



ESSENTIALITY CERTIFICATES

CERTIFICATE 'A'

Medical card No.

(To be completed in the case of patients who are not admitted to hospital for treatment)

Certificate granted to Mrs./Mr./Miss.....

Wife/son/daughter of Mr.....employed in the

I, Dr..... hereby certify-

- a) that I charged and received Rs.....for.....consultations on (Dates to be given) at my consulting room/at the residence of the patient;
- b) that I charged and received Rs.....for administering.....Intra-venous/intra-muscular/subcutaneous injections on (dates to be given) at..... my consulting room/the residence of the patient;
- c) that the patient has been under treatment at.....hospital/my consulting room and that the under mentioned 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 hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

Name of Medicines / Bill Details

Price

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.

- d) that the patient is/ was suffering from and is/was under my treatment from.....To.....
- e) that the patient is/was not given pre-natal or post-natal treatment;
- f) that the X-ray, laboratory test, etc., for which an expenditure of Rs.....was incurred was necessary and were undertaken on my advice at..... (name of the hospital or laboratory);
- g) that I referred the patient to Dr.....for specialist consultation and that the necessary approval of the (name of the Chief Administrative Officer of the state) as required under the rules was obtained;
- h) that the patient did not require/required hospitalization.

Signature of AMA/Designation of the Medical Officer & hospital/dispensary to which attached.

Dated.....

N.B. -Certificates not applicable should be struck off. Certificate (e) is compulsory and must be filled in by the Medical officer in all cases.

Note 1. - In cases where double the rates of consultation fees are charged by the AMA for nights visits (between 10 PM and 6 AM) the AMA should furnish a certificate showing why the night consultation was necessary.

Note 2. - The above certificate may be deemed to be regular receipts for the payments received by the Medical officers, who will be required to affix a revenue stamp on the Essentiality Certificate itself when the payment exceeds Rs.20. Separate receipts (stamped where necessary) would however be necessary from the Specialists for consultation with them, who do not sign the Essentiality Certificates.

Note 3. - Where the receipts issued by the Government hospitals are on authorized forms (printed and numbered) and the amount of these receipts is incorporated in the body of the Essentiality Certificate, counter signature of such receipts need not be insisted upon.