

परिशिष्ट-2

चिकित्सा व्यय की प्रतिपूर्ति हेतु

(क) CERTIFICATE- A

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

Certificate granted to Mrs./Mr./Miss.....
wife/son/daughter of Mr.....
employed in the.....

CERTIFICATE-A

(To be signed by the medical officer incharge of the case at the hospital)

- I- Dr.hereby certify,
- (a) that I charged/received Rs. for consultations onat my consulting room/at the residence of the patient.
- (b) that I charged and received Rs.....for administering intramuscular/sub cutaneous injections on date.....at my consulting room/ at the residence of the patient and the injections were for immunizing or prophylactic purposes.
- (c) that the patient has been under treatment at.....hospital/ my consulting room and that the under mentioned medicines prescribed by me in this connection were essential for the recovery / prevention of serious deteneration in the condition of the patient. The medicines are not stocked in the (name of the hospital) for the supply to private patients and do not include proprietary preparations for which cheaper substance of equal therapeutic value are available and not preparations which are primarily foods, toilets and disinfectants.

SL.	Name of medicines	Quantity	Price
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

- (d) that the patient is/was suffering fromand is/was under my treatment fromto
- (e) that the patient is/was not given prenatal or postnatal treatment.

- (f) that the X-Ray, Laboratory tests for which on expenditure of Rs. was incurred were necessary and undertaken on my advice at
- (g) that I referred the patient to Dr. for specialist consultation and that the necessary approval of the..... as required under the rules was obtained.
- (h) that the patient did not require hospitalisation.

Date.....

Signature & Designation of the
Medical Officer and the Hospital/
Dispensary to which attached

COUNTERSIGNED

I certify that the patient has been under treatment at the hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

..... Medical superintendent of
..... Hospital

Place:.....
Date:.....

Note- Certificate (A) is compulsory and must be filled in by the Medical officer in all cases.

चिकित्सा व्यय की प्रतिपूर्ति हेतु
(ख) CERTIFICATE 'B'

(To be completed in case of patients who are admitted to hospital for treatment)

Certificate granted to Mrs./Mr./Miss.....
wife/son/daughter of Mr.....
employed in the.....

PART 'A'

(To be signed by the medical officer in charge of the case at the hospital)

1. Dr.....hereby certify
(a) that the patient was admitted to hospital on the advice of

.....
(Name of Medical officer)

- (b) that the patient has been under treatment at.....
.....and that the under mentioned medicines
prescribed by me in this connection were essential for the recovery / prevention of
serious deterioration in condition of the patient

2. The medicines are not stocked in the
for supply to private patients and do not include proprietary preparations for which
cheaper substances of equal therapeutic value are available and not preparations
which are primarily foods ,toilets & disinfectants.

Sl No	Name of medicines	Price
1		.
2		.
3		.
4		.
5		.
6		.
7		.
8		.
9		.

- (c) that the injections administered were/were not for immunizing or prophylactic purpose
- (d) that the patient is/was suffering from.....
and is/was under my treatment from.....to.....
- (e) that the X-Ray, Laboratory tests etc. for which on expenditure of Rs.....
was incurred were necessary and were undertaken on my advice at.....

(Name of the Hospital or laboratory)

(II)

(f) That I referred the patient to Dr.....
for specialist consultation and that the necessary approval of
the.....as required under the rules was ob-
tained .

(Name of the Chief Administrative Medical office of the state)

Signature and designation of the
Medical officer In-charge of the
Case at the hospital

PART-'B'

I certify that the patient has been under treatment at the
..... hospital and that the services of the special nurses, for
which an expenditure of Rs..... was incurred vide bills and receipts
attached, were essential for the recovery/prevention of serious deterioration in the
condition of the patient.

Signature & Designation of the Medical officer in
charge of the case at the hospital

COUNTERSIGNED

.....Medical Superintendent
.....Hospital

I certify that the patient has been under treatment at the
.....
hospital and that the facilities provided were the minimum which were essential for the
patient's treatment.

Place.....Medical Superintendent
Date.....Hospital