

Chapter - E

Medical Attendance Rules



Table of Contents

S. No.	Topic	Page No.
1.	Objective, Scope of availability & Definition	E-1
2.	Medical Benefits	E-2
3.	Admissibility of Reimbursement, Monetary Ceiling for re-imburement & Prolonged Treatment	E3-E4
4.	IVF	E-5
5.	Hospitalization (Entitlement, Sanctioning Authority)	E6-E7
6.	Post-Retirement Medical Facility	E-8
7.	Medical Advance	E-9
8.	Dental Treatment	E9-E10
9.	Ophthalmic Treatment	E-10
10.	Pathological and Other Diagnostic Investigations & Procedures	E-11
11.	Comprehensive Health Check Up	E-11
12.	Cashless Medical facilities	E11-E13
13.	Medical facilities to dependent parents of the employees	E-14
14.	DMRC Part Time Medical Consultants	E-16
15.	Reimbursement of Medical Expenses	E-16
16.	Income Tax Exemption on Medical Re-imburement	E-17
17.	Interpretation and Relaxation	E-17
Annexures		
18.	Application form for Medical Re-imburement (Form I & Annexure – ‘A’)	E18 - E20
19.	a. Format for seeking approval for prolonged treatment (Annexure ‘B’)	E21
	b. Performa for claiming prolong treatment Bills (Annexure ‘C’)	E22 - E23
	c. Format for reimbursement cum certificate for availing Cashless Medical Facility(Annexure ‘D’)	E-24
	d. Format for application form for medical facilities (Medical card) to DMRC employees and their dependents except parents (Annexure ‘E’)	E25 - E26
	e. Application form for medical facilities to dependent parents (Annexure ‘F’)	E27 - E28
	f. Checklist of Medical Claims (Annexure “G”)	E29 - E30

DMRC MEDICAL ATTENDANCE RULES

These Rules shall be called the “DMRC Medical Attendance Rules”

1. OBJECTIVE:

These Rules are designed to provide a certain measure of social security and insurance to employees and their family members against various types of illnesses, which may befall them during employment.

2. SCOPE OF APPLICABILITY:

These Rules shall apply to all:-

- (i) Regular employees of the company and those on probation or extension.
- (ii) Those, who are on deputation from a Government department or other PSUs, who opt to be governed by these Rules instead of by the rules in force in their parent organisation, within a month of joining the company.
- (iii) Employees who have been offered long term contract in regular pay scales/consolidated fee and those working on temporary /ad-hoc basis on a scale of pay (O.O. No. PP/1326/2011 dated 17.10.2011).
- (iv) A superannuated employee , only if, he/she has superannuated/ completed their tenure appointment from DMRC after putting in a minimum of 5 years’ service including uninterrupted deputation period, if any, along with the condition that one has served for a minimum period of 15 years in a Government Department/PSU/DMRC (all put together) on the date of superannuation.

EXCLUSIONS: These Rules are not applicable to casual, daily rated employees and those engaged on Re-employment/Contract basis as Consultants after superannuation, etc.

3. DEFINITION

- 3.1 “Authorized Medical Attendant” (AMA) means any qualified medical practitioner in Allopathic, Ayurvedic or Homoeopathic (and not Unani) system of medicine, whether in the service of the company or practicing medicine elsewhere and acceptable to the company. Indoor treatment of DMRC employees in Nominated Ayurvedic/Homeopathic Hospitals shall not be reimbursable as in these nominated Ayurvedic/Homeopathic Hospital/Clinic, treatment facility is limited to outdoor treatment/clinical examination only (O.O. No. No. PP/1684/2013 dated 17.10.2013 & O.O. No. No. PP/1824/2014 dated 12.08.2014).
- 3.2 ‘Family’ means an employee’s spouse, children (son below the age of 25 years or till they get married or employed; whichever is earlier, unmarried daughter but not employed and dependant on the employees) and widow mother/parents of the employee only, who is wholly dependent upon the employee and does not have independent income more than 15% of the basic pay of the employee or the amount arrived by adding minimum pension/family pension of Rs. 9000/- (excluding the element of additional pension of old pensioners) and

the dearness relief admissible to the pensioner/family pensioner thereon, rounded off to the nearest ten rupee figure, whichever is more. (O.O.No. DMRC/PERS/14-A/2018 dated 30.11.2018).

Note:-

- (a) If both husband and wife are employees of the company, only one of them may avail of the benefits of these rules for the family accordingly to their option. However, dependent widow mother of both will be included independently for the purpose of these benefits, subject to the other conditions for their inclusion being satisfied.
- (b) Employees are required to submit a declaration in the form given in **Annexure-‘A’** in order to claim medical reimbursement.

3.3 “Sanctioning Authority” with reference to the exercise of any powers under these Rules means the officers or the authority to whom such powers are delegated in accordance with the schedule of delegation of powers and/or any other order issued in general or in particular.

4. MEDICAL BENEFITS

The employees of the Corporation to whom these Rules apply will be eligible to be paid the expenses incurred by them from time to time during the course of their employment on the medical treatment for themselves and their family subject to the stipulations and monetary limit prescribed in these rules.

4.1 The cost of outdoor treatment is covered as a part of perks given in IDA scales. Further, for the employees who are drawing CDA scales the reimbursement of outdoor treatment is limited within the following monetary ceiling as circulated vide Office Order (Office Order No: PP/2925/2019 dated 03-12-2019)

Grade	Rates
Director & above	Rs. 3125/- p.m.
ED, HOD & AGM	Rs. 2500/- p.m.
JGM & DGM	Rs. 2190/- p.m.
Managers	Rs.1750/- p.m.
Asstt. Managers	

5. MEDICAL TREATMENT COVERED UNDER THESE RULES

Medical treatment covered under these rules will include the following treatment taken from the nominated hospitals/labs/clinics:-

- (a) Indoor treatment/Day Care treatment
- (b) Pathological Tests/Diagnostic investigation/procedures

- (c) Dental treatment
- (d) Ophthalmic treatment
- (e) Prolonged (disease) treatment

6. ADMISSIBILITY OF REIMBURSEMENT

6.1 The Monetary Ceiling limit for reimbursement, are as follows:

S.No.	Medical Treatment	Re-imbursement admissible
1.	Indoor treatment taken from the nominated/Govt hospital	100%
2.	Pathological Tests/Diagnostic investigation procedures	90%
3.	Dental treatment	90% (Annual ceiling Rs. 100,000/-)
4.	Ophthalmic & Prolonged disease treatment	90%

6.2 For the treatment/ advanced specialized treatment taken for certain types of very serious ailments such as those listed below, full reimbursement can be made with the approval of Director/Finance, irrespective of the medical institution where from the treatment is taken but advanced/specialized medical facilities should be available in such institution for the diseases.

