

Check list for submission of Medical Claim  
for the treatment taken in Private Hospitals

Sl.No.	Particulars
1	Name & designation of the employee
2	Name of the Vidyalaya
3	Date of receipt of the claim in the KV
4	Date of receipt of the claim in RO
5	Name & address of the office of the spouse if employed
6	Whether spouse is getting any medical allowance/reimbursement from this dept
7	Whether any reimbursement in lieu of this treatment received from any other source or LIC etc
8	Whether the patient is wholly dependent on the employee, if yes, declaration of this effect is available on the records or not
9	Written representation of the employee stating the circumstances under which he/she was enforced to take treatment in private hospital (on separate sheet)
10	Whether CS 32 (Form for claiming refund of medical expenses) is attached.
11	Emergency Certificate issued by the hospital
12	Discharge certificate issued by the hospital
13	Name of the diseases and duration of the treatment
14	Distance from the place of illness to the Govt Hospital
15	Distance from the place of illness to the private hospital from where the treatment taken
16	Amount of claim
17	Amount admitted for payment after pre-audit by A&AO/AC as per CGHS approved rates in force at that period. A copy of CGHS rates may also be enclosed alongwith extract of Rule position
18	Whether the hospital is recognized by CGHS if yes, please enclose a copy of order letter issued by the authority.
19	Recommendations of DC regarding genuineness/admissibility of the case as per rules.

20. Employee Code of Applicant -

PRINCIPAL

Deputy Commissioner