

## MEDICAL RE-IMBURSEMENT CERTIFICATE

O.P.D.No. \_\_\_\_\_ Dated: \_\_\_\_\_ Period of Treatment \_\_\_\_\_

I certify that Mrs./ Mr./ Miss \_\_\_\_\_ wife / widow / son / daughter / father / mother of Sh. \_\_\_\_\_ employed in the \_\_\_\_\_ \_\_\_\_\_ has been under my treatment at the \_\_\_\_\_ Hospital / my consulting room and that the under mentioned medicines prescribed by me in this connection were absolutely essential for the treatment and recovery / prevention of serious deterioration in the condition of patient. The Medicines were not stocked in the \_\_\_\_\_ ( Name of Hospital ) for supply to entitle patient and do not include proprietary preparations for which cheaper substitute for equal therapeutic value are available, not preparation which are primarily food, toilets or disinfectants.

1. Certified that treatment as inpatient was not necessary.
2. Certified that the medicines charged have no cheaper effective substitute.
3. Period of treatment from \_\_\_\_\_
4. Certified that the medicines are not in the nature of tonics etc. the cost of which is not reimbursable under Government order issued on the subject from time to time.
5. Certified that the medicines prescribed are not in the list of non-reimbursable medicines / articles last revised – **Punjab Government letter No.17014 –S / 15831-CH-4-IHBI-567706**, dated the **25<sup>th</sup> January, 1957**.
6. He / She suffering from \_\_\_\_\_

Name of Medicine	Name of Doctor	Name of Chemist's Firm	Outdoor Ticket No.& Date on which prescribed	Date of which actually purchased	Price

1. Certified that Sh./Smt. \_\_\_\_\_ is my \_\_\_\_\_. He/She is dependent upon me & residing with me.
2. Certified that the medicines have been purchased by \_\_\_\_\_ and consumed by \_\_\_\_\_.
3. Certified that my Basic Pay is \_\_\_\_\_.

**Signature and Designation or  
Authorized Medical Attendant**