- (a) Cancer
- (b) AIDS
- (c) Kidney or Liver failure and transplantation (ED/HR Office Note dated 04.08.2010)
- (d) Heart bypass surgery and other surgical and non-surgical interventions on the heart.

6.3 Prolonged Treatment

(a) A few diseases are categorized as special disease/illness for which approval for prolonged treatment is required and re-imbursement is made @ 90%, subject to approval of HOD (HR). The list of 19 such diseases is given here under:-

- 1) Tuberculosis,
- 2) Hypertension,
- 3) Diabetes mellitus- not controlled by diet therapy,
- 4) Coronary artery disease/disorder,
- 5) Bronchial asthma,
- 6) Epilepsy,
- 7) Hyper or Hyperthyroidism (Thyroid),
- 8) Arthritis,

- 9) Allergy,
- 10) Thalassemia,
- 11) Parkinson's disease/Multi-system atrophy,
- 12) Autism,
- 13) Neurological disorders,
- 14) Hyper Cholesterolemia (High Cholesterol),
- 15) Osteoporosis (Brittleness of Bones),
- 16) Primary Sclerosis Cholangitis.
- 17) Auto Immune Hemolytic Anemia.
- 18) Glucoma.
- 19) ITP (Immune Thombocytopenia).

The validity of approval of HOD (HR) is restricted to two years or completion of treatment, whichever is earlier. After 2 years if the treatment is still continuing, the employee will have to obtain a fresh approval of the Director on prescribed format for such treatment **(Annexure- "B")**.

- (b) The doctor's certificate for applying for approval of HOD (HR) for a disease requiring prolonged treatment should be only from one of the nominated /approved hospitals of DMRC or DMRC's consultant Doctor's/Government Hospitals.
 - (c) It may be noted that treatment covered under prolonged diseases shall be entertained if treatment is taken from one of the approved hospital/clinic/Government hospital of Delhi/NCR etc only and not otherwise (O.O. No. No. PP/950/2009 dated 09.07.2009)
 - (d) Reimbursement claim for the prolonged treatment will be made based on the initial prescription for the period of approval by the HOD (HR). But in case of change in the medicines/treatment prescribed by the treating doctor for prolonged treatment, the claim will be entertained only if the doctor's revised prescription is enclosed.
 - (e) The employee is required to submit the prescription, clearly containing the names of medicines and doses required for the treatment of prolong disease at the time of approval. In case of change of medicines during the course of treatment, fresh prescription along with the old prescription, bearing clear diagnosis of the prolong disease should be submitted. (Note No: DMRC/O&M/HR/Medical/2013 dated 09.12.2013).
 - (f) In the case of prolonged treatment, consultation charges shall be reimbursable of disease covered under para 6.2 & 6.4 of the master Circular on DMRC Medical Attendance Rules. (O.O. No. No. PP/1883/2014 dated 09-12-2014).
 - (g) Employee can claim medical bills of prolong treatment by applying on prescribed format **(Annexure "C")**.
- 6.4 The expenses of OPD procedure for chemotherapy & radiation shall also be reimbursable to the employees in case of Cancer treatment. This facility will also be

extended to dependent parents/widow mother in case of Cancer treatment.(O.O. No: PP/2459/2017 dated 11-08-2017)

6.5 No reimbursement shall be made for expenditure incurred on vitamins, nutritional supplements, etc. except when prescribed/certified by the doctor to the effect that such item/s are absolutely necessary for treatment of specific disease for restoration of normal health/cure of disease. Treatment pertaining to infertility and Assisted Reproductive Techniques, related path tests/diagnostic investigations/procedure are not covered under medical facilities. (Circular No: DMRC/O&M/HR/Med. Corr/2007 dated 05-06-2007)

6.6 In Vitro fertilization (IVF):-

The Re-imburement of IVF Treatment expenses will be as under:-

- (i) The IVF procedure may be allowed for the beneficiaries of DMRC medical rules (female employees/spouse of male employees) based on the Medical recommendation of gynaecology expert of DMRC's Nominated Hospital/Govt. Hospital who will inter-alia certify that there is a clear evidence of failure of conventional treatment before recommending IVF procedure.
- (ii) The age of women undergoing IVF treatment procedure should be between 21& 39 years.
- (iii) The woman has to be married and living with her husband.
- (iv) The IVF treatment procedure will be allowed only in cases of infertility, where the couple has no living issue.
- (v) Re-imburement of expenditure incurred on IVF procedure will be allowed up to a maximum of 3(three) fresh cycles.
- (vi) An amount not exceeding Rs.65,000/- per cycle or the actual cost, whichever is lower, will be allowed for reimbursement. This amount will be inclusive of the cost of drugs and disposables and monitoring cost during IVF procedures.
- (vii) As IVF treatment is a planned procedure, reimbursement can be considered only, if prior approvals obtained by the employee for undergoing the IVF treatment.
- (viii) There will be only one time permission for availing IVF treatment consisting of three cycles in total, which would be admissible to the beneficiary. DMRC shall obtain an undertaking from the applicant that he/she has not claimed the reimbursement earlier from DMRC in the past and will not claim it in future (Ref: O.O. No. PP/1670/2013 dated 19.09.2013).
- (ix) Approval for IVF treatment shall be given only if employee is not having any living child.

6.7 No re-imburement of medical bills for the treatment taken from outstations will be entertained except in case of an emergency. In such cases, the treatment should be taken from a reputed hospital preferably from a Govt. Hospital as far as possible and an emergency certificate for taking treatment there should be obtained from the treating doctor and attach with the medical bills for reimbursement. The employee concerned should mention detailed circumstances necessitating outstation treatment while submitting the medical bills for reimbursement. The reimbursement claims for treatment taken in non-nominated hospitals even in emergency and outstation treatment, shall be restricted to CGHS approved rates or actual, whichever is less. (Office Order NO: PP/2148/2015 dated 22.01.2016)

