ANNEXURE -X

Medical Certificate Cum Medical Treatment Cost Certificate

(to be Submitted for Medical Grant Claims Vide Rule 26 (3) of the Kerala State Co-operative Employees Welfare Board)

1. Full Name & Address of Patient :

2. Name of Father / Husband :
3. Sex & Age :
4. Date of Admission / Consultation :
5. Date of Discharge :
6. Name of Disease Diagnosed/
   No. classified as per List of the Board :
7. Treatments / Surgical Procedures
   under went if any :

8. Details of Medical Treatment Cost (MTC)

1) Cost of Medicines	: Rs	
2) Treatment & Surgical Expenses	: Rs	
3) Hospitalization Expenses	: Rs	
4) Doctors Fee	: Rs	
Total Cost	: Rs	

Total in Rupees ……..……..…….……
……..……. Only

1) I certify that the above person has been under treatment at this hospital / at my care and consultation as stated above

2) The above mentioned expenses including cost of medicines prescribed by me in this connection were essential for the recovery / preventions of serious deterioration in the condition of the above patient and are as per bills and payment evidences furnished.

3) The medicines prescribed do not include proprietary preparations for which cheaper substances of equal therapeutic value are available, nor preparations which are primary foods, tonic, toilet preparation or disinfectants.

Place : …….

Date : …….

Name and Title Stamp & Signature
of the Medical Attendant

Name
Contact Address &
Telephone Number of Hospital

Official Stamp
of Hospital