

CENTRAL GOVERNMENT HEALTH SCHEME
MEDICAL REIMBURSEMENT CLAIM FORM

(To be filled up by the Principal Card holder in **BLOCK LETTERS**)

1. (a) Name of the Principal CGHS Card Holder :
(b) CGHS Ben ID No. :
(c) Employee Code No. :
(d) Ward Entitlement – Pvt./Semi-Pvt./General :
(e) Full Address :

(f) Mobile telephone No. and e-mail address, if any :
2. (a) Patient's Name :
(b) Patient's CGHS Ben ID No. :
(c) Relationship with the Principal CGHS card holder :
3. Name & address of the hospital / diagnostic center /
imaging center where treatment is taken or tests done:
4. Whether the hospital/diagnostic/imaging center is
empanelled under CGHS : Yes/No
5. Treatment for which reimbursement claimed
(a) OPD Treatment /Test & investigations :
(b) Indoor Treatment :
6. Whether treatment was taken in emergency : Yes/No
7. Whether prior permission was taken for the treatment : Yes/No
8. Whether subscribing to any health/medical insurance : Yes/No
scheme, If yes, amount claimed/received
9. Details of Medical Advance taken, if any :
10. **Total amount claimed**
(a) OPD Treatment :
(b) Indoor Treatment :
(c) Tests/Investigation :
11. Name of the Bank : SB A/c No.:
Branch MICR Code: IFSC Code.....

DECLARATION

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me. I am a CGHS beneficiary and the CGHS card was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Date :

Place:

Signature of the Principal CGHS card holder

Documents to be attached

1. Photo copy of the CGHS card of the employee along with the patient's CGHS Card.
2. Copy of permission letter, if any.
3. Emergency certificate (original), in case of emergency.
4. Copy of the discharge summary.
5. Ambulance Certificate (original), if any.
6. Original bills /cash memo / vouchers etc. for the reimbursement amount claimed.

IMPORTANT

Kindly ensure to provide the following information / documents, wherever applicable:

- a) Obtain Break up of Investigations from the hospital/diagnostic center/imaging center (details and rates of individual tests and the exact number of tests, X-ray films, etc..) as the reimbursable amount is calculated as per approved CGHS rates per test.
- b) In case of loss of original papers, Affidavits as per Annexure I to be submitted. All photocopies of the bills to be attested by the treating doctor/specialist.
- c) In case of death of the card holder, Affidavit as per Annexure II to be filled and attached to claim reimbursement,
- c) In case of implants, Invoice No. along with sticker with serial number of the implant to be attached.
- d) In case of Coronary Stents, outer pouch of stents is to be enclosed.
- e) In case of replacement of pacemaker / ICD etc., copy of the warranty certificate of earlier pacemaker/ICD may be enclosed.

Note: Misuse of CGHS facilities is a criminal offence. Penal action including cancellation of CGHS card may be taken in case of willful suppression of facts or submission of false statements. Suitable disciplinary action shall be taken in case of serving employees.

FORM OF APPLICATIONS FOR MEDICAL CLAIMS

MED.97

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment for Central Government servants and their families - for medical attendance/treatment taken both from the Authorised Medical Attendant and a Hospital

1.	Name and designation of Government servant (in block letters)	:
	i) Whether married or unmarried :	:
	ii) If married, the place where wife/husband is Employed	:
2.	Office in which employed	:
3.	Pay of the Government servant 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 Government servant. N.B. - In the case of children state age also	:
7.	Place at which the patient fell ill	:
8.	Details of the amount claimed	:
I. Medical Attendance -		
i) Fees for consultation indicating -		
	a) The name and designation of the Medical Officer consulted and the hospital or dispensary to which attached	:
	b) The number and dates of consultation and the fee paid for each consultation.	:
	c) The number and dates of injection and the fee 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 undertaken; and	:
	b) Whether the tests were undertaken on the advice of the authorized medical attendant. If so, a certificate to that effect should be attached.	:
	iii) Cost of medicines purchased from the market (Cash memos and the essentiality certificate should be attached).	:
II 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 Government servant and in cases where the accommodation is higher than the status of the Government servant, 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) Medicines.	:
	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 officer in charge of the case at the hospital or at the request of the Govt. Servant 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 from- undertaken)	:

NOTE 1. - If the treatment was received by the Govt. servant at his residence under Rule 7 of the C.S. (M.A) Rules, 1944 give particulars of such treatment and attached a certificate from the authorized medical attendant as required by these rules.

NOTE 2. - If the treatment was received at a hospital other than a Govt. hospital, necessary details and the

certificate of the authorized medical attendant that the requisite treatment was not available in the nearest Govt. hospital should be furnished.

III. Consultation with Specialist - Fees paid to a specialist or a Medical Officer other than the 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) wherever consultation was had at the hospital, 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 authorized 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 taken on	:
11.	List of enclosure	:

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statement 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.

Dated.....

Signature of the Government servant
and Office to which attached.