- 6.8 Any treatment taken from outstation for dependent parents will be reimbursed as per CGHS rates of that particular area/state. (Ref: O.O. No. PP/2389/2017 dated 12.05.2017).
- 6.9 Re-imburement for knee replacement of the employee is permissible but shall not be admissible for knee replacement of the dependent family members of the employee (O.O. No. PP/1212/2011 dated 04.03.2011).
- 6.10 Re-imburement of charges of animal bite, etc. vaccination will be made under DMRC Medical Attendance Rules, if the vaccination is taken from a DMRC nominated Hospital/Government Hospital. (Ref: O.O. No. PP/2721/2019 dated 17.01.2019)
- 6.11 Re-imburement of charges of speech therapy in Nominated Hospitals shall be reimbursable subject to the limit of Rs.385/- only per sitting (O.O. No.PP/1710/2013 dated 10.12.2013).
- 6.12 Charges of any surgical intervention/plaster done in nominated Hospitals, even if admission is not required, shall be reimbursable. (Ref: O.O. No. PP/1745/2014 dated 03.03.2014)
- 6.13 CPM/C/Jaipur & PD/Kochi is hereby authorised to approve for Reimbursement of medical bills of DMRC employees working at Jaipur & Kochi area (including Kozikode & Trivendrum) respectively up to the limit of Rs. 50,000/- only and for the medical bills exceeding this limit reference should be made to the Corporate Office in Delhi for sanction of the competent authority (O.O. No. PP/1665/2013 dated 05.09.2013& O.O. No. PP/1676/2013 dated 09.10.2013)
- 6.14 To save the employees from the hardship, it has now been decided to reimburse the Home Quarantine treatment of COVID-19, from Nominated/Non Nominated hospitals at par with indoor treatments. Medical advance against Covid-19 treatment taken from Non-Nominated Hospitals, if requested by the employees, shall also be granted. Provision of this para shall be applicable for positive cases of Covid-19. (Ref: O.O No: PP/3003/2020 dated 24-06-2020)
- 6.15 During indoor treatment of Covid 19, cost of PPE Kits per visit with ceiling limit of Rs. 6000/- or actual whichever is lower, shall be reimbursed. Also, cost of consumables/Face Mask/Hand Sanitizers/Miscellaneous items during entire hospitalization for Covid19, shall be reimbursed up to Rs. 2000/- only or actual basis, whichever is less (Ref: Office Order No: HR/O&M/473 dated 23-11-2020)
- 6.16 Full cost of Covid test conducted before admission of the patient as preventive measure, shall be reimbursed. (Office Order No: HR/O&M/236/2020 dated 27-05-2020)

7. HOSPITALISATION

- 7.1 Full re-imburement of admissible expenditure incurred on hospitalisation in a nominated hospital as per the list approved, will be made to the employee. A list of nominated hospital

is uploaded at DMRC intranet. This list is amended from time to time. The expenses incurred on minor operations/procedures in a nominated hospital for which hospitalisation is not required will also be reimbursed at the rate indicated in Para 6.1 (1). Moreover, full reimbursement shall be made in case of “injury on duty” and for any ailment for which indoor treatment is taken from a Government hospital.

The Sanctioning authority for reimbursement of medical bills are as under: (OO. PP/2846/2019 dated 28.06.2019)

S. No.	Reimbursement Amount	Sanctioning Authority
1.	Up to Rs. 1,00,000/-	AM/Manager (Finance)
2.	From Rs. 1,00,001/- to Rs. 3,00,000/-	Dy.HOD/Finance
3.	Above Rs. 3,00,000/-	HOD/Finance

(Ref: O.O. NO: HR/O&M/02/2021 Dated 12.01.2021)

No reimbursement is permissible for treatment taken in non-nominated hospital except in case of emergency. **It has been decided that onwards the reimbursement claims for treatment taken in non-nominated hospitals even in case of emergency & outstation treatment, shall be restricted to CGHS rates or actual whichever is less.** For emergency, employee has to submit certificate from the Doctor of the hospital that the patient had to be admitted in emergency (O.O. No. PP/2368/2017 dated 13.04.2017 & O.O. No: PP/2148/2015 dated 22-01-2016).

7.2 Cost of Hospitalization will include pre- and post-admission treatment, OPD charges and resultant cost of medicine subject to certification by the hospital that such OPD charges and pre/post admission treatment was part of the indoor treatment, subject to maximum limit of 3 months on each side. It is to be noted that this is applicable for the employees in service only. Reimbursement of pre-post hospitalization is not applicable in the case of dependent parents and retired employees. It is also made clear that this provision is not applicable in the case of emergency treatment if the patient is admitted for less than 24 hours (Ref: O.O. No. PP/2161/2016 dated 15.02.2016). Further, in case of pregnancy/delivery, regular check-ups and treatment continues and therefore, for treatment taken during the period of 3 months before & after delivery, no certificate is required.

7.3 The entitlement for re-imburement of room charges for indoor treatment is as below:-

S.N.	Designation	Admissible room rent per day(Rs)	Entitlement of the accommodation	Treatment entitlement*
1.	MD/Directors	12000/-	Suite/Deluxe Room	NH
2.	ED/HoDs	10000/-	Deluxe Room	SNH
3.	Sr.AGM/AGM/JG M/Sr DGM	7500/-	Single Room	SNH

4.	DGMs/Managers/Assistant Managers/Sr. Supervisors	5600/-	Single Room	SNH
5.	Supervisors	4500/-	Two/three bedded Room	SP
6.	Non-Supervisors	3200/-	Economy/General Ward etc	SP

*NH- Nursing Home, SNH-Semi Nursing Home, SP-Semi Private
(Ref: O.O. No. PP/2535/2018 dated 11/01/2018)

Most of the hospitals have three different rates for various treatment/procedures (NH/SNH/SP), the NH being the costliest and SP least costly. For re-imburement of indoor treatment for various diseases/procedures, the different categories will be considered as per their room entitlement, i.e., the Non-Executives will be eligible for re-imburement at SP rates, the Dy. HOD/Managers/AM/Sr. Supervisors, at SNH rates and HOD and above levels at NH rates. In case of those hospitals, where there is only one rate for various treatment/procedures, all categories of personnel will get re-imburement of indoor treatment at a uniform rate.

7.4 For the period of treatment in Intensive Care Unit (ICU) of the hospital, re-imburement will be made at the rate of **Rs. 2700/- per day**, in addition to the room charges.

