



# INDIAN INSTITUTE OF TECHNOLOGY INDORE

## CLAIM FOR REIMBURSEMENT OF MEDICAL EXPENSES

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

### PROFESSIONAL, DIAGNOSTIC & MEDICINE EXPENSES

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 Consultation						
2. Lab. Test						
3. IPD Charges						
4. Room Charges (Excl./Incl. diet charges)						
5. Any other charges (i)						
(ii)						
(iii)						
(iv)						
<b>Total Amount (Rs)</b>						

### 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	
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Date: \_\_\_\_\_

**Signature of the Applicant**

### DOCTOR'S CERTIFICATE

Patient suffered from		From		To	
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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 were 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: \_\_\_\_\_

**Signature of doctor with Seal**

**(FOR FINANCE OFFICE USE)**

Amount Claimed Rs \_\_\_\_\_

Amount passed for payment of Rs \_\_\_\_\_

**Dy. Manager**

**Manager**

**AR/DR**

**Registrar**

**For Bank Detail (only for B. Tech students)**

**Bank Name:**\_\_\_\_\_.

**Account No.:** \_\_\_\_\_.

**Account Name:**\_\_\_\_\_.

**IFSC :**\_\_\_\_\_.

**Note:**

1. The certificate is to be signed only by the Superintendent of the Hospital / Doctor of the Institute or any other doctor authorized by the Institute for this purpose only.
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 Institute.
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 IITI 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 Institute Doctor 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.