

INDIAN STATISTICAL INSTITUTE

Medical Assistance Scheme

COMPREHENSIVE CLAIM BILL

(A separate form should be used for each patients)

1. Name and designation of the Institute employee.....
(IN BLOCK LETTERS) - (with Roll No.)
 - (i) whether married or unmarried.....
 - (ii) if married, the place where wife/husband is employed.....
 - (iii) Whether member of MERU or MWU:
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. MEDICAL ATTEDANCE -
 - (i) Fees for consultation indicating:
 - (a) The name and particulars of the medical officer consulted and the hospital or dispensary to which attached.
 - (b) The number and dates of consultations and the fees paid for each consultation.
 - (c) The number and dates of injections and the fees paid for each consultation.
 - (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 the tests were undertaken.
 - (b) Whether the tests were undertaken on the advice of the authorised medical attendant. If so, a certificate to the effect should be attached.
 - (iii) Cost of Blood, Sera, Special appliances, (List cash memos and necessary certificates).

(iv) Cost of medicines purchased (List of medicines, cash memos and the essentiality certificates should be attached).

Sl. No.	Names of medicines (IN BLOCK LETTERS)	Quantity	Price	
			Rs.	P.
1				
2				
3				
4				
5				
6				
7				
8				
		Total		

II. CONSULTATION WITH SPECIALIST:

Fees paid to a specialist or a medical officer 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, as 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 should be attached.

9. Total amount claimed Rs.....

10. Less advance taken on.....Rs.....

11. Net amount claimed Rupees (in words).....

12. List of enclosures (I) Essentiality Certificate.....(ii).....prescriptions

(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.

Signature of employee.....Roll No.....

Date.....

Office to which attached.....

(Declaration regarding Co-operative Stores to be given if necessary)