8. POST RETIREMENT MEDICAL (PRM) FACILITY

- i) An eligible employee on superannuation (at the age of 60 years) shall be entitled for reimbursement of expenditure incurred on indoor treatment for self and spouse at the same rate as applicable to regular employees of equal level.
- ii) Directors & MD shall be eligible for Post-Retirement Medical facility on completion of tenure appointment. They shall be entitled for reimbursement of expenditure incurred on indoor treatment for self and spouse at the same rate as applicable to Directors & MD level respectively.
- iii) An employee (including Directors and MD) will be eligible for this facility only if he/she has superannuated/ completed their tenure appointment for Director and MD, from DMRC after putting in a minimum of 5 years' service including uninterrupted deputation period, if any, along with the condition that one has served for a minimum period of 15 years in a Government Department/PSU/DMRC (all put together) on the date of superannuation.
- iv) The PRM facility will also be available to an employee in case of his/her retirement on medical incapacitation before superannuation or completion of tenure appointment of a Director and MD. The spouse of the deceased eligible employee, if any, shall also be eligible for the above facility.

- v) For this purpose, the services on contract and re-employment shall not be counted (as modified vide Office Order No. PP/1626/2013, dated 27/06/13).
- vi) Under PRM facility employees are eligible for re-imbursement of indoor treatment expenses only. Pre/ Post hospitalization cost is not admissible for reimbursement under PRM facility. (O.O. No: PP/2161/2016 dated 15-02-2016)
- vii) In case of voluntary retirement of permanent employee of the Corporation, by giving notice of not less than three months in writing to the Appropriate Authority, after he/she has attained the age of 58 years and has rendered 15 years of service in a Government/PSU/DMRC, put together, as on the date of voluntary retirement, and must have also, put in a minimum of 5 years of service, in the corporation, the Post-Retirement Medical facility shall stand extended. (Ref: O.O. No.: PP/3067/2021 Dated 07.01.2021)

9. MEDICAL ADVANCES

In exceptional cases advance required by individual employees on account of grave hardship to meet the expenditure in connection with indoor treatment in emergent cases can be given on the recommendation of the doctor from a nominated/Government hospital. The medical advance will be entertained only if the amount of expenditure is above Rs. 10,000/-. 80% of the total estimate will be paid as medical advance and rest 20% has to be borne by the employee.

The sanctioning authority for Medical Advance is given as under:-

S.No.	MEDICAL ADVANCE (Rs.)	SANCTIONING AUTHORITY
1.	Up to Rs. 100,000/-	Dy. HOD (HR)
2.	From Rs. 100,001/- to Rs. 3,00,000/-	HOD (HR)
3.	Above Rs. 3,00,000/-	Director/Finance

(Ref: O.O. No. HR/O&M/02/2021 dated 12.01.2021)

The medical advance should be settled within 30 days of drawl of the advance. The bills of the hospital along with all necessary documents are required to be submitted within one month's time after the completion of treatment failing which simple interest @ 10% per annum will be charged on unspent money till it is deposited back, for entire period i.e. from the date of drawl: (Ref: O.O. No. PP/1249/2011 dated 13.06.2011)

10. DENTAL TREATMENT

The re-imbursement for dental treatment will be made maximum at the following rates:-

S.No.	DENTAL PROCEDURE	ACTUALS SUBJECT TO A MAXIMUM OF
1.	Root Canal Treatment (RCT)- Anterior	Rs.2930/-
2.	Root Canal Treatment (RCT)- Posterior	Rs.4350/-
3.	Composite Filling	Rs.2000/-
4.	Crowning per unit	Rs.3300/-
5.	Extraction per tooth	Rs. 590/-
6.	Extraction of fractured/decayed tooth	Rs.1100/-
7.	Surgical extraction of tooth	Rs.2930/-
8.	Tooth implantation (per tooth)	Rs. 25000/-
9.	Ceramic Crown	Rs.10,250/- Per tooth

The above ceiling for re-imburement of charges for dental treatment will be subject to the following additional conditions:

- (i) The treatment shall be taken from any of the DMRC nominated/approved Hospital/Dental Clinic only.
- (ii) The maximum amount to be reimbursed to an employee, for self and family members, in a financial year for dental treatments shall be limited to a maximum of **Rs. 1,00,000/- (Rs. One lakh) only.**
- (iii) Reimbursement for tooth implantation is allowed for self & spouse only and no prior approval would be required for the same (O.O. No. PP/2548/2018 dated 19.02.2018).

Exclusions: Charges for the supply of dentures, cleaning, polishing of teeth, filling of teeth with gold/or other expensive materials or the dental treatment such as orthodontic treatment for cosmetic reasons are not reimbursable.

11. OPHTHALMIC TREATMENT

Fees charged for routine testing of eye sight will be reimbursed only once in two years, unless it is done during the interim period on the advice of an eye specialist. In case of cataract operation, the upper cost ceiling of the IOL (Intra Ocular lens) is fixed at Rs. 7500/- only (Ref: O.O. No. PP/1556/2013 dated 22.01.2013).

12. PATHOLOGICAL AND OTHER DIAGNOSTIC INVESTIGATIONS & PROCEDURES.

Expenses incurred on pathological, radiological and other investigations/diagnosis would be reimbursed if the same is done on the advice of an authorised medical attendant of the nominated or Government hospital & Medical Consultant of DMRC.

All consultation charges are part of outdoor medical re-imburement being paid in the form of perks with salary. Hence, no consultancy charges shall be reimbursed separately.

13. COMPREHENSIVE HEALTH CHECK UP

Both the male & female employees/their spouses, who are above 40 years of age are eligible to avail the facility of annual comprehensive health check-up (O.O No. PP/1628/2013 dated 03.07.2013).

- i) The charges will be borne by DMRC on a monthly basis against the bill raised by these hospitals. Those, who wish to undergo the comprehensive medical health check-up have to take an authority letter from HR Corporate Office and fix an appointment with the concerned hospital well in advance.
- ii) On the day of health check-up they have to report the hospital empty stomach at around 08.30 a.m.
- (iii) List of approved/Empanelled hospitals for comprehensive Medical Health Check-up of DMRC employees and their spouse is available on DMRC Intranet Site. Employee may refer the same.
- (iv). Validity of empanelment of Hospitals are mentioned in respective Circulars and consolidated list of Empanelled Hospitals on DMRC Intranet Site. Amendments are made in the List of Empanelled Hospitals from time to time.
- (v). The Annual Comprehensive Medical Health Check-up for self and spouse will be allowed to superannuated employees, who are eligible for post-retirement medical benefit scheme at par with regular employees in DMRC nominated hospitals. (O.O No. PP/1364/2011 dated 28.12.2011).

14. CASHLESS MEDICAL FACILITIES

14.1. With a view to improve the medical facilities in DMRC, the Management has decided to start Cashless Indoor Treatment facility for employees. For list of empanelled Hospitals for Cashless Medical Facility, employees may refer DMRC Intranet Site.

