Government of India
Department of Atomic Energy
Nuclear Fuel Complex

Application for reimbursement of "Medical Expenses" under EMERGENCY

To:
APO (CHSS),
NFC, Hyderabad.

Date: .....

DETAILS OF EMPLOYEE & PATIENT

Employee Name (Shri/Smt./Kum):		Employee Status: (In-Service/Retired/ Deceased)	
Employee No.:		Designation:	
Unit Name:		Basic Pay / Last Pay drawn:	
Patient Name:		Relationship with Employee:	
CHSS No. of Patient:		Validity of Patient CHSS Card:	
Address:		Mobile No.:	

HOSPITAL/TREATMENT DETAILS

Hospital/lab name (s) where treatment/diagnosis availed:		In-Patient / Out-Patient:	
Date of Admission:		Date of Discharge:	
Written intimation given to Medical Division **(Yes/No)**:		If **Yes**; mode of intimation **(Letter/email)**:	
If **No**; reasons for not intimating to Medical Division:			
Whether empanelled Hospital of NFC **(Yes/No)**:		Total Amount incurred:	
If **Yes**; Justification for making payment (in case of **Empanelled hospital**):			
If **No**; justification for availing treatment in **Non-empanelled hospital:**			
Details of treatment:			

The following documents are to be enclosed (Mandatory)

S No	Documents	Yes/No
1	Essentiality **"Certificate-A"** for **OP treatment** duly counter signed by hospital authorities with stamp	
2	Essentiality **"Certificate-B"** for **IP treatment** duly counter signed by hospital authorities with stamp	
3	**Prescriptions** & **Cash Bills in original** duly counter signed by hospital authorities with stamp	
4	**Discharge summary/reports** of treatment duly counter signed by hospital authorities with stamp	
5	**Documentary proof** for having contacted Medical Division, NFC (i.e. within **04 days** from date of admission)	
6	Copy of CHSS Card of the Patient	
7	Bank passbook copy/Cancelled cheque	

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.

Signature of the Prime Beneficiary

ESSENTIALITY CERTIFICATE 'A"

(To be completed by Hospital Authorities in case of patients who are "NOT ADMITTED" in Hospital)

Certificate granted to Mr./Mrs./Miss _____ wife/husband/son/daughter of Mr. ---------- employed in the ----------.

I, Dr…….... hereby certify: -

a) that I charged and received Rs…… for consultations on …….. (Date to be given) at my consulting room/at the resident of the patient.

b) that I charged and received Rs..... for administering ..... in the venous, intramuscular subcutaneous injections on …… (Date to be given) at ..... my consulting room the residence of the patient.

c) that the injections administered were not /were for immunizing or prophylactic purposes.

d) that the patient has been under treatment at **.....** hospital/ my consulting room and that the under mentioned 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 ..... (name of hospital) for supply to private patients and do not included proprietary preparations for which cheaper substances of equal the aphetic value are available nor preparations which are primarily foods, toilets or disinfectants.

S No	Name of Medicine	Price
1		
2		
3		
4		
5		
6		
7		

e) that the patient is/was suffering from …… and is/was under my treatment from…… to ……

f) that the patient is/was not given pre-natal or post-natal treatment.

g) That the X-ray laboratory test etc. for which an expenditure of Rs....., for which an expenditure of Rs..... was incurred was necessary and undertaken on my advice at ..... (name of the hospital or laboratory).

h) that I referred the patient to Dr……for specialist consultation and that the necessary approval of the …….. (name of the Chief Administrative Officer of the State) as required under the rules was obtained.

i) that the patient required hospitalization.

Dated ---------

Signature of AMA/Designation of the Medical officer and hospital/dispensary to which attached..

NB: - Certificates not applicable should be struck off certificate (d) is compulsory and must be filled in by the medical officer in all cases.

ESSENTIALITY CETIFICATE 'B"

(To be completed in case of patients who are "ADMITTED" in the Hospital for treatment)

Certificate granted to Mrs/Mr./Miss ---------- wife/son/daughter of Mr. ---------- employed in the ----------.

PART-A

I, Dr……hereby certify:-

(a) that patient was admitted to hospital on the advise of ---------- (Name of the medical officer)/on my advise,

(b) that patient has been under treatment at ---------- and that the under mentioned 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 ---------- (name of the hospital) for supply ot private patients and do not include proprietary preparations for which cheaper substance of equal therapeutic value are available not preparations which are primarily foods, toilets or disinfectants.

S No	Name of Medicine	Price
1		
2		
3		
4		
5		

(c) that the injections administered were/were not for immunising of prophylactic purpose.

(d) that the patient is/ws suffering from---------- and is/was under treatment from ---------to ----------

(e) that the Xray laboratory test etc. for which an expenditure of Rs…… ., for which an expenditure of Rs..... was incurred was necessary and undertaken on my advice at. ..(Name of the hospital or laboratory).

(f) that I called on Dr. ---------- for specialist consultation and that the necessary approval of the ---------- (name of the chief admin medical Officer of the State) as required under the rules was obtained.

Dated ---------

Signature of the Medical Officer/in-charge of the case at the Hospital

NB:- Certificates not applicable should be struck off & Certificate (d) is compulsory and must be filled in by the medical office in all cases.

PART-B

I certify that the patient has been under treatment at the..... hospital and that the service of the special nurses for which an expenditure of Rs ..... was incurred, vide bills and receipts attached, were essential for the recovery / prevention of serious deterioration in the condition of the patient.

Signature and Designation of the Officer In-charge of the case at the Medical Hospital

COUNTERSIGNED

I certify that the patient has been under treatment at the ..... hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Medical Superintendent

Place ..... **..... Hospital**

N.B. – Certificates not applicable should be struck off. Certificate (d) is compulsory and must be filled in by the Medical Officer.