

INDIAN STATISTICAL INSTITUTE

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

1. Name and designation of the Institute employee
(IN BLOCK LETTERS)-(with Roll No.)
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. HOSPITAL TREATMENT

Charges for hospital treatment indicating
separately the charges for —

- (i) Accommodation —
(State whether it was according to the status
or pay of the employee and in cases where the
accommodation is higher than the status of the
employee, a certificate should be attached to the
effect that the accommodation to which he/she
entitled, was not available.)
- (ii) Diet.
- (iii) Surgical operation or medical treatment
- (iv) Pathological, bacteriological, radiological
or other similar tests indicating:—
- (a) The name of the hospital or laboratory
at which undertaken
- (b) Whether undertaken on the advice of
the medical officer-in-charge of the
case at the hospital. If so, a certificate
to that effect should be attached.

(v) Medicines

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

(vi) Special medicines.
 (List of medicines, cash memos, and the essentiality certificate should be attached)

(vii) Ordinary nursing.

(vii) Special nursing, i.e., nurses specially engaged for the patient. State whether they are employed on the advice of the medical officer-in-charge of the case at the hospital or at the request of the Institute employee or patient. In the former case, a certificate from the medical officer-in-charge of the case and countersigned by the Medical Superintendent of the hospital should be attached.

(ix) Ambulance charges
 (State the journey –“to and from” undertaken)

(x) Any other charges, e.g. charges for electric light, fan, heater, air-conditioning, etc. State also whether the facilities referred to are a part of the facilities normally provided to all patients and no choice was left to the patient.

Note 1: If the treatment was received by the Institute employee at his residence under Rule 7 of the C.S.(M.A.) Rules, 1944, give particulars of such treatment and attach a certificate from the authorised medical attendant as required by these Rules.

Note 2: If the treatment was received at a hospital other than a Government Hospital necessary details and the certificate of the authorised medical attendant that the requisite treatment was not available in any nearest Government Hospital should be furnished.

(xi) Cost of Blood, Sera, special appliances etc. (Cash memos, receipted bills, etc. to be attached)

II. CONSULTATION WITH SPECIALIST

Fees paid to a specialist or a medical officer other than the authorised medical attendant, 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) 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 that effect be attached.

- 9. Total amount claimed Rs. (in words)
10. Less advance taken on Rs. (in words)
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 of employee Roll No.

Office to which attached

(Declaration regarding Co-operative Stores to be given)

INDIAN STATISTICAL INSTITUTE

Medical Assistance Scheme ESSENTIALITY FORM FOR TREATMENT IN HOSPITAL

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

CERTIFICATE B

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

PART A

(To be signed by the Medical Officer-in-Charge of the case at the hospital)

I * Dr..... hereby certify:-

- (a) that the patient was admitted to hospital on my advice/the advice of
(name of medical officer).
- (b) that the patient has been under treatment at and that
the undermentioned 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 or disinfectants.

Sl. No.	Name of Medicines (In Block Letters)	Quantity	Prices	
			Rs.	P.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
Total				

- (c) that the injections administered were/were not for immunising 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 tests, for which an expenditure of Rs. was incurred were necessary and were undertaken on my advice at (name of hospital or laboratory).
- (f) that I called in Dr. for specialist consultation.
- (g) that Blood, Sera, Special appliances, were recommended as unavaoidably necessary and purchases thereof were made on my authority at a total cost of Rs. Rs.(in words) from

.....

Date

Signature and Designation of the Medical Officer-in-Charge of the case at the hospital

PART B

I certify that the patient has been under treatment at the hospital and that the services of the special nurses, for which an expenditure of Rs..... (in words) was incurred vide bills and receipts attached, were essential for the recovery prevention of serious deterioration in the condition of the patient.

Date

Signature of the Medical Officer-in-Charge of the case at the hospital

C O U N T E R S I G N E D 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.

Place

Medical Superintendent

Date

..... hospital

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