14.2 Entitlement of accommodation will be as per Para 7.3 above. In case of non-availability of the entitled accommodation, employee may get treatment in the lower category of accommodation, employee may take a room upto his/her entitled

amount and excess rent, if any, will be borne by the employee. Further, the employee should ensure that he/she avails treatment as per his/her entitlement, and in no case treatment in a higher type will be admissible.

- 14.3 All the employees of DMRC (Other than exceptional employees who are covered under insurance taken by DMRC) who are availing the Cashless Medical Facility the concerned employee will have to furnish a certificate on the prescribed format enclosed at **Annexure “D”** immediately on discharge from the Hospital. It is mandatory to submit this certificate in HR branch duly filled in & completed in all respect and forwarded through the concerned HOD within a week after being released from the Hospital failing which the Cashless Medical Card issued to the employee concerned will be frozen. (O.O. No: PP/2369/2017 dated 17-04-2019)

14.4 General instructions for availing Cashless Medical Facility:-

- (i) **Admissibility:** This facility will be admissible to regular employees, deputationists who have opted medical facility from DMRC, long term contractual employees in regular pay-scales and their families only (as per DMRC Medical Rules).
- (ii) **Limit:** This facility is admissible only up to Rs. 1,00,000/- for one treatment.
(Note) (i) If both husband and wife are employed in the Corporation, only one of them may avail the benefits of these Rules for the family according to their option. However, dependent widow mother of both will be included independently for the purpose of these benefits.
(ii) All employees are required to submit a declaration in the Form given in **Annexure –‘A’**, in order to get cashless medical facility.
- (iii) Cashless medical treatment facility may be availed for indoor treatment only from nominated Hospitals.
- (iv) **Issue of Medical ID Card:** Employees, who want to avail the cashless medical facility, may download the medical identity card forms from intranet site (**Annexure “E”**) and duly filled in forms may be submitted to HR Department through HOD concerned in a consolidated manner along with a covering letter. Applications for medical ID cards will be invited from time to time (Quarterly or half yearly) so that the same may be procured in bulk.
- (v) **Validity of Medical ID card:** The Medical Identity Cards will be valid till he/she is in service in DMRC only. In case, employee remains absent from duty for more than 15 days, without approval of competent authority, his/her card shall be cancelled and intimation of such cards will be given to the Hospitals on first day of succeeding month. Such employees should not avail the cashless medical facility, failing which he/she will be liable to be taken up under D&AR rules. The Hospital will also communicate within 24 hours regarding Hospitalization of DMRC employee, through email/fax, so that the employee’s attendance status may be scrutinised.
- (vi) **Misuse of Medical ID Card:** Any false declaration for obtaining medical identity card or misuse of medical identity card will entail cancellation of the card and major D&AR action will be initiated against the employee. In such case, further issuance of card to him will be

barred. The Labour Welfare Inspectors and/or Vigilance Inspectors may visit the Hospital for verification of the dependents.

- (vii) **Return of ID Card:** Employee leaving the organisation will have to return the medical identity card to HR office, while obtaining “No Dues Certificate”. In case of non-return, all dues of the employee will be kept withheld.
- (viii) The following treatments are not covered under the Cashless Medical Facility:
 - (a) **No organ transplant/artificial organ implant:** In no case, organ transplant or artificial organ implant including knee replacement will be allowed through the cashless treatment facility. In case of extreme exigency for saving the life, prior permission, along with estimated expenditure, will be obtained from the competent authority. In case of indoor treatment of cataract, the upper cost ceiling for the IOL (Intra Ocular Lens) is fixed at Rs. 7500/-
 - (b) **Infertility treatment:** If employee have no living child. As per rules, indoor treatment taken for infertility is not reimbursable and in cash employee avails cashless medical facility for the same, payment of bills shall not be made to him/her.
 - (c) Further, this facility shall not be available for cosmetic procedures, dental treatment, comprehensive medical health check-up or any other kind of outdoor treatment.
- (ix) **Procedure for availing the facility:** The employee will carry his ID card and Medical Identity Card with him/her, while approaching the Hospital for indoor treatment. The Hospital will keep a photo copy of both cards and will provide treatment after due scrutiny of the employee or his/her dependent.
- (x) **Prior approval of higher expenditure:** The employee will obtain prior estimate of indoor treatment, with detailed break-up, from the Hospital. If the initial estimate is above Rs. 1,00,000/-, prior approval of competent authority will be mandatory before hospitalization. However, in case of emergency, such as heart attack, accident etc. Involving treatment cost in excess of Rs. 1,00,000/- the approval may be obtained soon after the hospitalization by one of the family members/colleagues. Cost of indoor treatment excess to Rs. 1,00,000/- will be borne by Employees. The payment in such cases involving over Rs. 1,00,000/- will be made on reimbursement/medical advance basis only.

14.5 The employees who intend to avail the cashless medical facility may download the Medical Identity Card requisition form from the intranet and submit the same in the HR for issuance of cashless medical card. (O.O. No. PP/1556/2015 dated 26.03.2015, PP/2226/2016 dated 05-09-2016, O.O. No: PP/2389/2017 dated 12-05-2017 & No: PP/2692/2018 dated 30-11-2018).

14.6 After availing cashless medical facility the concerned employee will have to furnish a certificate on the prescribed format enclosed immediately on discharge from the Hospital. One copy of this certificate is to be submitted in the Hospital at the time of discharge and another in HR branch duly forwarded through the concerned HOD within five days after

being released from the Hospital as indicated therein failing which the Cashless Medical Card issued to the employee concerned will be frozen(O.O. No. PP/2369/2017 dated 17/07/14).

- 14.7 In case of non submission of certificate within 7 days after the completion of cashless treatment will result in recovery from salary of the employee, till the cashless amount is recovered subject to recovery amount not exceeding 50% of net salary.(O.O. No: HR/364/2020 dated 08-09-2020)

15. Medical facility to dependent parents of the employees.

The dependent parents of the employees are included for medical coverage as per the Office Order No. DMRC/PP/1910/2015 dated 23.01.2015. The conditions for availing medical facilities for parents will be as under:-

15.1 Inclusion of parents for medical facility:

Employees intend to avail medical facility for dependent parents who are residing with them, may submit their option on prescribed format (**Annexure “F”**).

