

ANNEXURE -XIV

[See Rule 27 (2) (c-ii)] and Rule 29 (I)

To,

The _____

Subj:- Final Medical reimbursement bill for medical treatment.

Sir/Madam,

I am to submit herewith the reimbursement claim/refund in connection with medical reimbursement claim of Shri/Smti. _____ At _____ (Name of hospital) as per particulars given below

(1) Full Name of the claimant _____

(2)

a. In case of serving Govt. Employee:

i. Designation and address of Office where employed _____

ii. Basic Pay and Ward entitlement _____

OR

b. In case of pensioner:

i. Pension Payment Order (P.P.O): Number _____

ii. Amount of Basic pay before Retirement _____

Ward Entitlement _____

(3)

a. Relationship of patient with the applicant if applicant is not the patient _____

b. Name of the patient _____

c. Age of the patient _____

(4) Whether the treatment was undertaken on the advice of the Authorized Medical attendant or whether the prior approval of the Director of Health Services was obtained.

If so, referral Medical Certificate/Emergency Certificate issued by the authorized signatory of the treating institution as the case may be/Letter conveying approval for medical treatment, should be attached.

(5) Details of Medical Advances drawn: due to be regularized:

i. Amount drawn & date of drawal Rs. _____

ii. Office from which drawn _____

iii. Amount already refunded. If any Rs. _____

(6) Also enclosed are the following:

i. Essentiality Certificate with Bills/Cash memos duly listed showing

a. Serial number _____

b. Bills/Cash memo number & date _____

c. Amount Certified by "Authorized Medical Attendant)/Authority of Treating Institution _____

ii. Total amount Rs. _____

(7) Claim/Refund Rs. _____

Place _____ Date _____

Yours faithfully

Signature of the
Head of Office

applicant