



INDIRA GANDHI NATIONAL TRIBAL UNIVERSITY, AMARKANTAK (M.P.)

CLAIM FOR REIMBURSEMENT OF MEDICAL EXPENSES

Name of the Applicant		Designation & Department	
Grade Pay		Employee Code :	
Name of Patient		Relationship with employee	

PROFESSIONAL, DIAGNOSTIC & MEDICINE EXPENSES CLAIMED

Nature of Expenditure	Prescription / Reference by (Name of the Doctor)	Name of the Lab / Hospital	Medicines purchased from (Name of the Shop)	Bill No.	Date	Amount (Rs.)
1. Specialist Consultations, if any						
2. Lab. Test						
3. IPD Charges						
4. Room Charges (Excl./Incl. diet charges)						
5. Any other charges(i)						
(ii)						
(iii)						
(iv)						
Total Amount (Rs)						

EMPLOYEES'S DECLARATION

I certify that the details given above are true and that person, for whom the above medical expenses are incurred, is wholly dependent on me and this claim was not drawn before.					
Total amount claimed (Rs)		Advance taken, if any (Rs)		No. of bills enclosed	
Date:			Signature of the Applicant		
University Medical Officer / Doctor's CERTIFICATE					
Patient suffered from		From		To	

Part II (For use by the University Medical /Health Unit)

I certify that the consultation/laboratory tests/medicines as claimed above were essential for the treatment of the patient, and that in respect of consultation/injections given at the residence of the patient, the condition of the patient was so serious that he/she was compelled to be confined to his/her residence. That the injections administered are not for immunizing or prophylactic purpose.

Date:

University Medical Officer (with his date and Seal)

(FOR FINANCE OFFICE USE)

Amount Claimed Rs _____

Amount Admissible for payment of Rs _____

All bills have been examined in Finance and found in order and submitted for approval / sanction of the Competent Authority.

DA/SO

AR/DR Finance Officer

Approval by the Competent Authority

Vice-Chancellor

- Note :
1. All the medical claims along with requisite bills and other enclosures shall be certified by the _____ for examination and recommendation by the University Medical Officer in Part II.
 2. Medical Officer will examine the essentiality and forward the claims with admissibility of medicines to the Finance Office for further processing the same for payment.

Note: Standard Operating Procedure (SoP) for submission of Medical Claim Form F4

1. The certificate in Part II of the Claim form will signed only by the Medical Officer of the University or any other doctor authorized by the University for this purpose.
2. Only the cost of medicines not included in the list of inadmissible medicines as prescribed by the Government of India from time to time would be reimbursed by the University.
3. Medical expenses incurred by the members or their families in Govt. Hospital / Hospital outside Indore are also reimbursable subject to the certificate given by the IGNTU doctors and reimbursement will be restricted as per CGHS rates.
4. Medical expenses incurred under the Ayurvedic / Homeopathic Systems are reimbursable, only if the treatment is obtained in a recognized hospital and the expenses are certified in this form only the cost of medicines allowed under the Central Govt. Medical Attendance Rules will be reimbursed.
5. Diet charges for a patient admitted to hospital are not reimbursed.
6. As per CS (MA) Rules, medical bills must be submitted within 3 months from the date of cash memo / other bills.
7. Prescriptions should be submitted to our University Medical Officer on demand.

LIST OF DOCUMENTS TO BE SUBMITTED (Duly signed by the employee)

1. Copy of referral, if any.
2. Copy of prescription, discharge summary.
3. Cash memos in respect of medicines purchased duly counter-signed by the doctor signing the certificate.
4. Other relevant reports.