- a. Employees, who intend to avail medical facility for parents are required to submit any of the following documents in support of the parents' income :-
 - (i) Pension Pay Orders of parent/s with pension A/c Pass-book, in case of retired Govt. / State Govt/Semi Govt/PSU employee/s.
 - (ii) In case, employee's parent/s have own business, non-regular income, the employee will submit Income Tax Return or an Income Certificate issued by local authorities (BDO/SDM).
 - (iii) If, parent/s working in non-Govt. organisation, the employee will submit their latest Income Tax Return.
 - (iv) If, parents hold BPL Card/Old-age pension certificate, a copy of the same may be submitted.
 - (v) The dependence certificate must be renewed after every three years in the month of January, with latest income proof etc and widow pension pay order in case of widow mother if applicable and income tax return as said above, failing which medical facility will be discontinued. In case of change in income, employees are required to inform the HR Department regarding revised/increased income. Failing which, he/she can be liable for action under Conduct, Discipline & Appeal Rules.
- b. If, parents are availing medical facility from any other Govt. sources, such as CGHS, State Govt. health services, Govt PSUs, Defence (CGHS) etc. or availing as dependent on sibling of the employee will not be eligible for medical facility from DMRC.
- c. Female employees shall have the choice to include either her parent or parents-in-law for the purpose of availing of the medical facility, subject to the condition of residence and dependence.
- d. **Proof /documents in regard to Residence:**
 - (i) Aadhaar card
 - (ii) Voter ID card

- (iii) Passport copy
- (iv) Ration Card (no self-declaration and affidavit will be valid).

e. **Proof/Document in regard to dependency not claimed by siblings:**

If the siblings are employed with Government organisation, a declaration on letter head of that organisation regarding not availing medical facility will have to be submitted.

f. **Proof/Documents in regard to income**

The above mentioned proof/documents will be required for establishing dependency for parents/widow mother. However, the requirement of criteria of income proof issued by competent authority of Delhi or NCR for establishing the dependency of parents/widow mother has been relaxed and income certificate/income proof/ITR of any State will now be acceptable as proof of income / income certificate, for claiming reimbursement for parents/widow mother.

g. **Dependency of widow mother:**

The documents mentioned above will be required even for showing of dependency of dependent widow and death certificate of father is also required.

In addition to above the procedures of medical advance/settlement of bills will be as per the points below:

- (i) Proper break-up of the treatment and the cost incurred for such treatment.
- (ii) Diagnosis done by the doctor and the procedure to be followed.
- (iii) In case of advance the proper estimate should be signed by the hospital along with the name, designation of the signing authority.

h. The widow mother will henceforth be eligible for all the medical facilities as available prior to issue of the office order dated 26.03.2015. The documents required in support of income/residency (i.e. residing with employee) for dependent widow mother and conditions for reimbursement of medical bills will be same as in case of normal dependent parents.

15.2 Reimbursement of medical bills of parents:

Admissibility of reimbursement of medical bills of dependant parents are as under:

a. **Treatment taken from outstation:**

Any treatment taken from outstation for dependent parents will be reimbursed as per CGHS rates of that particular area/State.

b. **Medical treatments not covered:** In addition to other restricted procedures, the following medical treatments/expenses shall not be covered under medical provisions to parents:-

- Cost of artificial medical equipment's such as BP monitor, Glucometer/strips, nebulizer, C-Pap etc.),
- Prolonged/OPD treatments,
- Other OPD/Diagnostic procedures,
- Dental treatment (admissible to widow mother)
- Pre-Post Hospitalization Cost.

15.3 Cashless medical facility: Employees may avail cashless medical facility for parents also after inclusion of the names of parents in their Medical ID Cards. For this purpose their application duly filled-up and scrutinized by controlling officer may be submitted to HR branch along with Medical ID card.

15.4 Before taking indoor treatment, the employees will ensure admissibility of treatment and their entitlement of accommodation. In case, treatment is taken in higher category of accommodation, re-imburement will not be made to the employee unless the employee obtains and submits an estimated bill of his entitlement form the hospital for recovery of excess amount, failing which 40% of amount (excluding medicine cost) will be recovered from the employee for higher category of accommodation. This will be applicable for treatment taken by the employees and their other family members.

(Ref: O.O.No: PP/1956/2015 dated 26-03-2015 & O.O. No: PP/2504/2017 dated 05-12-2017 & O.O. No: PP/2389/2017 dated 12-05-2017 & O.O. No: PP/2692/2018 dated 30-11-2018)

16. DMRC PART TIME MEDICAL CONSULTANTS

For the purpose of medical facilities at workplace and DMRC staff colonies, part time medical consultants (Doctors) are engaged in DMRC, which include physician/a lady doctor/a homoeopath. **In addition, Experts in various medical fields from premier hospitals are invited to provide consultation from time to time consultation to DMRC employees.**

17. RE-IMBURSEMENT OF MEDICAL EXPENSES

17.1 To claim the re-imburement, an employee has to submit the following documents along with his claim:-

- a) Application on prescribed format (**Form "I"**)
- b) Discharge summary given by the hospital
- c) Detail bills along with cash receipts in original, duly self verified.
- d) In case of hospitalization packages, detail break-up of the entitled category especially from room rent.
- e) In case of cataract operation, cost of IOL charges should be mentioned clearly.
- f) Pre/post hospitalization certificate, wherever required.
- g) All prescriptions along with medicine bills as per check list (**Annexure "G"**)
- h) Declaration for dependents as per **Annexure-"A"**
- i) Emergency certificate, where required
- j) Duly checked and forwarded by concerned controlling officer(O.O. No. PP/1408/2012 dated 14.03.2012 & O.O. No. PP/1599/2013 dated 29.04.2013).

Reimbursement of expenses of any item, which is not covered in these rules, shall be dealt with on merit as per Govt. of India's Rules, with specific approval of **Director (Finance)**.

17.2 Detailed checklist is placed at **Annexure “G”**. Employees are requested to send their claims as per checklist.

17.3 There are provisions of discounts and separate concessional packages in some of the nominated hospitals on various treatments (including lab tests, room rent, radiology services, hospitalization etc.). The employees availing treatment for self or for any member of their family should produce their office I-Card & avail these discounts. If they fail to avail the discount or special concessional rates for medical services obtained from nominated hospitals, their claims will be reduced to the extent of discounts/concession before processing for reimbursement.

18. INCOME TAX EXEMPTION ON MEDICAL RE-IMBURSEMENT

In the list, the nominated hospitals/Clinics/Path Laboratories/Diagnostic Centres are classified into two categories:-

- (a) Those having exemption u/s- 17(2)(II)(b) of IT Act.
- (b) Those not having exemption under the above mentioned IT Act.

