

UNIVERSITY OF HYDERABAD

Medical Reimbursement Claim for Outpatient Treatment

S.B.I/A.B. Bank A/c No. _____

Note : Separate application form should be submitted for each patient.

1. Name and designation of the employee (in block letters) :
2. I.D. No. :
3. Pay : :
4. Department / School :
5. (i) Whether married or unmarried :
(ii) If married, the place organisation where wife/husband is employed :
6. Name of the patient & relationship to the employee (in the case of Children state age also) :
7. Actual residential address :
8. Place at which patient fell ill :
9. Details of the amount claimed :
 - i) Consultation Date..... Amount Rs.....
 - ii) Injections on..... Amount Rs.....
 - iii) Cost of Medicines Amount Rs.....
 - iv) Laboratory charges Amount Rs.....
- Total Amount Claimed Rs.....
10. List of enclosures :
 - i) Essentiality Certificate 'A' dated :
 - ii) Doctor's prescription dated :
 - iii) Details of Medicines purchased :

Cash Memo No. & Date	Name & Address of the Medical Shop	Name of the Medicine and Quantity	Price	
			Rs.	Ps.

11. Declaration :

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 is wholly dependent on me.

Station :

Date :

Signature of the Employee

FOR USE IN FINANCE & ACCOUNTS DEPARTMENT

1. Fees paid for Consultation Rs.
 Injections Rs.

II. Amount paid so far Rs.

Amount of this claim Rs.

Cost of Medicines Rs.
X-Ray/Lab Tests Rs.
Total admitted Rs.

III. Details of amount
Disallowed and
reasons therefore Rs.

Passed for Rs. _____ (Rupees _____
_____ only)

Asst.

S.O.

A.R.

D.R.

Finance

CERTIFICATE 'A'

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

Certificate granted to Mrs./Mr./Miss _____
Wife / Son / Daughter / Father / Mother of

Mr. _____
employed in the University of Hyderabad.

I, Dr. _____ hereby certify

(a) That I charged and received Rs. _____
for _____ consultations on _____
(dates to be given) at my consulting room / at the residence of the patient.

(b) That I charged and received Rs. _____
for administering _____ intra - venous / intra - muscular / subcutaneous
injections on _____
(dates to be given) at _____
my consulting room / the residence of the patient.

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

(d) That the patient has been under treatment
at _____ Hospital / my consulting room

located at H.No. _____
and that the 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 Hospital) for supply to private patients 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.

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

(f) That the patient is / was not given pre - natal or post - natal treatment.

(g) 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 of Laboratory)

- (h) That I referred the patient to Dr. _____
for specialist consultation and that the necessary
approval of the _____
(Name of the Chief Administrative Officer of the State) as required under the rule was obtained
- (i) That the patient did not require / required Hospitalisation

Signature, Designation and
Registration Number of the
Medical Officer and Hospital/
Dispensary to which attached

Dated : _____

N.B. : Certificates not applicable should be struck off. Certificate (e) is compulsory and must be filled in by the Medical Officer in all cases.

- Note
1. The above certificate may be deemed to be regular receipt for the payments received by the Medical officer, who will be required to affix a Revenue Stamp on the Essentiality Certificate itself when the payment exceeds Rs. 500/-
 2. The cash memos for purchase of medicines must be countersigned by the doctor prescribing the medicines.