

EXTRACT OF MEDICAL CLAIM

(N.B.: Separate form should be used for each patient. The form should be filled in neatly and legibly)

1. Name of the Government servant together with designation and section in which he/she is working and pay drawn
2. Residential address and the place at which the patient fell ill.
3. Name of the patient and his/her relationship to the Government servant (in the case of children state age also)
4. Name of disease and period of medical attendance and treatment as given in the Essentiality Certificate

“A” FOR TREATMENT OTHER THAN AS IN-PATIENT IN A HOSPITAL

5. Name of authorized medical attendant and hospital to which attached
6. Fees paid to authorized medical attendant (No. and date of authorized medical attendant’s receipt) (1) (2)
(3) (4)

- (i) Number and date of consultation
- (ii) Number of injections administered with date

I.M. Injections on

I.V. Injections on

Total Rs. _____

7. Medicine prescribed and included in Certificate”A”
(Details of cash memo) Name of Amount
Name of company and number and date of bill medicines Rs. P.

8. Radiology and other costs included in Certificate ‘A’

- (i) Number and date of receipt for payment of Rs.
- (ii)
- (iii)

9. Other charges (such as ambulance charges, etc.)

[P.T.O]

“B” TO BE FILLED IN THE CASE OF TREATMENT AS AN IN-PATIENT IN A HOSPITAL

10. Details of hospital stoppages

(i)

(Number and date of hospital receipt)

(ii)

(iii)

Less diet charges, if the official is drawing a pay of Rs.130 and above.

11. Allocation of charges

Medical advice	Nursing and Accommodation	Diet	Medicine (if any)	Total
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12. Details of medicine (to be filled in as directed
in column 7)

13. Other charges

Grand Total Rs. _____

DECLARATION TO BE SIGNED (IN FULL) BY THE GOVERNMENT SERVANT

I hereby declare that the particulars furnished above are correct to the best of my knowledge and belief.

Full Signature of the Government Servant

(For official use only)

Scrutinised and passed for Rs.

ACCOUNTANT