The re-imbursements made to employees or directly to the hospitals (including dispensary/clinic/nursing home) which is approved by the Chief Commissioner of IT having regard to the prescribed guidelines in connection with the medical treatment of the employee or any member of his/her family for treatment of prescribed disease or ailments specified under Section 17(2)(ii)(b) of the Income Tax Act will not be treated as perquisites. (Ref: O.O. No PP/1329/2011 dated 25.10.2011)

Employees taking indoor treatment from outstation hospital may obtain Income Tax Exemption Certificate, if concerned hospital is having it, and will submit the same along with their claim to avail exemption where ever eligible on reimbursement.

Note:

The nomination of Hospitals/Clinics/Path Labs/Diagnostic Centers is subject to change. It is advised to confirm the status of nomination of hospital before taking treatment.

18. INTERPRETATION AND RELAXATION

The Managing Director/Director (Finance) has the power to interpret these rules and in case of doubt/dispute his/her decision will be final. He/She may also relax the provisions of these rules in individual cases of hardship for reasons to be recorded in writing.

APPLICATION FOR MEDICAL RE-IMBURSEMENT

(As per O.O. no. PP/1599/2013 dated 29.04.2013)

1. Name of the employee.....Design.....Deptt.....
2. Employee No..... Pay-Scale Rs.....
3. Re-imburement claim made for – Indoor / Dental/ Ophthalmic/Injury on Duty/Pre-post Hospitalization treatment/ pathological test/prolong treatment.
4. Contact No.- Mob.....Ph. No. / Extn.....
5. E-mail ID:.....
6. Re-imburement taken for treatment of –Self/ Spouse / Son*/Daughter*/Widowed mother/(*below 25 years of age or till he/she gets married or employed, whichever is earlier).
Name.....Relation..... Age.....
Name.....Relation..... Age.....
Name.....Relation..... Age.....
7. Whether declaration (as per Annexure – ‘A’ of med. Rules) showing dependents, attached-
.....
8. Treatment taken from.....
9. Whether hospital is Nominated/Non-nominated/Out-station/Govt Hospital
(i) If, non-nominated, is the Emergency certificate enclosed?.....
(ii) If Outstation, Name and Address of Hospital.....
10. Date of admission / discharge...../.....Period of hospitalization.....days.
11. Diagnosis / Disease.....
12. Amount of claim Rs.....
13. Whether cashless facility is availed:
(i) Yes.....amount.....(ii).No.....
14. Whether Medical Advance drawn (if yes mention the amount) Rs.....
15. For Indoor medical bills, detailed break-up of package along with discharge summary duly stamped and signed by Hospital authority, is enclosed.....
16. For all lab tests a self certified copy of investigation reports and prescription is enclosed.....
17. Discount offered by hospital / Path lab, if any.....
18. Whether treatment is taken as per entitlement.....
(i) If not, reason for it.....

(Attached all bills in original duly verified, prescription advising medicines/pathological test and summarized as on the reverse.)

Summary of Bills

S.N.	Description of expense/bill	Bill No. & date	Amount (Rs.)	Remarks (if any)
1				
2				
3				
4				
5				
6				
7				
Total				

- (1) I hereby certify that all the above bills are true and correct.
- (2) It is also certified that my spouse is a housewife/working in..... and she / he is not claiming medical re-imbursement from there.
- (3) Claims submitted are not older than six months.

Date:.....

(Signature of the employee)

Controlling Officer

Designation

HR Branch

Medical claim of Emp. No.... with HR Serial No.....dated.....for Rs..... has been verified in HR Deptt. With regard to his/her entitlement / eligibility and necessary certificate is duly forwarded to Establishment (Finance) for re-imbursement as per extant DMRC medical Policy.

AM/Manager(HR)

OA/HR

Accounts Branch

- (1) Amount of claim for re-imbursement Rs.....
- (2) Amount not admissible Rs.....
- (3) Amount to be reimbursed Rs.....

Manager/F&E

A/Accounts

DECLARATION FOR CLAIMING RE-IMBURSEMENT MEDICAL EXPENSES

Name.....Desig.....

Emp. No.....

The members of my family and other dependents for whom I shall be claiming re-imburement of medical expenses are as under:-

S.N.	Name	D.O.B.	Age	Relationship	Residing with me	Marital status

My wife / husband is employed in..... is not employed and she / he will / will not claim re-imburement from DMRC or her / his employer / and she / he will not available the medical facilities available to her / him from any other source.

Certified that the Persons (s) for whom re-imburement will be claim is / are wholly dependent upon me and residing with me.

Please enclose a copy of certificate from employer for not claiming medical / LTC facility from the employer of the spouse.

Dated:

Signature of the employee
Name.....



FORMAT FOR SEEKING APPROVAL FOR PROLONGED TREATMENT

(As per 0.0. No. PP/950/2009 dated 09.07.2009)

No. DMRC/Estt./Prolonged Treatment/2020

Dated:

1. Name of the Employee :
2. Designation :
3. Ernp. No. :
4. Mobile No. and Email Id :
5. Name of the patient :
6. Relationship with the patient :
7. Name of disease :
8. Hospital in which under treatment :

Name & Signature of the employee

Doctor's Recommendation:

Performa for claim of medical bill of prolong treatment

Name of Employee:

Emp. No.:

Designation:

Department:

Wing (Project/O&M):

Name of Patient:

Relationship:

Contact No.:

E-mail ID:

Date of last claim of Medicine Bill.....

Amount of last claim of Medicine Bill.....

(A) Details of consultancy and Path Test

S.N.	Claims	Date	Bill No.	Amount(Rs.)
1.	Consultancy			
(i)				
(ii)				
(iii)				
2.	Pathology Tests			
(i)				
(ii)				
(iii)				
Total (1+2)				

(B) Medicine Bill:

(Medicine bill of prolong treatment shall be reimbursed for maximum two months at a time)

S.N.	Medicine Name (In capital letter)	Reference (Prescription's date)	Dose per day (OD/BD/etc.)	No. Of days for which medicine is prescribed	No. Of days for which medicine is purchased	Quantity (In No. of tablets)	Amount (Rs.)
Total							

Undertaking:

- (i) I hereby declare that the above statements are true and correct to the best of my knowledge and belief.
- (ii) I am fully aware that submission of false claim/claims for excess purchase of medicine/claim of medicine which are not related to disease for which approval for prolong treatment has been given, is a misconduct under DMRC service rule. In case of false/fraudulent claims, DMRC can take suitable disciplinary action against me.
- (iii) I have enclosed copy of approval of prolong treatment.

