



दक्षिण बिहार केन्द्रीय विश्वविद्यालय Central University of South Bihar

SH-7, Gaya - Panchanpur Road, Village - Karhara, Post-Fatehpur
P.S. - Tekari, District - Gaya (Bihar) Pin- 824236

CUSB/ADMIN/MEDICAL CELL/07/ 0085

Dated : 19 .02.2024

Guidelines for Medical Reimbursement claim

Medical Reimbursement in case of treatment availed in Outdoor Patient (OPD):-

1. After obtaining referral slip from University Medical Officer, treatment shall be availed at Govt./CGHS/CUSB Empanelled Hospital. Intimation through email shall acceptable only in emergency case.
2. As per notice No. CUSB/Admin./CUSBCHS-MC/30-NT/2016/1800 dt 10.12.2019, health care facility at Gaya can be availed in any Private Clinic/Hospital/Nursing Home after obtaining referral slip form University Medical Officer.
3. If treatment is taken from Private Hospital/Nursing Home outside Gaya in emergency case, medical claim will only be considered on the basis of Emergency Certificate.
4. Essentiality certificate "Certificate - A" will be signed and stamped only by the treating Doctor. In exceptional cases, the said certificate may be signed by the University medical officer with proper justification.
5. If treatment is administered by two or more Doctor, essentiality Certificate may be obtained separately from each respective treating Doctor.
6. At the time of submitting medical Claim, following documents must be submitted in the given sequences:-
 - a. Medical Claim form (Med. 97) duly filled and signed
 - b. Essentiality Certificate "Certificate - A" duly signed and stamp by the treating Doctor
 - c. Original Bills duly signed by the Doctor and attested by the claimant
 - d. Copy of Doctor's Prescription duly attested by the claimant
 - e. Original Emergency Certificate, in case of treatment is taken from Private Hospital
 - f. Copy of Medical Reports duly attested by the claimant
 - g. Copy of Referral slip/Prescription/Intimation duly attested by the claimant
7. The medical claim can be submitted in the Office of Deputy Registrar (Administration)
8. All medical claims will be settled in accordance with the CUSBCHS Rule/CGHS rate.

Contd--

Handwritten signature and date: 19.02.24

Medical Reimbursement in case of treatment availed in Indoor Patient (IPD):-

1. After obtaining referral slip from University Medical Officer, treatment shall be availed at Govt./CGHS/CUSB Empanelled Hospital. Intimation through email shall acceptable only in emergency case.
2. As per notice No. CUSB/Admin./CUSBCHS-MC/30-NT/2016/1800 dt 10.12.2019, health care facility at Gaya can be availed in any Private Clinic/Hospital/Nursing Home after obtaining referral slip form University Medical Officer.
3. If treatment is taken from Private Hospital/Nursing Home outside Gaya in emergency cases, medical claim will only be considered on the basis of Emergency Certificate.
4. Essentiality certificate "Certificate – B" will be signed and stamped only by the treating Doctor/Hospital.
5. At the time of submitting medical Claim, following documents must be submitted in the given sequences:-
 - a. Medical Claim form (Med. 97) duly filled and signed
 - b. Essentiality Certificate "Certificate – B" duly signed and stamp only by the treating Doctor/Hospital
 - c. Original Bills duly signed by the treating Doctor/Hospital and attested by the claimant
 - d. Copy of Discharge summary/Prescription duly attested by the claimant
 - e. Original Emergency Certificate, in case of treatment is taken from Private Hospital
 - f. Copy of Medical Reports duly attested by the claimant
 - g. Copy of Referral slip/Prescription/Intimation duly attested by the claimant
6. The medical claim can be submitted in the Office of Deputy Registrar (Administration)
7. All medical claims will be settled in accordance with the CUSBCHS Rule/CGHS rate.

Following medical claim formats are also attached for your reference and needful:-

1. Form of Application for Medical Claims – Med. 97
2. Certificate - 'A'
3. Certificate – 'B'
4. Emergency Certificate for Outdoor patient
5. Emergency Certificate for Indoor patient

(Pratish Kumar Das)
Deputy Registrar

Encls : As above

Copy to:-

- PS to HVC/Registrar/FO/CoE
- All Faculty members, CUSB
- All Non-Teaching employees, CUSB



(35)

CENTRAL UNIVERSITY OF SOUTH BIHAR, GAYA

Form of Application for Medical Claims
Med. 97

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of Central Government Servants and their families – for medical attendance/treatment taken both Authorised Medical Attendant and Hospital.

- 1 Name and designation of Government Servant (in block letters). : _____
: _____
- (a) Whether married or un-married : _____
- (b) If married the place where wife / husband is employed. : _____
- 2 Office in which employed with Section : _____
- 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. : _____
1. **Details of the amount claimed.** : _____
- 2. 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 which 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; : _____
- b) Whether the tests were undertaken on the advice of the authorized medical attendance. If so, a certificate to that effect should be attached. : _____
- iii Cost of medicines purchased from the market (cash memos and the essentiality certificates should be attached)** : _____

Contd...

