

(IRMM 2000, See Para 653& Annexure IV)
FORM OF APPLICATION TO BE SUBMITTED BY A RAILWAY EMPLOYEE FOR CLAIMING
REIMBURSEMENT OF MEDICAL EXPENSES
 (Note: Separate form should be used for each patient)

- 1. Name and designation of the Railway employee (in BLOCK letters)
- 2. Office in which employed
- 3. Pay of the Railway employee
- 4. Place of duty
- 5. Actual residential address
- 1. Name of the patient and his/her relationship to the Railway employee

Note: In the case of children, state age also.

- 7. Place at which the patient fell ill
- 8. Nature of illness and its duration
- 9. Details of the amount claimed

I. Medical Attendance:

(i) Fees for consultation indicating

(a) the name and designation of the Medical Officer consulted and the hospital or dispensary to which attached.

(b) the number and dates of consultations and the fee paid for each consultation.

(c) the number and dates of injections and the fee paid for each injection.

(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 Officer. If so, a certificate to that effect should be attached.

(c) Cost of medicines purchased from the market (List of medicines, cash memo and the essentiality certificates should be attached).

II. Hospital Treatment:

Charges or hospital treatment, indicating separately the charges for:

(i) Accommodation

(State whether it was according to the status or pay of the Railway employee and in cases where the accommodation is higher than the status of the Railway employee, a certificate should be attached to the effect that the accommodation to which he was entitled was not available).

- (ii) Diet
- (iii) Surgical operation or medical treatment
- (iv) Pathological, bacteriological, radiological or other similar tests indicating:
 - (a) the name of the hospital or laboratory at which undertaken
 - (b) and whether undertaken on the advice of the Medical Officer in charge of the case at the hospital. If so, a certificate to that effect should be attached.
- (v) Medicines
- (vi) Special medicines
- (List of medicines, cash memo and the essentiality certificate should be attached).
- (vii) Ordinary nursing.
- (viii) Special nursing i.e., nurses special engaged for the patient (State whether they were employed on the advice of the Medical Officer in charge of the case at the hospital or at the request of the Railway employee or patient. In the former case, a certificate from the Medical Officer in charge of the case and countersigned by the Medical Superintendent of the hospital should be attached).
- (ix) Ambulance charges
- (State the journey – to and from – undertaken)
- (x) Any other charges e.g., charges for electric light, fan, heater, air-conditioning, etc.
- (State also whether the facilities referred to are a part of the facilities normally provided to all patients and no choice was left to the patient).

Note: (1) If the treatment was received by the Railway employee at his residence under Para 634, give particulars of such treatment and attach a certificate from the Authorised Medical Officer as required.

(2) If the treatment was received at a hospital other than a Government, recognised hospital, necessary details and the certificate of the Authorised Medical Officer that the requisite treatment was not available in any nearest Government/recognised hospital should be furnished.

III. Consultation with a specialist:

Fees paid to a specialist or a Medical Officer other than the Authorised Medical Officer, indicating:

- (a) the name and designation of the specialist Medical Officer consulted and the hospital to which attached.
- (b) number and dates of consultations and the fee charged for each consultation.
- (c) whether consultation was had at the hospital, at 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 Officer and the prior approval of the Chief Medical Director of the Railway was obtained. If so, a certificate to that effect should be attached.

[Type text]

[Type text] G 227 F

10. Total amount claimed

11. List of enclosures
.....
.....
.....

DECLARATION TO BE SIGNED BY THE RAILWAY 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.

Date.....
Place

.....
Signature of the Railway employee.

CERTIFICATE 'B'

(To be completed in the case of patients who are admitted to hospital for treatment)

Part A

I, Dr..... hereby certify:

- (a) that the patient was admitted to hospital on my advice/on the advice of (name of Medical Officer).
- (b) that the 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 to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

Name of medicines	Price
1.
2.
3.
4.
5.

- (c) that the injections administered were not for immunising or prophylactic purposes.
- (d) that the patient was suffering from and was under my treatment from to
- (e) that the X-ray, laboratory tests, etc. for which an expenditure of Rs..... was incurred were necessary and were undertaken on my advice at (name of hospital or laboratory).
- (f) that I called in Dr..... for specialist consultation and that the necessary approval of the (name of the principal Medical Officer), as required under the rules was obtained.

