



Avinashilingam

Institute for Home Science and Higher Education for Women

University

(Estd. u/s 3 of UGC Act 1956)

Coimbatore – 641 043, Tamil Nadu, India

No. AHU / E / Med. / 2013

December 9, 2013

CIRCULAR

As decided in the Board of Management meeting, it is informed that the scheme of Medical facilities will be implemented for the benefit of Teaching and Non-Teaching staff members of this University, who comes under UGC sanctioned posts only, in accordance with the Central Service (Medical Attendance) Rule 1944.

Accordingly, the employees of Teaching and Non-Teaching staff are permitted to avail the Medical facilities in any of the Central Government, State Government Hospitals and the Hospitals recognized by the State Government / CGHS Rules / CS (MA) Rules 1944, as well as the hospital fully funded by either Central Government or the State Government subject to the condition that the Medical Expenditure will be reimbursed at the rate fixed by the Government under the Central Rule/CS(MA) Rules 1944 or the actual expenditure whichever is less.

The following are the recognized hospitals in Coimbatore, under Rule 2(d) of the CS(MA) Rules 1944 for treatment of the employees as per schedule of approved charges.

1. K.G. Hospitals, Coimbatore.
2. Kovai Medical Centre and Hospitals Ltd., Coimbatore.
3. Ashwin Poly Clinic Private Ltd., Coimbatore.

Sowri Ramakrishna
REGISTRAR

To

1. All Deans
 2. All Heads of the Department
 3. All Officers
- } With a request to circulate among the staff members
} working in your Department / Offices

Copy placed at Vice-Chancellor's table.

Avinashilingam Institute for Home Science and Higher Education for Women
(Under section 3 of UGC Act 1956)
Coimbatore – 641 043

MEDICAL REIMBURESEMENT CLAIM FOR OUT PATIENT TREATMENT

Note: Separate application form should be submitted for each patient

1. Indian Bank A/c. No. ...
2. Name and designation of the employee ...
(in Block letters)
3. Department / Office ...
4. Pay including special pay ...
5. Place of duty ...
6. Actual residential Address ...
7. i) Name of the patient and his / her relationship to the employee (age may please be indicated in case of children) (in the case of dependent, an income declaration is to be enclosed) ...
- ii) if married, the Department where Wife / Husband is employed (Joint declaration is to be furnished, if not submitted earlier) ...
8. Address of the Place at which the Patient fell ill ...
9. Details of charges paid for A.M.A / Specialist services indicating
 - i) Consultation on _____ amount paid Rs. ...
 - ii) Injection on _____ amount paid Rs. ...
 - iii) Charges paid on Pathological, radiological or other tests Rs. ...
 - iv) Cost of medicines Rs. ...
10. Total amount claimed Rs. ...
11. List of enclosures:
 - i) Essential Certificate 'A' dated
 - ii) Doctor's Prescription dated

iii) Cash memo No. & Date	Name & address of the medical shop	Name of the Medicines and quantity	Price Rs. P.

12. Declaration :

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 on me.

I also declare that the above claims have not been preferred before and that no amount has been received from the University by way or reimbursement of the above charges.

Station :
Date :

Signature of the University Employee

Medical Reimbursement

CERTIFICATE 'A'

(To be completed in the case of patients who were not admitted to hospital for treatment)

Certificate granted to Mrs. / Mr. / Miss _____

Husband / Wife / Son / Daughter of Mr./Mrs. _____

employed in the Avinashilingam University for Women. Health (or) Medical identity Card No. _____

a) I, Dr _____ hereby certify that I charged and received Rs. _____ for _____ Consultations on _____ (dates to be given) at my consulting room / at the residences of the patient.

b) that I charged and received Rs. _____ for administering _____ intra – venous / intra – muscular / subcutaneous injections on _____ (dates to be given) at my consulting room / at the residence of the patient.

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

d) that the patient has been under treatment at _____ hospital / my consulting room located at H.No. _____ 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 included proprietary preparations for which cheaper substances of equal therapeutic values are available not preparations which are primarily foods or disinfectants.

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

f) that the X-Ray, laboratory tests, etc., for which an expenditure of Rs. _____ was incurred was necessary and were undertaken on my advice at _____ (name of the hospital or laboratory).

- g) 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 rule was obtained.
- h) that the patient did not require / required hospitalisation.

Name of Medicines	Price	
	Rs.	P.

Signature, Designation and
Registration Number of the Medical Officer and
Hospital / Dispensary to which attached.

Dated : _____

U.B. : Certificates not applicable should be struck off. Certificate (e) is compulsory and must be filled in by the Medical Officer in all cases.

