

INDIAN STATISTICAL INSTITUTE

Medical Assistance Scheme
COMPREHENSIVE CLAIM BILL
(A separate form should be used for each patient)

1. Name and designation of the Institute employee
(IN BLOCK LETTERS)-(with Roll No.)
(i) whether married or unmarried
(ii)if married the place where wife/husband is
Employed
2. Office in which employed
3. Pay of employee as defined in the Fundamental
Rules and any other emoluments, which should be
shown separately
4. Place of Duty
5. Actual residential address
6. Name of the patient and his/her relationship to the
employee

(In the case of children, state age also)
7. Place at which patient fell ill
8. Details of the amount claimed:

I. MEDICAL ATTENDANCE

- (i) Fees for consultation indicating
 - (a) The name and particulars of the medical officer
consulted and the hospital or dispensary to
which attached
 - (b) The number and dates of consultations and
the fee paid for each consultation
 - (c) The number and dates of injections and the
fee paid for each injection
 - (d) Whether consultation and/or injection were
had at the hospital, at the consulting room of
the medical office or at the residence of the
patient
- (ii) Charges for pathological bacteriological,
radiological or other similar tests undertaken
during diagnosis indicating.
 - (a) The name of the hospital or laboratory where
the tests were undertaken
 - (b) Whether the tests were undertaken on the
advice of the authorised medical attendant. If
so, a certificate to that effect should be
attached.
- (iii) Cost of Blood, Sera, Special Appliances
(List, cash memos and necessary certificates)

Sl. No.	Name of Medicines (In Block Letters)	Quantity	Amount	
			Rs.	P.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
Total				

II. CONSULTATION WITH SPECIALIST

Fees paid to a specialist or a medical officer other than the authorised medical attendant indicating:

- (a) The name and designation of the specialist or medical officer consulted and the hospital to which attached
- (b) The number and dates of consultations and the fees charged for each consultation
- (c) Whether consultation was had at the hospital, at the consulting room of the specialist or medical officer or at the residence of the patient
- (d) Whether the specialist or medical officer was consulted on the advice of the authorised medical attendant. If so, a certificate to the effect should be attached.

- 9. Total amount claimed Rs.
- 10. Less advance taken on Rs.
- 11. Net amount claimed Rs. (in words).....
- 12. List of enclosures (i) Essentiality Certificate (ii) prescription (iii).....cash memos, (iv) money receipts.

DECLARATION TO BE SIGNED BY THE INSTITUTE EMPLOYEE

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

Date Signature Roll No.....

Office to which attached

(Declaration regarding Co-operative Stores to be given)

INDIAN STATISTICAL INSTITUTE

Medical Assistance Scheme ESSENTIALITY FORM

Certificate granted to Shri/Shrimati/Ms.
wife/mother/husband/son/daughter of Shri/Shrimati
employed in the Indian Statistical Institute.

Centre

Unit

CERTIFICATE A

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

I * Dr..... hereby certify

(a) that I charged and received Rs..... (in words)
..... for consultations on (dates to be given)
at my consultation room/the residence of patient.

(b) that I charged and received Rs..... (in words)
..... for administering(injection/intra-venous/intra-muscular/sub-cutaneous)
on (dates to be given)at my consulting room/patients residence.

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

(d) that the patient has been under treatment at Patients residence/
hospital/my consulting room and that the undermentioned medicines prescribed by me in this connection
were essential for the recovery prevention of serious deterioration in the condition of patient.The medicines
are not stocked in the (name of the 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.

* Doctor's qualifications should be given in full.

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

In cases where double the rates of consultation fees are charged by the A.M.A. for visits. (between 10 P.M. and 6 P.M.) the A.M.A. should furnish a certificate showing why the night consultation was necessary.

Sl. No.	Name of Medicines (In Block Letters)	Quantity	Amount	
			Rs.	P.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
Total				

(if necessary, separate sheet can be used for the purpose)

(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 care or post-natal treatment.

(g) that the X-ray, laboratory test, etc. for which an expenditure of Rs.....
(in words)..... incurred were necessary and
were undertaken on my advice at
..... (Name of hospital / laboratory).

(h) that I referred the patient to Dr..... or specialist consultation.

(i) that the patient did not require hospitalisation, but could not be admitted in
.....hospital, and hence treated at my consultation room/patient's residence

(j) that Blood, Sera, Special appliances were recommended as unavoidably necessary and purchase thereof
were made on my authority at a total cost of Rs..... (in words)
..... from

.....
.....
.....

Signature and Designation of the Medical Officer
(including registration number and qualifications)
and the hospital or dispensary to which attached

Date