



CENTRAL SANSKRIT UNIVERSITY

(Established by an Act of Parliament)

New Delhi-110058



(University Ordinance No. 6) Medical Reimbursement Claim Form

Form-5

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment for In-Service Employees & Retired Persons and their dependents - for medical attendance/treatment taken from the Authorized Medical Attendant or In-Patient/ Hospitalization at recognized Hospital.

1.	Name and designation of Government servant/ Retired Person (in block letters)	
	i) Whether married or unmarried:	
	ii) If married, the place where wife/husband is Employed	
2.	Place of Posting/ Last Place of Posting (in case of Retired Personnel)	
3.	Medical Identity Card No.	
4.	<ul style="list-style-type: none">Pay Level & Basic Pay of the Employee (In case of retired person, last pay drawn and pay level should be mentioned)Ward Entitlement of the Beneficiary (General/ Semi-Private/ Private)	
5.	Name of the patient and his/her relationship to the Govt. servant/ Retired Person. Note - In the case of children, state age also.	
6.	<ul style="list-style-type: none">Place at which the patient fell illName and Address of the AMA/ Hospital	

7. Details of the amount claimed: I. Medical Attendance (In case OPD treatment taken from AMA or directly at empanelled hospital)

i) Fees for consultation indicating - <ul style="list-style-type: none">The name and designation of the MO (Medical Officer) consulted and the hospital or dispensary to which attached	
<ul style="list-style-type: none">The number and dates of consultation and the fee paid for each consultation.	
<ul style="list-style-type: none">The number and dates of injection and the fee paid for each injection.	
<ul style="list-style-type: none">Whether consultations and/or injections were had at the hospital or at the consulting room of the MO or at the residence of the patient.	

ii) Charges for pathological, bacteriological, radiological, or other similar tests undertaken during diagnosis indicating-

<ul style="list-style-type: none">The name of the hospital or laboratory where undertaken; and	
<ul style="list-style-type: none">Whether the tests were undertaken on the advice of the authorized medical attendant. Also provide the charges for pathological/bacteriological/radiological test.	

iii) Cost of medicines purchased (Cash memos and the essentiality certificate should be attached).

II. IPD Treatment/Hospitalization under emergency: - Name of the hospital where the IPD treatment is taken. Also, state whether the hospital is Government Hospital or University Empanelled hospital or as empanelled under CGHS/ CS (MA) Rules	
i) Accommodation Charges	
ii) Diet Charges	
iii) Surgical operation or medical treatment or confinement charges.	
iv) Pathological, bacteriological, radiological or other similar tests charges indicating- <ul style="list-style-type: none">The name of the hospital or laboratory at which undertaken, andWhether undertaken on the advice of the MO in charge of the case at the Hospital.	
v) Medicines	

vi) Special medicines (Original Cash memos and the essentiality certificates should be attached)

vii) Ordinary nursing	
viii) Special nursing, i.e., nurses, specially engaged for the patient. State whether they are employed on the advice of the MO in charge of the case at the Hospital or at the request of the Govt. Servant/Retired Person or patient. In the former case, a certificate from the MO 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)

NOTE 1. - If the treatment was received by the Govt. servant at his residence under Rule 7 of the C.S. (M.A.) Rules, 1944 give particulars of such treatment and attached a certificate from the authorized medical attendant as required by these rules.

NOTE 2. - If the treatment was received in emergency at a hospital other than a Govt./Recognized/University's Empanelled hospital, a certificate to the effect of emergency will have to be obtained from the Medical Officer of concerned Hospital such immediately thereafter and in any case during the course of such treatment.

Continued from page-1

III. Consultation with Specialist/Prolonged Treatment - Fees paid to specialist or a MO other than the authorized medical attendant, indicating: -	
a) The name and designation of the Specialist or MO consulted and the hospital to which attached	
b) Number and dates of consultations and the fees charged for each consultation.	
c) Whenever consultation was had at the hospital, at the consulting room of the Specialist or MO, or at the residence of the patient, and	
d) Whether the Specialist or MO was consulted directly from the very beginning or on the advice of the authorized medical attendant.	
e) Charges for pathological, bacteriological, radiological, or other similar tests undertaken during diagnosis. Whether the tests were undertaken on the advice of the Specialist or MO.	
f) Cost of medicines purchased (<i>Cash memos and the essentiality certificate should be attached</i>).	
8. Total amount claimed	
9. Less advance taken on	

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the above information is true and accurate to the best of my knowledge. I confirm that I am a registered medical beneficiary of Central Sanskrit University, New Delhi. The Medical Card was valid at the time the treatment was availed, and the person for whom the medical expenses are being claimed is fully dependent on me. I understand that the reimbursement will be processed as per prevailing rules, and I undertake to refund any excess amount received, if applicable.

Date:**(Signature of the Claimant)****Place:****Name of the Claimant:****Mobile No.****Email-ID****Enclosures: -**

- Total Number of Enclosures: _____ (Self-attested and sequentially numbered)
- Photocopy of Medical Identity Card of the beneficiary (is attached at page No._____)
- Original Prescriptions, discharge summary (copy or original), copy of investigation/radiological reports.
- Emergency Certificate (if treatment was availed in an emergency situation at a non-empanelled hospital)
- Bill, Cash Memos, Medicine Bills (in Original)
- Essentiality Certificate [Certificate-A or B, whichever is applicable]
- For treatment of Prolonged Illness/ Special disease, lab/ investigation reports along with a certificate from the treating physician certifying that the treatment falls under the prolonged treatment/ special disease category.

Strike out whichever is not applicable

Note: Misuse of Medical facility is a criminal offence. Suitable action including cancellation of medical identity card and medical facility shall be taken in case of wilful suppression of facts or submission of false statements/claims. Suitable disciplinary action shall be taken in case of serving employees.

*******FOR OFFICIAL USE ONLY*******

Total Amount Claimed.....**Amount Not Admissible****Amount Admissible/ Passed for Reimbursement.....**

The Total Admissible/Passed amount of Rs..... (In Words.....) may be reimbursed to Shri/Smt./Dr./Prof.

(Dealing Assistant)**(Section Officer)****(Assistant Director)****(Deputy Director)****(Registrar/ Director of Campus)**