

**CHECK LIST FOR REIMBURSEMENT CLAIMS TO BE FULFILLED BY THE  
EMPLOYEE/ CLAIMANT**

- 1) Application from the employee/claimant addressed to CMS/MD as applicable.
- 2) Reimbursement claim consisting of application of the employee, discharge/death summary, bills, Annexure III, IV, V & VI, Medical Identity/RELHS card, legal affidavit if applicant expired, Bonafide Certificate from school/college duly attested by the Gazetted Officer in case the patient is dependant son aged above 21 years to be submitted in 4 copies.
- 3) Total amount claimed has to be rightly mentioned in the appropriate columns in the different heads of expenditure.
- 4) Annexure-III-Certificate-A form for investigation only (for non-admitted cases)
- 5) Annexure-III-Certificate-B for admitted cases only.
- 6) All forms where ever signature of the Medical Officer is mentioned are to be signed by the Treating Doctor along with his name stamp without which no claim will be entertained.
- 7) Original bills should be verified by the Treating Doctor without which no claim will be entertained.
- 8) Proforma (Annexure VI) column 1 to 20 to be filled in by the applicant if the claim amount is above Rs. 2 Lakhs.
- 9) Cash Memo in support of all claims including purchase of pacemaker, hearing aid and prothesis duly countersigned by the doctor to be enclosed.
- 10) Reimbursement claim should be submitted within 6 months from the date of treatment

(See Para 645,653 of IRMM)

**CERTIFICATE TO BE OBTAINED FOR ATTENDING NON-RAILWAY INSTITUTION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES**

**CERTIFICATE ‘A’**

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

1. Name and designation of the Railway employee (in BLOCK letters).....
2. Office in which employed.....
3. Pay of the Railway employee .....
4. Place of duty .....
5. Actual residential address .....
- .....
6. Name of the patient and his/her relation to the Railway employee .....

Note: In the case of children, state age also.

7. Place at which the patient fell ill .....
8. Nature of illness and its duration .....

(a) that the injections administered were not for immunising or prophylactic, purposes.  
 (b) that the patient has been under treatment at ..... hospital/ dispensary 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/dispensary) for supply to private patients and do not include proprietary preparation for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

<b>Name of medicines</b>	<b>Price</b>
1. ....	.....
2. ....	.....
3. ....	.....
4. ....	.....
5. ....	.....

- (a) that the patient is/was suffering from ..... and is/was under my treatment from..... to .....
- (b) that the patient was given pre-natal or post-natal treatment.
- (c) that the X-ray, laboratory tests, etc. for which an expenditure of Rs ..... was incurred were necessary and were undertaken on my advice at ..... (name of hospital or laboratory).
- (f) that I referred the patient to Dr..... for specialist consultation and that the necessary approval of the ..... (name of the principal Medical Officer) as required under the rules was obtained.
- (g) that the patient did not require hospitalization.

Signature and designation of the  
Medical Officer

Date.....

Name of the hospital/dispensary  
to which attached

Place .....

Note: Certificates not applicable should be struck off. Essentiality certificate as given in 8 (b) as above is compulsory and must be filled in by the Medical Officer in all cases.

**CERTIFICATE 'B'**

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

**Part A**

I, Dr..... hereby certify:  
 (a) that the patient was admitted to hospital on my advice/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 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.

<b>Name of medicines</b>	<b>Price</b>
1. ....	.....
2. ....	.....
3. ....	.....
4. ....	.....
5. ....	.....

- (c) that the injections administered were not for immunising or prophylactic purposes.
- (d) that the patient was suffering from ..... and was under my treatment from ..... to.....
- (e) that the X-ray, laboratory tests, etc. for which an expenditure of Rs..... was incurred were necessary and were undertaken on my advice at ..... (name of hospital or laboratory).
- (f) that I called in Dr..... for specialist consultation and that the necessary approval of the..... (name of the principal Medical Officer), as required under the rules was obtained.

Date ..... Signature and designation of the  
 Place ..... Medical Officer in charge of the case at the hospital

**Part B**

I certify that the patients 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.

Date.....  
 Place ..... Signature and designation of the  
 Medical Officer in charge of at the hospital.

Countersigned

.....  
 Principal Medical Officer

**Part C**

I certify that Shri/Shrimati/Kumari..... wife/  
son/ daughter .....of..... employed in  
the ..... has been under treatment  
for ..... Disease from .....  
to..... at the..... Hospital and that the facilities  
provided were the minimum which were essential for the patient's treatment.

Date.....

Place .....

Medical Department  
.....Hospital

Note: Certificates not applicable should be struck off. The Essentiality Certificate as given in Part A (b) above is compulsory and must be filled in by the Medical Officer in all cases.

