

## MEDICAL REIMBURSEMENT

'A' TO LETTER No. 494-E/C/III/EiV dated 24/3/99 – 31/3/99.

1. Name of Employees/Ex/employee.
2. Whether serving or retired.
3. Designation.
4. Office/Unit of Posting.
5. Pay & scale of Pay of employee pay last drawn in case of ex-employee.
6. Name of Patient.
7. Relationship with family employee for whom Re-imburement is claimed.
8. Age of patient.
9. Medical/ I/Card No.
10. Whether referred or non-referred.
11. If referred by whom?
12. Name of the Institution where treatment is taken.
13. Date of Admission.
14. Date of Discharge.
15. Date of submission of claim.
16. Reasons for delayed, submission of claim, if delayed for more than 6 months.
17. Total period of stay as indoor Indoor patient.
18. Reasons for long stay (if stayed for More than 18 hrs.)
19. Type of medical emergency.
20. Was there no Railway/Govt. facility available dealer?
21. Distance of the nearest Govt. Hospital & whether facilities available there.
22. Distance of the nearest Railway Hospital and Whether facilities available there. If not, how far Is the Railway Hospital with the facilities

available.

23. Distance of the Private Hospital from Residence/place of illness, where Facilities availed.
24. When the Railway Medical Officer was Informed about such admission.
25. Does the patient take any treatment Before or after for the present sickness (if this existed before) and if yes, when?
26. Total amount claimed (with break-up of charges (detailed instructions at (f) of feature below).
27. Total number of enclosures.

Counter sign. of controlling  
Officer/Unfit In charge  
(In case of serving employee only)

Signature of employee  
of employee/spouse

Declaration to be signed by the person claiming medical re-imburement.

I, hereby declared that the statements in the application are true to the best of my knowledge and belief and

- i) that the person for whom medical expenses were incurred is wholly dependent upon me.
- ii) the medical expenses were incurred for self, (strike out which is not applicable from (i) & (ii) above.

Station.  
Dated.

Signature of Railway Servant.  
Design. & office to which attested.

Foot-Note.

1. Item No.18,19,20,21,22,23,24 and 25 are applicable only for non-referred cases.
2. Following documents should be attached with this proforma.
  - a) Employees/Retired employees application giving circumstances under which he/she took treatment.
  - b) Photocopy of Medical /RELHS I.D.Card duly attested by Gazetted Officer.
  - c) Essentiality certificate issued by the treating Doctor of hospital countersigned by Medical Supdt. Of the treating Hospital.
  - d) Discharge certificate /slip in original.
  - e) Bills /Vouchers (in original) duly counter signed by treating Officer/Authorized M.D).
  - f) Detailed item wise break-up of all bills (this means all bills/vouchers submitted at (a) above be reproduced in LEGIBLE MANNER for e.g.:
  - g)

|          |                      |      |
|----------|----------------------|------|
| Bill No. | Name of Chemist/Shop | Date |
|          |                      |      |

| Description of Item | Quantity | Price |
|---------------------|----------|-------|
| i)                  |          |       |
| ii)                 |          |       |
| iii)                |          |       |
| iv)                 |          |       |
| Total               |          |       |

h) In case of referred cases, attach original referred slip.

Instructions for submission.

In referred cases, the application duly countersigned by controlling officer/subordinate in charge should be submitted to the Medical Establishment from where he/she was referred.

In un-referred cases, the application duly countersigned by controlling officer/subordinate incharge should be submitted to the 'P' Branch concerned to the call set up for the purpose of handling Medical re-imburement case.

FOR OFFICIAL USE ONLY:

- I) In case of all cases being sent to Board.
- II) In case of AGM's sanction for un-referred / Non-Govt. un-recognized cases.