

No: 4-18/2005-C&P [Vol. I – Pt. (I)]
Ministry of Health & Family Welfare
Department of Health & Family Welfare
CGHS (P) Division

Nirman Bhawan, Maulana Azad Road
New Delhi, Dated the 20th February, 2009

OFFICE MEMORANDUM

Subject: Relaxation of procedures to be followed in considering requests for medical reimbursement.

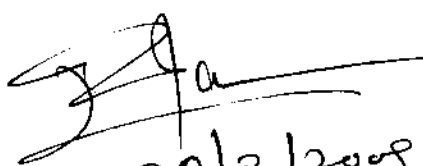
The undersigned is directed to state that under the extant instructions, a CGHS card holder, who wishes to apply for reimbursement of the expenditure incurred by him / her on medical treatment of either self or his / her dependent family members, the present reimbursement procedure needs verification of bills and issue of essentiality certificate by the treating doctor, and the Medical Superintendent of the hospital. The process of verification of bills and issue of essentiality certificates are time consuming with the doctor at times being busy or being away from office for whatever reason. This necessitates repeated visits to the hospital for getting the verification done and essentiality certificate obtained. Representations have been received in the Ministry of Health & Family Welfare requesting for doing away with the two requirements and for the Ministries / authorities concerned to verify and check the authenticity of the claims on the basis of the prescription slip and the diagnostic report submitted by the Government servant / pensioner. In the event of any doubt, the concerned Ministry / Authority can always get verification done from the hospital concerned.

2. The undersigned is also directed to state that CGHS guidelines currently provide for relaxation of guidelines to cover full reimbursement in individual cases depending upon merits of each case. In the case of Hon'ble Members of Parliament, the powers to relax the guidelines have been delegated to the Lok Sabha Secretariat and Rajya Sabha Secretariat respectively and in the case of Hon'ble Chief Justice of Supreme Court and Judges of the Supreme Court to the Secretary General of the Supreme Court.

3. In order to reduce the burden on the specialists in individual cases of medical reimbursement claim, it has been decided with the approval of heads of the hospitals to revise the guidelines for reimbursement by the competent authority, as follows:

(1) It has now been decided to do away with the procedure for verification of bills and issue of essentiality certificate by the treating doctor, and the Medical Superintendent of the hospital. Ministries / authorities concerned may verify and check the authenticity of the claims on the basis of the prescription slip and the diagnostic report submitted by the Government servant / pensioner. In the event of any doubt, the concerned Ministry / Authority can always get verification done from the hospital concerned. Modified reimbursement claim form, alongwith checklist is annexed.

(2) All cases involving requests for relaxation of rules for reimbursement of full expenditure will henceforth be referred to a Technical Standing Committee, to be chaired by the DGHS / Addl.DGHS and consist of Director (CGHS) and subject matter specialists. If the Technical Standing Committee recommends the relaxation of rules for permitting full


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reimbursement of expenditure incurred by the beneficiary, the full reimbursement may be allowed by the Secretary (Health & Family Welfare) in consultation with IFD. A check list for consideration of requests for reimbursements in excess of approved rates may include:

(a) The treatment was obtained in a private non-empanelled hospital under emergency and the patient was admitted by others when the beneficiary was unconscious or severely incapacitated and was hospitalised for a prolonged period;

(b) The treatment was obtained in a private non-empanelled hospital under emergency and was admitted for prolonged period for treatment of Head Injury, Coma, Septicemia, Multi-organ failure, etc.;

(c) The treatment was obtained in a private non-empanelled hospital under emergency for treatment of advanced malignancy;

(d) The treatment was taken under emergency in higher type of accommodation as rooms as per his / her entitlement are not available during that period;

(e) The treatment was taken in higher type of accommodation under specific conditions for isolation of patients to avoid contacting infections;

(f) The treatment was obtained in a private non-empanelled hospital under emergency when there is a strike in Government hospitals;

(g) The treatment was obtained in a private non-empanelled hospital under emergency, while on official tour to non-CGHS covered area;

(h) Approval for air-fare with or without attendant on the advice of treating doctor for treatment in another city even though he is not eligible for air travel / treatment facilities are available in city of residence and

(i) Any other special circumstances.

4. The Office Memorandum is issued with the concurrence of IFD vide Dy. No: 908/AS &FA/2009 dated the 20th February, 2009.