Date**Signature:****Name of Employee:****Emp. No:**

Signature of Controlling Officer:

Name of Controlling Officer:

Emp. No. & Designation

HR Department**Finance Department**

Reimbursement cum certificate for availing Cashless Medical facility

(To be submitted in HR branch within 7 days after availing cashless medical facility)

Certified that the undersigned has availed the cashless medical facility for indoor treatment of self/spouse/child/dependent father/mother/widow mother.....

Name of the patient (Shri/Smt)..... and relation with employee..... who was admitted in (Name of Hospital)..... from (admission date).....to (Discharge date)..... For treatment of

Further, it is certified that

A. Total bill amount raised by the hospital is Rs.....

B. Amount paid by me to the hospital is Rs.....

(All original receipts issued by the hospital against the payment made are enclosed which is mandatory)

C. Amount of advance (if any) taken from DMRC Rs.....

D. Net amount to be reimbursed to the undersigned after adjustment of advance taken from DMRC (if any) (B-C) Rs.....

Further, if there is any deduction on account of inadmissible amount, same may be done from the reimbursable amount and if it is not sufficient, the balance may be recovered from the salary of undersigned.

Signature of Employee

Name:

Designation:

Emp. No.:

Unit:

Place of working:

Mobile No.:

Signature & Name of Controlling Officer

Signature & Name of Concerned Dy. HOD

HR Deptt.

DELHI METRO RAIL CORPORATION LTD.
DECLARATION FOR AVAILING MEDICAL FACILITIES FROM DMRC.

NameDesignation.....Emp. No.
 Pay Scale.....Status.....(Direct/Contract/Deputation) Place of Posting.....

The members of my family and other dependents, for whom medical facility is to be availed from DMRC, are as under:

S. No.	Name (Shri/Smt.)	DOB	Relationship with employee	Photograph, Stamp size (one to be pasted & other enclosed)	Marital Status (Married/Unmarried/ Student/Widow)	Occupation	Income of dependent per month (Rs.)	Current Address
1.								
2.								
3.								
4.								
5.								
6.								

***In case your spouse is employed in Govt. organization, then undertaking as per (i) below is required.**

- i. My wife/husband is (employed/self employed/housewife) in (name of organization) and she/he will not claim Medical Facilities from DMRC/his/her employer. In case spouse is employed in Govt. organization, he/she has to submit a proof of not availing medical facility from his/her parent organization.
- ii. That, I am not availing medical facility from any other source, financed from Govt. of India or Sate Govt.
- iii. That, the person (s) for whom medical facility will be claimed (except item I above) is /are wholly dependent on me and residing with me. Proof of residence is to be enclosed).
- iv. I hereby undertake to intimate immediately (within one week) regarding change of dependency of spouse/children/parents as per DMRC guidelines.

Dated:

Signature of the employee.....
Contact Number (Mobile):
Email ID:.....

Signature of Controlling Officer
(Name & Designation)

HR Department

DELHI METRO RAIL CORPORATION LTD.**APPLICATION FOR MEDICAL FACILITY TO PARENTS.**

NameDesignation.....Emp. No.....
 Pay ScaleStatus.....(Direct/Contract/Deputation)

Details of Widow mother/Parents:

Name	Date of Birth/Age	Occupation	Monthly Income (Rs.)	Current Address	Latest Passport size Photograph
Father Shri.....					
Mother Smt.....					

1. Proof/documents in regard to Income:.....
2. Proof/documents in regard to Residence.....
3. Proof/documents in regard to Dependency not claimed by Siblings.....

Details of other family members

S. No.	Name (Shri/Smt.)	Relationship with the employee	Working with (name of organization)	Remarks

Declaration

I have read the conditions for medical facility to parents and my parents for availing medical facility from DMRC. I certify that my parents are not availing medical facility from Govt. sources/PSUs. I further certify that my parents are fully dependent on me and residing with me. If at any stage the above particulars are found false/wrong, DMRC management may take action against me under the relevant provisions of DMRC Conduct, Discipline and Appeal Rules.

The information given above is true and correct.

Dated:

Signature of the employee

Name.....

Contact No.

Place of Posting.....

**Signature of Controlling Officer
(Name & Designation)**

HR/Department

Check list for medical reimbursement**I. Reimbursement of Outdoor treatment/OPD /Dental treatment.**

S.N.	Documents (attached)	Yes	No
1	Whether Hospital is nominated/Govt.?		
2	Copy of prescription is enclosed		
3	Original bill of prescription/investigation/Medicine		
4	Copy of path test report		

II. Reimbursement of Prolong treatment/IOD/IVF.

S.N.	Documents (attached)	Yes	No
1	Copy of prescription		
2	Original bill of prescription/investigation/Medicine		
3	Copy of path test report is enclosed		
4	In case of prolong treatment, copy of approval is required.		
5	In IOD case, Copy of IOD certificate is required.		
6.	In case of IVF, copy of approval for IVF is required?		

III. Documents required for reimbursement for indoor bills from Nominated/Govt. Hospital.

S.N.	Documents (attached)	Yes	No
1	Whether hospital is nominated/Govt?		
2	If non-nominated, CGHS rates mentioned?		
3	Whether cashless medical facility availed?		
4	If yes, reimbursement cum certificate is enclosed?		
5	Discharge summary		
6	Details of medical advance, if taken, mentioned or not		
7	Original receipt for excess payment beyond cashless limit (1 lakh) is enclosed or not		
8	Original indoor treatment bill		
9	Whether bifurcated bills are provided?		
10	Copy of prescription of path test report		

IV. Reimbursement of Pre-Post claims.

S.N.	Documents (attached)	Yes	No
1	Whether hospital is nominated/Govt?		
2	Copy of prescription / original consultancy		

3	Original bill of prescription/investigation/Medicine		
4	Whether detailed bifurcated bills are provided		
5	Copy of path test report		
6	Discharge summary		
7	Certificate from hospital stating that treatment is taken for same disease during pre post period for which patient was hospitalized/admitted is required. In case of pregnancy/delivery, certificate is not required.		

V. Reimbursement of outstation indoor bill.

S.N.	Documents (attached)	Yes	No
1	Discharge summary		
2	Original indoor treatment bill		
3	Whether detailed bifurcated bill is provided or not		
4	Copy of prescription and path test report		
5	Whether CGHS rate is mentioned		

VI. Non- nominated indoor treatment.

S.N.	Documents (attached)	Yes	No
1	Discharge summary		
2	Original indoor treatment bill		
3	Whether detailed bifurcated bill is provided or not		
4	Copy of prescription and path test report enclosed		
5	Whether CGHS rate is mentioned?		

Signature of Employee
Name.....
Employee No:.....
Contact No:.....

HR Department