

Appendix as herby substituted
APPENDIX-"C"
(SEE PART-V, RULE 16 and 18)

To,

The Registrar General
Hon'ble High Court of Judicature at
Allahabad

No. 3456/2019 Dated: 04.10.2019

Subject: Reimbursement of expenditure done on medical treatment.

Sir,

I DR. AJAY KRISHNA VISHVESHA took treatment of my mother Smt. Kela Sharma for MRI whole abdomen from 08.07.2019 to 09.7.2019 at District Hospital, Badaun.

I am submitting the claim with following documents for reimbursement:

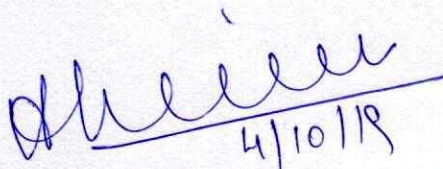
1. Essentiality Certificate duly signed/countersigned by treating doctor/Superintendent/CMO concerned.
2. Original Cash memo Bills, Vouchers and Prescription duly signed and verified by treating doctor/CMO concerned.
3. It is certified that above named family member is wholly dependent on me and generally resides with me.

Kindly do the needful for reimbursement of my claim after adjusting the advance of Rs nil sanctioned for my treatment vide letter no.X..... datedX..... ofX.....

Dated.....

Enclosures:

1. Essentiality Certificate "A"
2. List of Medical expenses calculation sheet
3. Original Bill
4. Original OPD Ticket of
District Male Hospital Badaun.


4/10/19

Name of Officer – DR. AJAY KRISHNA VISHVESHA
Designation - District & Session Judge
Place of Posting - Sitapur
I.D. No. – U.P.-5329

परिशिष्ट-“ड.”

अनिवार्यता प्रमाण पत्र
(अस्पताल में बिना भर्ती हुए उपचार की दशा में)

PART-A

I Dr. hereby certify-

- (A) that I charged and received Rs..... for consultations on(date to be given) at the residence of the patient.
- (B) that I charged and received Rsfor administeringintra-muscular/subcutaneous on..... at my consulting room (date to be given) at the residence of the patient.
- (C) that the injection were for/were not immunising or prophylactic purposes.
- (D) that the patient has been under treatment at ...D.P.D..... hospital/my consulting room and that the undermentioned 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 for preparations which are primarily foods, toilets or disinfections.

Name of Medicine

Prices

- 1.
- 2.
- 3.
- 4.

Rs.

5500 = 10

- (E) that the patient is/was suffering from.....and is/was under my treatment from 08.7.19 to 09.7.19..
- (F) that the patient is/was not given prenatal or postnatal treatment.
- (G) that the X-ray. Laboratory test etc. for which an expenditure of Rs.....was incurred were necessary and were undertaken on my advice at(Name of hospital or laboratory)
- (H) that I referred the patient to 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.
- (I) that the patient did not require/required hospitalisation.

Dated

Hospital

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

Counter of
Dr. 5500 = 10
Ch. for the
Chief Medical Officer
Budaun
19/09/19

चिकित्सा व्यय प्रतिपूर्ति परीक्षण सूची

नाम- श्रीमती केला शर्मा

रोग- *chronic pain abdomen flatulence*

उपचार संस्थान का नाम- District Hospital, Badaun

उपचार अवधि दिनांक- 08.07.2019 से 09.07.2019 तक

क्र० सं०	बिल संख्या	दिनांक	संस्थान/केमिस्ट का नाम	धनराशि	देय	अदेय	विवरण
1	2088	9.7.19	Sigma MRI & Diagnostic Centre (CL) Bareilly	5500			
			TOTAL	5,500			

[Signature]
Chief Medical Officer
Badaun
19/07/19



DISTRICT MALE HOSPITAL, BUDAUN



जिला पुरुष चिकित्सालय, बदायूँ

Out Patient Department (OPD) Ticket

Date: 10.8 JUL 2019 / Department: OPD No. 154468
 Patient Name: अमल राम S,D,W/O Age: 85 Sex: M/F/Trans
 Address: जिला 5151 9112

Chief Complaint (s):
 History of present illness:
 Past history / family history:
 Medical / Surgical history / Known drug allergy :
 C/o chronic pain abdomen
 flatulence

General Physical Examination

Ht:cm	Wt:cm	Tempdeg.F	Pulse/min	BP..... mmHg	RR...../min.
Pallor- Present / Absent	Icterus-Present/Absent	Oedema-Present/Absent	Cyanosis-Present / Absent	Dehydration-Mild/Mod/Severe	

Systemic Examination

CNS: CVS: Resp:

Local Examination

Abdominal	Chest:	Resp:
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Differential diagnosis: Treatment Plan:

Investigations: Ask about cholesterol, need to ask
 Adv. MRB whole abdomen
 Ref to higher centre for further management
 Dr. R.K. Verma
 (UPMC-55933) M.B.B.S. (Physician)
 District Hospital, Budaun
 Mob. 9457586448

SIGMA MRI & DIAGNOSTIC CENTRE (CL)

112 Civil Lines Rampur Garden Near Easy Day

Bareilly

Tel No. 0581242566, 9837015266

M.R.I. Receipt

Lab No. : 2088

Date : 09/Jul/2019 11:20:00

Patient Name : KAILA SHARMA

Age/Sex : 80 Years/Male

Reff. By : Dr. ANURAG RAIZADAY

Pat. Mob. : 9410429217

Test Name	Amount
MRI WHOLE ABDOMEN	10000.00

Payment Mode : Cash

Gross Total : 10000.00

Discount : 4500.00

Net Amount : 5500.00

S. Singh
Authorized Signatory
Sigma MRI & Diagnostic Centre
112, Civil Lines Rampur Garden
Near Easy Day Bareilly

Total Payment Recd Rs. 5500.00 ✓

Prepared By : ITISAXENA

Not Valid For Medicolegal Purposes
81-2425666
Mob - 9837016346

Dr. Anurag Raizaday
M.B.B.S. D.O.
Hospital, Delhi

Begd. No. 17799

Anurag Raizaday