

ಭಾರತೀಯ ಸಾಂಖ್ಯಕ ಸಂಸ್ಥೆ INDIAN STATISTICAL INSTITUTE

Medical Assistance Scheme

COMPREHENSIVE CLAIM BILL

(A separate form should be used for each patient)

	Name and designation of the Institute employee (IN BLOCK LETTERS) - (with Roll No). i. Whether married or unmarried ii. If married, the place where wife/husband is employeed iii. Whether member of MERU or MWU		•				
2	2. Office in which employeed		· · · · · · · · · · · · · · · · · · ·				
3	Pay of employee as defined in the Fundamental Rules and any other emoluments, which should be shown separately.			-	54.		
4	Place of duty						
.5	. Actual residential address						
6.	. Name of the patient and his/her relationship to the employee (in the case of children, state age also)			•			
7.					٠.		
8.	·			•			
1.	MEDICAL ATTENDANCE.						
i.	Fees for consultation Indicating: a) The name and particulars 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) I he number and dates of injections and the tees 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 attendant, if so, a certificate to that effect should be attached.						
iii	Cost of blood, sera, Special appliances, (List cash memos and necessary certificate)	and a second of gr					
iv	Cost of medicines purchased (List of medicines, cash memos and the essentiality certificates should be attached):-						
N	Name of Medicines (In Block Letters)	· 	Quantity	Rs. Price	Ps.		
$\frac{1}{2}$							
3							
4							
5 †					1.		
7.	to balk of basis systems in the control of the cont	ga ter i e i e i e e		23.44			
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1				3 "1."			
	CONICIII TATIONI MITH COFFOIALIST		,r				
	 CONSULTATION WITH SPECIALIST. Fees paid to a specialist or a medical officer other than the authorized medical atterated. a) The name and designation of the specialist or Medical officer consulted, and attached. b) Number and dates of consultations and the fees charged for each consultation. c) Whether consultation was had at the hospital, at the consulting room of the spor at the residence of the patient. d) Whether the specialist or medical officer was consulted on the advice of the alf so a certificate to that effect should be attached. 						
	n so a certificate to that effect should be attached.	,					

9.	Total amount Claimed	Rs.	Rup	ees		• .	
10.	Less advance taken on	Rs	(in V	Vords) Rupees			
11 .	Net amount claimed	Rs.	(In w	vords) Rupees		•	
12.	List of enclosures (1)	(ii) Prescr	iptions	Essentiality Certifi	cate	(ii) Cash memos	
	(iv) Money Receipts		•				•
	(IV) Money Receipto		ATION TO BE SIGNED E	BY THE INSTITUTE	EMPLOYEE		
	shy dodaro that the st	atements in this applica				nat the person for w	hom medical
expen	ses were incurred is wholl	y dependent upon me					
Date:	•		Signature of employee		Roll No		·
Place:		Office to which attached					
Certific	cate granted to Shri/Smt_				Wife / Mother /	Father / Husband / So	n / Daughter /
Minor	Brother / Sister / Widow	dependent sister and daug					nployed in the
Indian	Statistical Institute.	• •	•				:
Centre	e: Bangalore					•••	٠.
Unit:_		-					
•		(To be completed in	CERTIFIC the case of patients who		hospital for treatment)		
• •		•	•		•		
1. [Or	•.	hereby certify	•			
(a) that I charged and received Rs(Rupees in words(date to be given) at my consulting room / the residence) fo
· -							
(b) l	charged and received Rs		Rs.(in words)		for administering	to be given) at r	injections
	intra-venous/intra- musc oom/patient's residence.	lar / subcutaneous) on			(uate:	, to be given, at i	ity joonouluit
		were/were not for immun	tizing or prophylactic purp	oses.			
	hat the patient has been u				patient's residence	/ hospital / my consult	ing room, and
(u) u	nat the under menti	oned medicines pres	scribed by me in th	nis connection v	vere essential for-	he recovery / pro	evention of
S	erious deterioration in the	condition of the patient.	• • • • • •	•			
(e) th	nat the patient is / was	s suffering from		and is / was	s under my treatment	from	:
	•		•				•
1		given pre-natal care or. po	•	•		. •	
(g) th	nat the X-ray, laboratory t	est, etc., for which an exp ry and were undertaken or	penditure of Rs	f	Rs.(in words)	name of the Hospita	I /laboratory)
		· · · · · · · · · · · · · · · · · · ·				for specialist co	· ***
(h) th	at I referred the patient to	Dr					
	at the patient did ronsultation room/patient's	not require / required residence.	d hospitalization, but	could not be	admitted in hospita	ii, and nence, tre	eated at m
(j) th	at the blood, sera,	special appliances v				chases, There of	were mad
	•	• *					•
			÷	-		·	
Dale: _	. •	·			(including registrati	gnation of the Medical on number and qualifi dispensary to which at	cation)