

# BHASKARACHARYA COLLEGE OF APPLIED SCIENCES

(UNIVERSITY OF DELHI)

SECTOR-2, DWARKA, NEW DELHI-110075

FORM OF APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE /HOSPITALIZATION OF COLLEGE EMPLOYEE AND THEIR FAMILIES

N.B. — SEPARATE FORM SHOULD BE USED FOR EACH PATIENT

1. Name and Designation of the college employee :

(in BLOCK Letters)

(i) Whether Married, or Unmarried :

(ii) If married, the place where Wife / Husband is employed (where applicable)

(iii) Office in which employed

2. Pay of the College employee, and any other Emoluments, which should be shown separately :

B.Pay

3. Actual residential address :

4. Name of the patient and his/her relationship to the College employee :

N.B. — In the case of Children, state age also.

5. Place at which the patient fell ill :

6. Whether the employee is a member of the W.U.S. Health Centre

Yes/No

7. Whether there is a Govt. Shop, Co-op, Store or Super Bazar within the radius of two kilometers from the residence of the employee.

Yes/No

8. Details of the amount claimed

## 1. 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 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 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 the undertaken on the advise 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 certificate should be attached).

(vii) Ordinary Nursing :

(viii) Special Nursing : 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 cases & counter-signed by the Medical Superintendent of the hospital should be attached.

(ix) 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.

(x) \* Ambulance Charges :

(State the journey to and fro-undertaken)

\*In case ambulance is not available and a taxi is used in lieu thereof then please produce a certificate from the hospital to this effect the conveyance was essential for the Patient.

**Note :**

1. If the treatment was received by the employee at his residence, give particulars of such treatment and attach a certificate from the authorised medical attendant required by these rules.
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.

**2. MEDICAL ATTENDANCE :**

(i) FEE 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 consultation 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, at 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) Cost of medicines, purchased from the market. (List of Medicines, Cash Memos and the essential certificates should be attached).

**Note:**

All tests should be under taken at Govt. Hospitals/ Dispensaries. (In the case of OPD treatment).

**3. CONSULTATION WITH SPECIALIST :**

Fees paid to a Specialist or a Medical Officer other than the Authorised Medical Attendant indicating :

- (a) The name and the designation of Specialist or Medical Officer consulted and the hospital to which attached.
- (b) Number and dates of consultations and fee charged for each consultation.
- (c) Whether consultation was held at the hospital, at the consulting room of the Specialist or Medical Officers or at the residence of the patient; and
- (d) Whether the Specialist or Medical Officer was consulted on the advice of Authorised Medical Attendant and the prior approved of the Chief Administrative Medical Officer of the State was obtained. If so, a certificate to that effect should be attached.

I. Total amount claimed :

II. List of enclosures : \_\_\_\_\_  
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**DECLARATION TO BE SIGNED BY THE COLLEGE EMPLOYEE**

1. I hereby declare that the statements in the 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.
2. I hereby declare that my husband/wife will not claim this amount from his/her office.
3. I declare that I reside / donot reside within the vicinity of about 8 kms. of North Campus and South Campus Health Centres.

Date .....

(Signature of the employee)

(To be filled in by the Accounts Branch)

Passed for Payments Rs. .... Rupees .....

ASSISTANT      S.O. (ACCOUNTS)      (BURSAR)      (PRINCIPAL)