

Machine No: _____

Date: _____

NON AVAILABILITY CERTIFICATE

Name of Govt. Servant: _____

Designation: _____ Name of Patient: _____ Age: _____

Relationship with Govt. Servant: _____

Diagnosis/Disease Treated/Procedure Undertaken: _____

Hospital/Department: _____ **Provincial Assembly of the Punjab** _____

Actual amount claimed (Rs.) (In words): _____

Amount Recommended by the Hospital: _____

Pharmacist (Rs.): _____

In words: _____

It is certified that for the period mentioned on prescription no previous claim was made:

Signature of Govt. Servant

Signature of Hospital Pharmacist

- I. All cash memos have been thoroughly checked against prescription.
- II. Costs given in vouchers are correct.
- III. Total amount has been calculated correctly.
- IV. Neither these medicines/test/items nor their effective substitutes are available at the time of treatment patients.
- V. All items recommended for reimbursement as their use was essential for treatment/restoration of his / her health.
- VI. No medicine was prescribed as tonic or food.
- VII. No non-reimbursable items are being recommended.

Justification (other than given at (V) above) If any non-reimbursable items has been recommended alongwith vouchers. No. Date: _____

HOSPITAL PHARMACIST

**AUTHORISED MEDICAL ATTENDANT
(By Name Stamp)**

COUNTERSIGNED

MEDICAL SUPERINTENDENT

**&
(EMBOSS SEAL)**