राष्ट्रीय विज्ञान शिक्षा एवं अनुसंधान संस्थान, भुवनेश्वर

National Institute of Science Education and Research, Bhubaneswar

APPLICATION FORM FOR MEDICAL REIMBURSEMENT

Health Card No. : ☐☐☐☐ / ☐

1. Name of the employee (in block letters) : _____
2. Designation : _____
3. Basic Pay & Pay Level : ₹ _____ & _____
4. Headquarters (Tick as applicable) : Bhubaneswar / Jatni
5. Full Address : _____
   _____
6. Place where the patient fell sick : _____
7. Name of the patient and relationship : _____
8. Name of the Hospital/AMA and address : _____
9. Period of treatment : _____
10. Cost of room rent in case of indoor treatment : ₹ _____
    (Receipts to be enclosed)
11. Cost of medicines purchased : ₹ _____ Paise _____
    (Bills to be enclosed)
12. Cost of injections administered : ₹ _____
13. Details of medical advance, if any : ₹ _____

DECLARATION

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred were incurred is wholly dependent on me. I agree for the reimbursement as is admissible under the rules.

Date: __ __/__ __/20__ __ Signature of the employee

Note: Misuse of medical facility is a criminal offence. Suitable action including cancellation of medical facility in case of willful suppression of facts or submission of false statements. Suitable disciplinary action shall be taken against such employees misusing the facility.

ESSENTIALITY CERTIFICATE-CUM-STATEMENT OF EXPENDITURE CERTIFIED BY AUTHORIZED MEDICAL ATTENDANT
(Strike out whichever is not applicable)

1. Name of the patient and relationship with the employee: _____ ( )
2. Details of Expenditure

(A) OPD treatment Diagnosis

(i) Name of the Hospital/AMA : _____

(ii) Total No. of bills : _____

(iii) Amount claimed : ₹ _____

Indicate serial number of individual vouchers and name and address of the shops with date against each sub heading in a separate annexure wherever required.

Sl.No	Details of expenditure		Amount claimed	Amount admissible (for official use)
(a)	***Description of Medicine(s)***	***Qty.***	***in ₹***	***in ₹***
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			
	9.			
	10.			
	11.			
	12.			
	13.			
	14.			
	15.			
	16.			
	17.			
	18.			
	19.			
	20.			
(b)	Consultation Fees (specify no. of Consultations)			
(c)	Laboratory Charges (break-up in a Separate annexure)			
(d)	Miscellaneous (specify).			
		Total	0	

(B) Indoor Treatment Diagnosis ☐ ***Not Applicable***

(To be marked N.A. wherever necessary)
(Details of Hospital Bill and other vouchers pertaining to the period of indoor treatment)

(a) Name of the Hospital with address: _____

(b) Period of Bill : From __ __/__ __/20__ __ To __ __/__ __/20__ __

(c) Amount claimed : ₹ _____

Indicate serial number of individual vouchers and name and address of the shops with date against each sub heading in a separate annexure wherever required.

Sl.No.	Details of Expenditure	Amount claimed (₹)	Amount Admissible (for Office use) ₹
(i)	Room Rent ICU/ICCU/Ward From: __ __/__ __/20__ __ To __ __/__ __/20__ __		
(ii)	Charges for ▼		
	(a) Operation Theatre		
	(b) O.T. Consumables		
	(c) Anesthesia		
	(d) Procedure		
(iii)	Medicines		
(iv)	Implants like pacemaker joint, Replacement, Coronary Stent etc. (details)		
(v)	Artificial devices (details)		
(vi)	Lab charges (*break-up given In Annexure*)		
(vii)	Miscellaneous		
	Total	0	

Signature of Claimant
(_____)

1. Certificate that the relevant bills/vouchers have been verified by me and the expenditure shown above is correct and the treatment services provided are essential and minimum that required for the recovery of the patient.

2. Certified that the services of special Nurse were required from ____/____/20___ to ___/___/20___ that were absolutely essential for the recovery of the patient.

3. Specific procedure / Operation performed was _____.

Signature of the Medical Officer, NISER

with official seal

Countersigned by Medical Superintendent of the Hospital with seal (For indoor treatment only)

APPROVED / NOT APPROVED

Controlling Officer