(See Para 653 of IRMM)

**FORM OF APPLICATION TO BE SUBMITTED BY A RAILWAY EMPLOYEE FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES**

(Note: Separate form should be used for each patient)

1. Name and designation of the Railway employee (in BLOCK letters).....

2. Office in which employed .....

3. Pay of the Railway employee .....

4. Place of duty .....

5. Actual residential address .....

6. Name of the patient and his/her relationship to the Railway employee .....

Note: In the case of children, state age also.

7. Place at which the patient fell ill .....

8. Nature of illness and its duration.....

9. 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 consultations and the fees paid for each consultation  
.....

(c) the number and dates of injections 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 the tests were undertaken.....  
.....

(b) Whether the tests were undertaken on the advice of the .....  
..... Authorised Medical Officer. If so, a certificate to  
that effect should be attached.

(c) Cost of medicines purchased from the market (List of .....  
.....medicines, cash memo and the  
essentiality certificates should be attached).

## II. Hospital Treatment:

Charges or hospital treatment, indicating separately the charges for:

(i) Accommodation

.....  
.....

(State whether it was according to the status or pay of the Railway employee and in cases where the accommodation is higher than the status of the Railway employee, 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 .....

(iv) Pathological, bacteriological, radiological or other similar tests indicating:

(a) the name of the hospital or laboratory at which undertaken .....

(b) and 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 .....

(List of medicines, cash memo and the essentiality certificate should be attached).

(vii) Ordinary nursing .....

(viii) Special nursing i.e., nurses special engaged for the patient .....

(State whether they were employed on the advice of the Medical Officer in charge of the case at the hospital or at the request of the Railway employee 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)

(x) Any other charges e.g., charges for electric light, fan, heater, .....

air-conditioning, etc.

(State also whether the facilities referred to are a part of the facilities normally provided to all patients and no choice was left to the patient).

Note: (1) If the treatment was received by the Railway employee at his residence under Para 634, give particulars of such treatment and attach a certificate from the Authorised Medical Officer as required.

(2) If the treatment was received at a hospital other than a Government, recognised hospital, necessary details and the certificate of the Authorised Medical Officer that the requisite treatment was not available in any nearest Government/recognized hospital should be furnished.

## III. Consultation with a specialist:

Fees paid to a specialist or a Medical Officer other than the Authorised Medical Officer, indicating:

(a) the name and designation of the specialist Medical Officer .....

consulted and the hospital to which attached.

(b) number and dates of consultations and the fee 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 Authorised Medical Officer and the prior approval of the Chief Medical Director of the Railway was obtained. If so, a certificate to that effect should be attached.

10. Total amount claimed .....

11. List of enclosures .....

.....

.....

**DECLARATION TO BE SIGNED BY THE RAILWAY 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.....

Place .....

**SIGNATURE OF THE RAILWAY EMPLOYEE.**

(See Para 659)

..... RAILWAY  
MEDICAL DEPARTMENT  
ESSENTIALITY CERTIFICATE

I certify that Shri/Shrimati/Kumar .....  
wife/son/daughterof .....employed in  
the ..... has been under my treatment for  
..... disease from .....  
to..... at  
the .....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..... hospital  
and do not include proprietary preparations for which.....  
hospital for supply to private patients cheaper substances of equal therapeutic value are available,  
nor preparations, which are primarily foods, toilers or disinfectants.

**Name of medicines**

**Price**

- |         |       |
|---------|-------|
| 1. .... | ..... |
| 2. .... | ..... |
| 3. .... | ..... |
| 4. .... | ..... |
| 5. .... | ..... |

.....  
Signature of the Medical Officer  
In charge of the case at the hospital.

Date .....  
Place .....

.....  
Signature and designation of the  
Authorized Medical Officer

(See Para 648)

**Proforma for submission of claim for reimbursement of medical expenses incurred by  
Railway Employees for treatment in Private Hospital/Non-Recognised Institutions**

1	Name of the patient	
2	Age	
3	(a) Relationship with Railway Employee	
	(b) Name of the employee	
4	Designation	
5	Pay	
6	Name of the Institution where taken for treatment	
7	Date of admission	
8	Date of discharge	
9	Date of admission of claim	
10	Reasons for delay, if delayed for more than 3 months	
11	Total period of stay as Indoor patient	
12	Reasons for long stay ( if stayed for more than 48 Hrs)	
13	Type of medical emergency	
14	Was there no Railway/Govt. facility available to deal with it	
15	Distance of the nearest Govt. Hospital and whether facilities available there	
16	Distance of the nearest Railway hospital and whether facilities available there. If not how far is the Railway hospital with the facilities available.	
17	Distance of the private hospital, where facilities availed, from residence/place of illness.	
18	When the Railway Medical Officer was informed about such admission.	
19	Did the patient take any treatment before or after the present sickness (if this existed ad if YES when.....)	
20	Total amount claimed ( with break-up charges)	
21	Item wise break of expenditure had the treatment taken place in Govt. Hospital.	
22	Verbatim views of C.M.D	
23	Verbatim views of F.A & C.A.O	