INDIRA GANDHI NATIONAL OPEN UNIVERSITY

(Form of Application for Medical Claim)
(Hospital indoor treatment)

1. Name and designation of the employee (in block letters) :
   (i) Marital Status : Married
   (ii) if Married the place where the spouse is employed :
2. Pay of the Official :
3. Place of Duty (Also indicate the School/Div., Room No., Block No. etc.) :
4. Actual residential address : _____
   _____
   _____
5. Name of the patient and his/her relationship to the employee (in case of children specify age also) :
6. Place at which the patient fell ill :
7. Details of amount claimed :
   i) Name of the hospital :
   ii) Charges for hospital treatment, indicating separately the charges for –
      a. Accommodation :
      b. Diet :
      c. Surgical operation or medical treatment or confinement :
      d. Pathological, bacteriological, radiological or similar tests indicating-
         i) The name of the hospital or laboratory :
         ii) Whether undertaken on the advice of the medical officer, incharge of the hospital (attach certificate) :
      e. Medicines/special medicines (Cash memos/Essentiality Certificate to be attached) :

f. Special Nursing i.e. Nurses specially engaged for the patient (attach a certificate of the Medical Officer incharge of the hospital) :

g. Any other charges :

iii) Consultation with specialist (Certificate from Medical Officer to be attached) :

Fees for consultation, indicating :

Name & Description of the Medical Officer consulted	No. of consul-tation	Date of consultation	Fee Paid

(Cash Memos and essentiality certificate should be attached)

8. Total amount claimed :

9. List of enclosures :

(Signature of Claimant)

DECLARATION TO BE SIGNED BY THE EMPLOYEE

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

Date: Signature of the employee

(To be completed in the case of patient who are admitted to hospital for treatment)

Certificate granted to Mrs./Mr./Miss_____ wife/son/daughter of Mr/Mrs_____ employed in the _____.

Part A

(To be signed by the Medical Officer in charge of _____ case at the hospital)

I, Dr. _____ hereby certify

(a) that the patient was admitted to hospital on the advice of _____ (name of the medical officer)/on my advice.

(b) that the patient has been under treatment at _____ 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 _____ (name of the hospital) for supply to private patients and do not include proprietary preparations or which are primarily foods, toilets or disinfectants.

S. No.	Name of the medicines (In block letters)	Price
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
	Total	

(c) That the injections administered were/not for immunizing) or prophylactic purpose

(d) That the patient is was suffering from _____ and is/was under treatment from _____ to _____

(e) That the X-ray laboratory tests etc. for which an expenditure of Rs. _____ was incurred were necessary and were undertaken on my advice at _____ (name of hospital or laboratory)

(f) That I called on Dr. _____ for specialist consultation and that the necessary approval of the _____ (Name of the Chief Administrative Medical Officer of the state) as required under the rules was obtained.

Signature and designation of the Medical Officer
In charge of the case at the Hospital

Part 'B'

I certify that the patient has been under treatment at the _____ hospital and that the service of the social nurses for which an expenditure of Rs. _____ incurred vide bills and receipts attached were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Signature of the Medical Officer
In charge of the case at Hospital

Counter signature of the Medical Supdt. Of the Hospital

I certify that the patient has been under treatment at the _____ Hospital and that the facilities provided were the minimum which were essential for the patients treatment.

Place: _____ Medical Supdt.
Date: _____ _____Hospital