Date
Place

.....
Signature and designation of the
Medical Officer in charge of the case at the hospital

Part B

I certify that the patients has been under treatment at the hospital and that the services 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.

Date.....
Place

.....
Signature and designation of the
Medical Officer in charge of the at the hospital.

Countersigned

.....
Principal Medical Officer

Part C

I certify that Shri/Shrimati/Kumari..... wife/son/daughterof..... employed in the has been under treatment for disease from to at the hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Date.....
Place

.....
Medical Department
..... Hospital

Note: Certificates not applicable should be struck off. The Essentiality Certificate as given in Part A (b) above is compulsory and must be filled in by the Medical Officer in all cases.

WESTERN RAILWAY - MEDICAL DEPARTMENT

ANNEXURE V (See Para 659)

ESSENTIALITY CERTIFICATE

I certify that Shri / Shrimati / Kumar
wife/son/daughter..... of
..... employed in the has
been under my treatment for disease from to
..... at the 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 hospital
..... and do not include proprietary
preparations for which
hospital for supply to private patients cheaper substances of equal therapeutic value are available,
nor preparations, which are primarily foods, toilers or disinfectants.

	Name of medicines	Price
1.
2.
3.
4.
5.

.....
Signature of the Medical Officer
In charge of the case at the hospital.

Date
Place

.....
Signature and designation of the
Authorised Medical Officer

Recorded parameters to establish the emergency admission
(to be filled in and signed by the treating doctor of the Hospital with seal)

A. Admission details :-

1. Date and time of admission
2. Admitted through OPD service/emergency service
3. Admitted to an ICU bed or general bed or cabin bed.

B. Clinical findings at the time admission . Following findings should be made available, and critically evaluated :-

Pulse Rate	
B.P	
Level of Consciousness	
Any Convulsive feature	
Urine Report	
Any other feature of shock	
Body Temperature	
Extent of external wound	
Extent of active bleeding	
Extent of Chest pain or pain in other part(s) of the body	

C. –Types of medical treatment given immediately after admission :- :-

1. List of emergency medicines used immediately after admission

2. Type of surgical procedure done immediately after admission.

Seal & Signature of treating Doctor

AMO certificate

This is to certify that Shri _____,

Name

Design

Station

has informed the AMO on _____ regarding his admission since _____

Date

Date

in _____, _____. He/She has submitted the emergency

Private hospital,

Place

certificate of treating doctor, the illness has been verified by the AMO on ____ (date).

The distance from the place of incidence to _____ the private hospitals is ____ Km.

The distance from the place of incidence to Govt / Railway / Recognised Hospital where facilities to treat such cases is ____ km.

The patient has been advised to be shifted to the nearest Govt/Railway/Recognised hospital at the earliest.

This is a case of treatment taken in a private non recognized hospital, being a case referred / not referred by AMO/ Medical Board.

Place

Date

Signature of AMO & Seal

Emergency Certificate

This is to certify that the medical condition of above mentioned patient has been examined.

It fulfills the criteria for emergency as per Railway Board's Letter No 2005/H/6-4/policy II dated 31/1/2007& 22/6/2010 and S No 10/2010 dated 22/6/2010. **Yes / No**

The case is recommended for processing for reimbursement . **Yes / No**

(If 'No', Please give reasons below)

Date

Signature of CMS & Seal

Check list for Applicant of Medical Reimbursement Cases

Name of Patient : Name of Employee :
 Relation to Employee : Contact Number :
 Department : Designation :
 Basic Pay & Grade Pay : Bill Unit No. :
 Whether referred by AMO : Yes / No (If Yes please attach referral memo copy)

Total Claim	Rs
Application by employee explaining circumstances of taking treatment	CP
Annexure IV (Para 653, IRMM 2000) (G227F)	CP
Annexure III (Para 645, 653, IRMM 2000) (G228/F/A) Certificate B with all three parts A, B &C	CP
Emergency Certificate from treating Doctor	CP
Original Bills	CP
Original Reports	CP
If stents have been used, whether original bill, outer pouch of stent, sticker with serial number of stent is placed on file	CP
Discharge / Transfer Summary/ Death summary in original	CP
Clinical Details at time of admission and signed by treating doctor	CP
Certificate of full & final claim from claimant	CP
Forwarding Letter by Concerned Dept/Officer/Supervisor – for serving employees and their dependents	CP
Copy of Medical/RELHS Card	CP
For RELHS: G15 Form	CP
Other Papers	CP
Acceptance of time barred cases (Para 652 IRMM 2000)	CP

Received on date

Signature and seal/stamp

श्रीमती / श्री / कुमारी.....
(पत्नी / पुत्र / पुत्री श्री.....) को प्रमाण-पत्र प्रदान किया जाता है जो कि स्थान..... पर सेवा में है ।
Certificate granted to Mrs. / Mr. / Miss.....
wife / son / daughter of Mr.....
employed in the.....

