



DELHI COLLEGE OF ARTS AND COMMERCE

(UNIVERSITY OF DELHI)

NETAJI NAGAR, NEW DELHI-110 023.

FORM OF THE APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES
INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND / OR
TREATMENT OF UNIVERSITY EMPLOYEES AND THEIR FAMILIES

N. B. : Separate form should be used for each patient.

1. Name and designation of the employee :

(in BLOCK Letters)

(i) Whether married or unmarried :

(ii) If married, the place where wife/husband of
the employee is employed (where applicable)

(In case employed, a joint declaration
duly countersigned by the wife employer/
husband of the child may be furnished) at the
time of first bill in each financial year.

2. Where employed :

3. Pay of the University/College employed,
and 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 University/College employee.

Note : In case of children, state age also.

7. Place at which the patient fell ill :

8. Whether member of W U S Health Centre or Not :

9. Details of the amount claimed :

1. MEDICAL ATTENDANCE :

(i) Fees for consultation, including :

(a) the name, qualification and designation 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 consultations and / or injections
were had at the hospital is the consulting
room of the medical officer 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 undertaken, and
- (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) Costs of medicines, purchased from the market.

(List of medicines, cash memos, and the essential certificates should be attached.)

II. HOSPITAL TREATMENT :

Name of the Hospital :

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 case 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 was entitled was not available.)

(ii) Diet :

(iii) Surgical operation of medical treatment on confinement :

(iv) Pathological, bacteriological, radiological or other similar tests, indicating :

- (a) the name of the hospital or laboratory at which undertaken, and
- (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 :

(vi) Special Medicines :

(List of medicines, cash memos and the essential certificates should be attached)

(vii) Ordinary nursing :

(viii) Special nursing, i.e., Nurses specially engaged for the patient. State whether they were employed on the advice of the medical officer-in-charge of the case at the hospital or at the request of the 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.

Note : All tests should be undertaken at Govt. Hospital/Dispensaries. (In the case of O.P.D. Treatment)

- (ix) *Ambulance Charges :
(State the journey, to and from undertaken.)
- (x) Any other charges, e. g., Charges for electric light, fan, heater, airconditioning, 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.

Notes : 1. If the treatment was received by employee at his residence given particulars of such treatment and attach a certificate from the authorised medical attendants as required by these rules.

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

III CONSULTATION WITH SPECIALIST :

Fees paid to a Specialist or Medical Officer other than the authorised medical attendant, indicating :

- (a) The name and Designation of the Specialist of Medical Officer consulted and the hospital to which attached.
- (b) Number and dates of consultations and the fee 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 consultation on the advice of the authorised medical attendant and the prior approval of the Chief Administrative Medical Officer of the State was obtained. If so, a certificate to that effect should be attached.

10. Total amount claimed :

11. List of enclosures :

DECLARATION TO BE SIGNED BY THE UNIVERSITY / COLLEGE EMPLOYEES

I hereby declare that statement in this application are true to the best of my knowledge and belief that the person for whom medical expenses were incurred is residing with me and wholly dependent upon me and his/her income is less than Rs. 500/- p.m. From all sources.

(PRE- RECEIPTED)

Date :.....

Signature of the College Employee

1. Amount does not exceed to Rs. 500/- during this financial year.
2. 5% empties of the used medicines as wrappers, vials bottel are enclosed for varification and destruction.
3. All the empties, as wrappers, vialls bottel are enclosed for varification and destruction as the amount has exceeded Rs. 1000/- during the financial year.
4. Entry of the Medical Bill is made at Page No. :.....

Sr. No. :.....Of Medical Bill Register.

Signature of the Controlling Authority
with office seal.

(To be filled in by the Accounts Branch)

Pay to :.....

DEBIT ACCOUNT : Maintaining Grant

Passed for Rs. :.....(Rupees.....)

.....)

Debit Head : Sec. 15-B / Medical Reimbursement

.....

Paid vide Cheque No.....

Date :.....

Checked & Varified
(Passed for Payment)

Convener
(Medical Committee)

S. O. Accounts

A. O.

Bursar

Principal