- 9. Total amount claimed : _____
- 10. Less, advance taken on : _____
- 11. Net amount claimed : _____
- 12. List of enclosures : _____

Declaration to be signed by the Government Servant.

I hereby declare that the statements 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.

Date: _____

Signature of the Government Servant
Central University of South Bihar, Gaya

(For Office Use Only)

Certified that is the father/Mother/Brother/
Sister/Wife/Husband/Son/Daughter of as per the service
record and the same has been verified.

(Signature of dealing person)

Assistant Registrar / Deputy Registrar

APPENDIX – XIV
ESSENTIALITY CERTIFICATES
CERTIFICATE – ‘A’

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

Certificate granted to Mrs./Mr./Miss
Wife/Son/Daughter of Mrs./Mr./Miss employed in the
Central University of South Bihar, Gaya.

I, Dr..... hereby certify –

- (a) That I charged and received Rs..... for consultations onat my consulting room/at the residence of the patient;
- (b) That I charged and received Rs..... for administering intra-venous/intra muscular/Subcutaneous Injections on (Date to be given) atmy consulting room/the residence of the patient;
- (c) That the injections administered were not/were for immunizing or prophylactic purposes;
- (d) 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 deterioration in the condition of the patient. The medicines are not stocked in the(name of hospital) for supply of private patients and do not include proprietary preparations for which cheaper substances or equal therapeutic value are available nor preparation which are primarily foods, toilets or disinfectants.

SI No.	Name of the Medicines	Price
Total		

- (e) That the patient is/was suffering from and is / was under my treatment from to
- (f) That the patient is/was not given pre-natal or post-natal treatment;
- (g) That the X-ray, laboratory test, etc for which an expenditure of Rs..... was incurred for necessary and were undertaken on my advice at (name of hospital or Lab.);
- (h) That I referred the patient to Dr.....for specialist consultation and that the necessary approval of the(name of the Chief Administrative Officer of the State) as required under the rules was obtained.
- (i) That the patient did not require/required hospitalization.

Dated :

Signature of AMA/designation of the Medical Officer
and hospital/dispensary to which attached.

APPENDIX – XIV
ESSENTIALITY CERTIFICATES
CERTIFICATE – ‘B’

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

Certificate granted to Mrs./Mr./Miss.wife/son/daughter/
father/mother of Mrs./Mr./Miss... ..employed in the
Central University of South Bihar, Gaya.

PART-A

I, Dr..... hereby certify—

- (a) That the patient was admitted to hospital on the advice of
(name of the Medical Officers)/on my advice;
- (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 the condition of the patient. The medicines are not stocked in the..... (name of the hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants;

SI No.	Name of the Medicines	Price
Total		

- (c) That the injections administered were/were not for immunizing or prophylactic purposes;
- (d) That the patient is/was suffering from and is/was under treatment from to
- (e) That the X-ray, laboratory test, etc., for which and expenditure of Rs. was incurred were necessary and were undertaken on my advice at (name of hospital or laboratory);
- (f) That I called on Dr. for specialist consultation and that the necessary approval of the (Name of the chief Administrative Medical Officer of the State) as required under the rules, was obtained.

**Signature and Designation of the Medical Officer
in charge of the case at the hospital with Stamp**

PART-B

I certify that the patient has been under treatment at the hospital and that the service 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 and Designation of the Medical Officer in charge of the case at the hospital with stamp

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

Stamp of the Hospital

Note— Certificates not applicable should be struck off. Certificate (e) is compulsory and must be filled in by the Medical Officer in all cases.

EMERGENCY CERTIFICATE FOR OUTDOOR EMERGENCY TREATMENT

I certify that the patient Shri / Mr / Miss has been given emergency treatment at the (Name of the clinic/ nursing home/hospital) for (disease) and that the medicines / treatment / facilities provided to him /her were essential for immediate recovery / prevention of serious deterioration in the condition of the patient for this emergency treatment a fee of Rs. has been charged from him / her vide bill(s) / cash Memo No. date. and he / she has incurred an expenditure of Rs..... on essential medicines immediately required for emergency treatment and purchased by him/ her from the market vide bill(s) / cash memo no. Dated

Signature with stamp of the Practitioner / Medical Officer /Incharge of the hospital / Nursing home / Clinic / Medical Superintendent

EMERGENCY ADMISSION CERTIFICATE (FOR IPD)

This is to certify that Mr./Mrs./Ms..... S/o. D/o/
W/o..... aged about admitted
in our hospital in Department under emergency
condition on at am / pm.
The provisional diagnosis is

**Signature and designation with stamp of
the attending medical authority**