

INDIAN STATISTICAL INSTITUTE

Medical Assistance Scheme COMPREHENSIVE CLAIM BILL

(A separate form should be used for each patient)

1.	Name and Designation of the Institute Employee (IN BLOCK LETTERS) - (with Roll No.) (i) Whether married or not (ii) If married, the place where wife/husband is employed (iii) Whether member of MERU or MWU	NAMA UPANAMA, Assistant Professor (Roll No.: ****) (i) Married (ii) Wife employed at Some Company (iii) Not a member of MERU or MWU		
2.	Office in which employed	Theoretical Statistics and Mathematics Unit, ISI, Bangalore Centre		
3.	Pay of Employee as defined in the Fundamental Rules and any other emoluments, which should be shown separately	Basic Pay ₹1,31,400/- (Level: L13A1)		
4.	Place of duty	Bengaluru, Karnataka		
5.	Actual residential address	Home Sweet Home, PIN code		
6.	Name of the patient and his/her relationship to the employee (in the case of children, state age also)	ARDHANGINI NAMA (Wife)		
7.	Place at which patient fell ill	Bengaluru, Karnataka		
8.	Details of the amount claimed:			
I.	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) The number and dates of injections and the fees 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.	₹500 /- a) Dr. Dhanawantari , KMC Reg. No. ***** (Jadibooti Hospital) b) One consultation on 12 July, 2023. Fee per consultation: ₹500.00/- c) N/A d) Consultation was at Jadibooti Hospital, Muthuraya Nagar, Bengaluru.		
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 Authorized Medical Attendant. If so, a certificate to that effect should be attached.	N/A		
iv.	Cost of medicines purchase (List of medicines, cash memos and the essentiality certificates should be attached):-			
SN	Name of Medicines (in Block Letters)	Quantity	Price	
			Rs.	P.
1	DOLO-650	1 strip of 10 tablets (10 tablets)	100	00

II	CONSULTATION WITH SPECIALIST: Fees paid to a specialist or a medical officer other than authorized 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 consultations and the fees 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 authorized medical attendant. If so, a certificate to that effect should be attached.	
10	Total amount claimed	₹600.00/- (In Words) Rupees one thousand and fifty only.
11	Less advance taken on	₹0.00/-
12	Net amount claimed	₹600.00/- (In Words) Rupees six hundred only.
13	List of enclosures: (i) Essentiality Certificate, (ii) Prescriptions, (iii) Cash memos, (iv) Money Receipts	

DECLARATION TO BE SIGNED BY THE INSTITUTE 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: November 22, 2023

Signature of Employee:

Place: **Bengaluru**

Roll Number: ********

Certificate granted to Shri/Smt., Wife/Mother/Father/Husband/Son/Daughter/Minor Brother/Sister/Widow dependent sister and daughter of, employed in the Indian Statistical Institute.

Centre: **Bangalore**

Unit: **Theoretical Statistics and Mathematics Unit**

CERTIFICATE - A

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

I, Dr. **Dhanawantari**, hereby certify

- (a) that I charged and received Rs. (In words:) for consultations on at my consulting room/the residence of patient.
- (b) I charged and received Rs. (In words:) for administering injections, (intravenous/intra-muscular/subcutaneous) on (dates to be given) at my consulting room/patient's residence.
- (c) that the injections administered were/were not for immunizing or prophylactic purposes. **N/A**
- (d) that the patient has been under treatment at patient's residence/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.
- (e) that the patient is/was suffering from and was under my treatment from to
- (f) that the patient is/was not given pre-natal care or post-natal treatment.
- (g) that the X-ray, laboratory test, etc. for which an expenditure of Rs. (In words:) was incurred, were necessary and were undertaken on my advice at (Name of the hospital/laboratory).
- (h) that I referred the patient to Dr. for specialist consultation.
- (i) that the patient did not require/required hospitalization, but could not be admitted in hospital, and hence, treated at my consultation room/patient's residence.
- (j) that the blood, sera, special appliances were recommended as unavoidably necessary and purchases thereof were made on my authority at a total cost of Rs. (In words:) from

Date:

Place:

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Signature and Designation of the Medical Officer

(including registration number and qualification,
and the hospital/dispensary to which attached)