

# **MEDICAL CLAIM FORM-I**

APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES INCURRED IN CONNECTION  
WITH MEDICAL ATTENDANCE AND / OR TREATMENT OF MEMBERS OF  
THE NATIONAL INSTITUTE OF TECHNOLOGY GOA

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

1. Name & Designation of the Employee :  
(in Block letters)
  2. Office in which employed :
  3. Pay as defined in rules & other emoluments, which should be :  
shown separately
  4. Place of duty :
  5. Actual residential address :
- 
6. Name of the patient and his / her relationship with the Employee :
  7. Place at which the patient fell ill :
  8. Nature of illness and its duration :

\_\_\_\_\_

**Details of the amount claimed :**

- i) Fees for consultation indicating
  - a) the name & designation of the medical officer consulted & the Hospital or Dispensary to which attached
  - b) the number and dates of consultation & the fee paid for each injection
  - c) Whether consultation were had at hospital, at the consulting room of the Medical Officer or at the residence of the patient
- ii) Charge of pathological bacteriological radiological or other similar tests undertaken during diagnosis indicating the name of the Hospital or laboratory where the tests were undertaken, and the advice of the authorised medical attendants. If so, to a certificate to that effect should be attached.

Total amount claimed : Rs.  
No. of enclosures :

### **DECLARATION TO BE SIGNED BY THE EMPLOYEE**

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 expenditure were incurred is wholly dependent upon me.

Date :

**Signature of the Employee**

Countersigned and certified that the claim :

- i) is genuine
- ii) is covered by the rules and orders on the subject
- iii) is supported by bills, receipts and other certificates etc.
- iv) was drawn before and
- v) has been sanctioned by me.

**DIRECTOR**  
**National Institute of Technology Goa**

**ESSENTIALITY CERTIFICATE 'A'**

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

Certificate granted to Mr./Mrs./Miss. \_\_\_\_\_  
father/mother/sister/brother/wife/son/daughter of Mr./Mrs./Miss. \_\_\_\_\_  
employed as \_\_\_\_\_ in the (Dept./Sec.) \_\_\_\_\_  
at National Institute of Technology Goa.

I, Dr. \_\_\_\_\_ hereby certify :-

- (a) that the injection administered are not for immunising or prophylactic purposes;
- (b) that the patient has been under treatment 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 Institute Dispensary for supply to private patients and do not include proprietary preparations of which are primarily foods, toilets or disinfectants;

Sl. No.	Names of the medicine(s)	Quantity	Price
01.			
02.			
03.			
04.			
05.			
06.			
07.			
08.			
09.			
10.			
<b>Grand Total Rs.</b>			

(c) that the patient is / was suffering from \_\_\_\_\_ and is / was under my treatment from \_\_\_\_\_ to \_\_\_\_\_;

(d) that the patient is / was not given prenatal and postnatal treatment;

(e) that the X-ray, laboratory test etc., for which an expenditure of Rs. \_\_\_\_\_ was incurred were necessary and were undertaken on my advise at the \_\_\_\_\_ that I referred the patient to Dr. \_\_\_\_\_ for Specialists consultation and that the patient to Dr. \_\_\_\_\_ for specialists consultation and that the patient did not require / required hospitalisation.

Signature of AMA/Designation of  
the Medical Officer and Hospital  
(Dispensary to which attached)

Dated : \_\_\_\_\_

**Note :** *Not applicable should be struck off. Certificate(s) must be filled by the medical officer in all cases.*