

ENCLOSURES FOR MEDICAL BILL

1. **APPENDIX**
2. **ESSENTIALITY CERTIFICATE (From Hospital Authorities)**
3. **DETAILED HOSPITAL BILL (From Hospital Authorities)**
4. **EMERGENCY CERTIFICATE (From Hospital Authorities)**
5. **DISCHARGE SUMMARY (From Hospital Authorities)**
6. **RECEIPTS (From Hospital Authorities)**

From Sl.No. 2 to 6 Collect from the Hospital Authorities and submit in one set Original and one set Xerox along with Appendix Form, Non Drawal Certificate etc.

APPENDIX - II

Application for claiming refund of medical expenses incurred in connection with Medical Attendance and / or treatment of Ex. Legislators and their family members.

1. Name of the Ex. MLA/Ex. MLC :
(in block letters)
2. Constituency represented & District :
3. Period of Term :
4. Whether receiving Ex. Legislators' Pension ? if so, the details. :
5. Full Residential Address with Door No.
6. Name of the Patient and his/her relationship to the Ex. Legislator, in case of children state age also. :
7. Place at which the patient felt ill :
8. Nature of illness and its duration :
9. Details of amount claimed, cost of Medicines purchased from the market List of medicines, cash memos and the Essentiality Certificate should be attached each in duplicate duly signed by the treating Doctor. :
10. Total amount of the claim :
11. List of enclosures :
12. **Bank details:**
 - i) Name of the Bank :
 - ii) Branch Name :
 - iii) S.B. Account No. :
 - iv) I.F.S. Code :
 - v) MICR No: :
 - vi) Cell No./Tel. No. :

I hereby declare that the statement in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is a member of my family as defined under the Andhra Pradesh Medical Attendance Rules, 1972, and wholly dependent upon me.

Signature of the Ex. MLA /Ex. MLC.

DEPENDANT DECLARATION

I hereby declare that the contents in this application are true to best of my knowledge and belief that the person for whom medical expenses were incurred for treatment is my Father/Wife Sri/Smt. and he/she was wholly dependant on me.

Station:

Date: . . .2011.

(.....)
Ex. MLA.

.....CONSTITUENCY,

..... DISTRICT.

NON – DRAWAL CERTIFICATE

Certified that the claim of reimbursement towards medical expenses incurred by me for my Wife Smt.for “ ”
.....
from.....to..... at.....
.....
for Rs./- (Rupees
.....only) was neither preferred nor drawn previously.

Station:
Date: . .2011.

(.....)
Ex. MLA.

.....CONSTITUENCY,
..... DISTRICT.