



ASSAM UNIVERSITY : SILCHAR

FORM OF APPLICATION FOR MEDICAL CLAIMS

Certificate 'A'

(To be completed in the case of all patients both admitted/not admitted to hospital for treatment)

For the application for claiming medical expenses incurred in connection with medical attendance and/or treatment of employee of the University and their facilities for medical attendance/treatment taken both from Authorized Medical Attendant and a Hospital/ Clinic/ Nursing Home, etc. as per the Assam University Medical Attendance Procedure, 2015.

1.	Name and Designation of the Employee with Department / Sections (in block letters)	
2.	Contact number	
3.	Whether married or unmarried	
4.	If married, place where wife/husband is employed	
5.	Office / Department in which employed	
6.	Pay of the employee as defined in the Fundamental other emoluments which should be shown separately.	
7.	Place of duty	
8.	Actual residential address	
9.	Name of the patient and his/her relationship with the employee	
10.	Place at which patient fell ill	
11.	Details of the amount claimed	
	a) Fees for consultation	
	b) Charges for pathological, bacteriological, radiological or other similar tests undertaken during diagnosis	
	c) Cost of medicines purchased from the market	

Sl. No.	Bill No. / Voucher No.	Date	Amount (in Rs.)

12.	Consultation with specialist if any			
13.	Total amount claimed			
14.	<u>Bank Details</u>			
	Bank Name	Branch Name	Account No.	IFS Code
				PFMS No.

DECLARATION TO BE SIGNED BY THE EMPLOYEE

Enclosure: (Please tick the appropriate option)		
1.	Original Prescription or Certificate "B"	Yes <input type="checkbox"/>
2.	Cash memo / Bills in original	Yes <input type="checkbox"/>
3.	Test Reports (Photo Copy)	Yes <input type="checkbox"/>
4.	Self-certification of all the bills / cash memos / vouchers	Yes <input type="checkbox"/>
5.	Certificate "C" for hospitalization cases along with discharge certificate in original	Yes <input type="checkbox"/>
6.	Claim submitted against each Prescription / Visit	Yes <input type="checkbox"/>
7.	Physiotherapy Treatment bill with Prescription of A.M.A.	Yes <input type="checkbox"/>
8.	Mention lens / glass bill amount in case of spectacle bill	Yes <input type="checkbox"/>
9.	Mentioned page numbers in all pages of the claim	Yes <input type="checkbox"/>
10.	Bill submitted within six months of first consultancy	Yes <input type="checkbox"/>

I hereby declare that the statements in the application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred by me for treatment of self / dependent.

Date: _____

Signature of the employee and
the office to which attached

I certify that the patient has been under the treatment of: _____

and that after scrutiny the admissible medicines/Tests are as follows:

Sl. No.	Name of Medicines	Quantity	Price (in Rs.)	Amount (in Rs.)
1.				
2.				
3.				
4.				
Total				

Date: _____

AMA / Medical Officer
Assam University

For Office use only

Total admissible amount: Rs. _____ Rupees _____ only.

Signature of D.D.O.

Acknowledgement

Received medical claim from _____ for Rs. _____
vide docket no. _____ dated _____.

Signature of Recipient



ASSAM UNIVERSITY

SILCHAR

CERTIFICATE 'B'

ESSENTIALITY CERTIFICATES

(To be completed in the case of patients who are not admitted to hospital for treatment)

This is to Certify that Mrs./Mr./Ms.....wife/son/daughter
of.....has been suffering fromand the
medicines/investigation prescribed fordays/months/year are essential for recovery. The details of
the
medicines and investigations are referred in the prescription.

Date:

Signature of AMA/Designation of the Medical
Officer and hospital/dispensary to which
attached



**ASSAM UNIVERSITY
SILCHAR
ESSENTIALITY CERTIFICATES**

CERTIFICATE 'C'

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

Certificate granted to Mrs./Mr./Miss.....wife/son/daughter
of.....employed in the.....

PART-A

1. Dr.....hereby certify that-

- 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.....hospital/my consulting room 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 apply to private patient and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants;

Sl.No.	Name of the medicine	Quantity	Price (in Rs.)	Amount (in Rs.)

- c) that the injections administered were not/were 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 an expenditure of Rs..... Was incurred was necessary and were undertaken on my advice at.....(name of the 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.

Date:

Signature of AMA/Designation of the
Medical Officer and hospital/dispensary to
which attached

PART-B

I certify that the patient has been under treatment at the
and that the service 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 Medical Officer in charge of the case at the hospital.

COUNTERSIGNED

Medical Superintendent

.....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 patient's treatment.

Date :

Medical superintendent

..... hospital

Note : Certificates not applicable should be struck off. Certificate (d) is compulsory and must be filled by the medical officer.