प्रमाण-पत्र ' क ' CERTIFICATE ' A '

(बहिरंग रोगियों के लिये जिन्हें अस्पताल में इलाज के लिए भरती न किया गया हो, तब भरा जाय ।)
(To be completed in the case of patients who are not admitted to hospital for treatment)

डॉ. I, Dr.....इससे प्रमाणित करता है कि hereby certify

- (क) यह कि दिये गये इंजेक्शन असंक्रमीकरण / रोगनिरोधक करने या न करने के उद्देश्य से थे ।
(a) that the injections administered were / were not immunising or prophylactic purposes.
(ख) वह रोगी चिकित्सा विभाग के स्थान.....अस्पताल में इलाज प्राप्त कर रहा है
.....और मेरे द्वारा इस सम्बंध में निर्धारित निम्न औषधियाँ स्वास्थ्य लाभ/रोगी की गंभीर विकृति की रोकधाम के लिए बहुत आवश्यक थी । जिनका स्टॉक.....(अस्पताल का नाम) में उपलब्ध नहीं है । जिसकी निजी तौर से रोगों के लिए पूर्ति की जा सके/इसमें स्वास्थ्य सम्पाक शामिल नहीं है, जिसके लिए समान चिकित्सीय महत्व रखनेवाले सस्ते पदार्थ उपलब्ध नहीं हैं और जिसमें आमतौर पर अन्न, प्रसाधन या रोगाणुनाशी सम्पाक उपलब्ध नहीं है ।
(b) that the patient has been under treatment at.....hospital 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..... (name of hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

औषधियों के नाम Names of Medicines

मूल्य Price

- (1)
(2)
(3)
(4)
(5)
- (ग) यह कि उपरोक्त रोगी जो कि.....से बीमार है/था, मेरे अधीन चिकित्सा से.....तक पा रहा है / था ।
(c) that the patient is / was suffering from.....and is / was under my treatment from.....to.....
(घ) यह कि उस रोगी को जन्म पूर्व अथवा जन्म के बाद चिकित्सा की गई / नहीं की गई ।
(d) that the patient was / was not given pre-natal or post-natal treatment.
(च) यह कि एक्स-रे तथा प्रयोगशाला परीक्षण आदि के लिए व्यय हुई रकम रु.....आवश्यक मान पर उठायी गयी और मेरी सलाह के अनुसार.....(अस्पताल/प्रयोगशाला का नाम) में परीक्षण किया गया था ।
(e) that the X-ray, laboratory test, etc., for which an expenditure of Rs.....was incurred were necessary and were undertaken on my advice at.....(name of hospital or laboratory)
(छ) मैंने रोगी की डॉ.....से विशेष विचार-विमर्ष के लिए निदेश दिया है और इसके लिए आवश्यक अनुमति.....(जिला चिकित्सा अधिकारी का नाम) के नियमानुसार प्राप्त कर ली गई ।
(f) that I referred the patient to Dr.....for specialist consultation and that the necessary approval of the (name of the District Medical Officer)as required under the rule was obtained.
(ज) यह कि रोगी की अस्पताल में रहने की आवश्यकता है / नहीं है ।
(g) that the patient did not require / required hospitalisation.

चिकित्सा अधिकारी के हस्ताक्षर तथा पदनाम
और संबद्ध अस्पताल/दवाखाना

दिनांक Date.....

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

टिप्पणी-- जो प्रमाण-पत्र लागू न हों उसे काट दें । प्रमाण-पत्र (क) अनिवार्य है और चिकित्सा अधिकारी द्वारा उसे भरा जाना हर मामले में जरूरी है ।
N. B.-- Certificates not applicable should be struck off. Certificate (C) is compulsory and must be filled in by the Medical Officer in all cases.