclosed.

For approval, please

ACCOUNTS MANAGER

HEAD OF THE DIVISION

DETAILS OF PART 'A' & PART 'B'

CONSULTATION FEE (Indicate the No. and dates of consultations & fee paid for each)

No.	Date	Nature of Consultation	Enclosures	Amount Claimed		Amount Admitted	
				Rs.	P.	Rs.	P.
TOTAL							

INJECTION CHARGES (Indicate the No. and dates of Injection & the charges Paid for each)

No.	Date	Type of injection	Enclosures	Amount Claimed		Amount Admitted	
				Rs.	P.	Rs.	P.
Total							

PATHOLOGICAL TEST

No.	Date	Nature of Examination	Name of Lab / Hospital	Enclosures	Amount Claimed		Amount Admitted	
					Rs.	P.	Rs.	P.
Total								

COST OF MEDICINES

No.	Date	Name of Medicines (IN BLOCK LETTERS)	Quantity	Enclosures	Amount Claimed		Amount Admitted	
					Rs.	P.	Rs.	P.
Total								

1. Separate claims are to be made for Part 'A' and Part 'B'
2. For details, refer G.B. 185 dated 1-6-1973 and Circular No. 99 Dated 18-8-1973.