- Note :
1. The above certificate may be deemed to be regular receipt for the payments received by the Medical Officer, who will be required to affix a revenue stamp on the essentiality Certificate itself when the payment exceeds Rs.5,000.00
 2. The cash memos for purchase of medicines must be countersigned by the doctor prescribing the medicines.

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**Form of Application for Claiming refund of Medical Expenses Incurred in
Connection with Medical Attendance and / or Treatment of University Employee and
their Families - for Medical Attendance / Treatment taken both from an
Authorised Medical Attendant and a Hospital**

Indian Bank Account No.

1. Name and designation of University
employee (in block letters)

a) Whether married or unmarried

b) If married, the place where wife /
husband is employed

2. Office in which employed

3. Pay of the University 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 University employee
(In the case of children state age also)

7. Place at which the patient fell ill

8. Details of the amount claimed

I. HOSPITAL TREATMENT

Name of the hospital
Charges for hospital treatment, indicating
separately the charges for

i) Accommodation (State whether it was according
to the status or pay of the University employee
and in cases where the accommodation is higher
than the status of the University 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
or confinement

- iv) Pathological, bacteriological, radiological, or other similar tests indicating ..
- a) the name of the hospital or laboratory at which undertaken and ..
- b) 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) a) Medicines supplied by the Hospital ..
- b) Cost of medicines purchased from the market (Cash memos and the essentiality certificates should be attached) ..
- vi) Special medicines (Cash memos and the essentiality certificates should be attached) ..
- vii) Ordinary nursing ..
- viii) Special nursing, i.e nurses, specially engaged for the patient, state whether they are employed on the advice of the medical officers/in charge of the case at the hospital or at the request of the University 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 fro-undertaken) ..
- x) Any other charges, e.g. charges for electric light, fan, heater, airconditioning etc.. State also whether the facilities referred to are 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 University employee at his residence under Rule 7 of the C.S. (MA) Rules, 1944, give particulars of such treatment and attach a certificate from the authorised medical attendant as required under the rules.

2. If the treatment was received at a hospital other than a Govt. hospital, necessary details and the certificate of the authorised medical attendant that the requisite treatment was not available in any nearest Govt. hospital should be furnished.

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 consultation and the fees charged for each consultation ...
- c) Whether consultation was had at the hospital or at the consulting room of the Specialist or Medical Officer, or at the residence of the patient and ...
- d) Whether the Specialist or Medical Officer was consulted on the advice of the authorised medical attendant and the prior approval of the Chief Administrative Medical Officer of the State was obtained. If so, a certificate to that effect should be attached ...
9. Total amount claimed ...
10. Less advance if taken on ...
11. Net amount claimed ...
12. List of enclosures ... i)
... ii)
... iii)
... iv)
... v)

NOTE: 1. Income declaration for claims pertaining to dependence to be furnished in the prescribed form.
2. Joint declaration to be furnished in the case of wife / husband employed in a Govt. / autonomous organisation where similar facilities are available

Declaration to be signed by the University Employee

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.

Date:

Signature of the University Employee
and Office to which attached

**Avinashilingam Institute for Home Science and Higher Education
for Women, Coimbatore - 641 043**

CERTIFICATE "B"

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

Certificate granted to Mrs./Mr./Miss _____

Husband Wife /Son/ Daughter of Mr. _____

employed in the _____

Health Card or Medical Identity Care No. _____

PART A

(To be signed by the medical officer in charge of _____ case of the hospital)

1. Dr. _____ hereby certify

(a) that the patient was admitted hospital on the advice of _____
(Name of the medical officer) / on my advice.

(b) that the patient has been under treatment at _____

_____ and that the undermentioned medicines prescribed by me
in the 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 the Medicines	Price	
	Rs.	P.

- (c) that the injections administered were/ were not for immunising or prophylactic purposes.
- (d) that the patient is / was suffering from _____
and is / was under 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 on Dr. _____ for specialist
consultation and that the necessary approval of the _____
(Name of the Chief Administrative Medical Officer of the State) as required under the
rules, was obtained.

Signature and Designation of the Medical officer
in charge of the case at the hospital:

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 receipt attached, were essential for the recovery / prevention of serious
deterioration in the condition of the patient.

Signature of the Medical Officer in
Charge of the case at the hospital

COUNTERSIGNED

Medical Superintendent _____ hospital

★ 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
_____ Hospital

Place:

NOTE : Certificates not applicable should be struck off.
Certificate(d) is compulsory and must be filled in by the Medical Officer in all cases.

★ The "minimum of facilities certificate" may be signed either by the medical Superintendent
of the Hospital concerned or another gazetted Medical Officer who has been authorised in this behalf by the
Medical Superintendent.