(R Ravi)
Deputy Secretary to the Government of India
[Tel: 2306 3483]

To

1. All Ministries / Departments of Government of India
2. Director, CGHS, Nirman Bhawan, New Delhi
3. All Pay and Accounts Officers under CGHS
4. Additional Directors / Joint Directors of CGHS
5. JD(Gr.) / JD(R&H), CGHS, Delhi
6. CGHS Desk-I/Desk-II/CGHS-I/CGHS-II, Dte. GHS, Nirman Bhawan, New Delhi
7. Estt. I / Estt. II / Estt. III / Estt. IV Sections, Min. of Health & Family Welfare
8. Admn. I / Admn. II Sections of Dte.GHS
9. M.S. Section, Ministry of Health & Family Welfare
10. Rajya Sabha / Lok Sabha Secretariat
11. Registrar, Supreme Court of India / Delhi High Court, Sher Shah Road, New Delhi
12. U.P.S.C.
13. Finance Division, Ministry of Health & Family Welfare

CENTRAL GOVERNMENT HEALTH SCHEME

MODIFIED CHECK LIST FOR REIMBURSEMENT OF MEDICAL CLAIMS

1. CGHS Token No. and place of issue :
2. Validity of CGH Card (For pensioners)& Entitlement : from.....to.....
: Pvt. / Semi Pvt./General
3. Full name of Card Holder (Block Letters) :
4. Status (Govt. Servant/Pensioner/Other) :
5. The following documents are submitted :
{Please tick (-) the relevant column}
- (a) Medical 2004 Form : Yes/No
- (b) Photocopy of CGHS card : Yes/No.
- (c) No. of Original Bills :
- (d) Copy of discharge summary : Yes/No.
- (e) Copy of referral by Specialist /CMO : Yes/No.
- (f) Whether the hospital has given breakup for lab investigations : Yes/No.
- (g) Original papers have been lost the following documents are submitted—
I. Photocopies of claim papers : Yes/No
II. Affidavit on Stamp Paper : Yes/No.
- (h) In case of death of card holder the following documents are submitted—
I. Affidavit on Stamp paper by Claimant : Yes/No.
II. No objection from other legal Heirs on Stamp papers : Yes/No.
III. Copy of death certificate : Yes/No.

Dated:.....

Signature of CGHS card holder
Tel. No. (O)
(R)

e-mail Address

Name of the Bank Branch.....SB A/C No.
Branch MICR Code Tel. No. of Bank Branch.....

**CENTRAL GOVERNMENT HEALTH SCHEME
MEDICAL 2004 FORM FOR REIMBUREMENT OF
MEDICAL CLAIMS OF CGHS BENEFICIARIES.**

Computer No.

(To be filled by the claimant)

1. CGHS Token No. and Place of issue :
2. Validity of CGHS Token Card & entitlement : from.....to.....
: Pvt. / Semi Pvt. /General
3. Full name of the card holder (Block Letters) :
4. Full address :
5. Telephone no. (O)..... (R).....
6. E-mail address if, any.
7. Name of the Bank Branch.....SB A/C
Branch MICR Code Tel. No. of Bank Branch.....
8. Name of the patient & relationship with the card holder :
9. Status tick (-) (Govt. Servant/Pensioner/Serving employee or pensioner of autonomous body/Member of Parliament/Ex-M.P./Ex-Governor/Formal Judge of Supreme Court/Formal Judge of High Court/Freedom Fighter/Legal Heir/others)

10. Basic Pay/Basic Pension
11. Name of the Hospital with Address:
 - (a) OPD treatment and investigations.
 - (b) Indoor Treatment.
12. Date of admission.....Date of discharge.....(In case of Indoor Treatment only)
13. Total amount Claimed
 - (a) OPD Treatment.
 - (b) Indoor Treatment.
14. Details of Referral :
15. Details of Medical advance if, any:

DECLARATION

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependant on me. I am a CGHS beneficiary and the CGHS card was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Dated:

Signature of CGHS card holder

Note: Misuse of CGHS facilities is a criminal offence. Suitable action including cancellation of CGH card shall be taken in case of willful suppression of facts or submission of false statements. Suitable disciplinary action shall be taken in case of serving employees.

INFORMATION

- a) Kindly write correct postal address in block letters
- b) Obtain Break up of Investigations from the hospital (details and rates of individual tests and the exact number of Sugar tests, X-ray films, etc.,) as the reimbursable amount is calculated as per approved rates only.
- c) Draft against column (I) of check list - in case of loss of Original Papers
Draft for Affidavit for Duplicate Claim Papers/bills on Stamp Paper
 I,son/wife/daughter ofand resident of lost/misplaced/not traceable. I hereby give an undertaking that I have not received any payment against original bills/claim papers from any source and that if the original papers are traced I shall not stake claim against original bills in future and that in the event I receive any cheque against original bills in future I shall return the same to competent authority.

Deponent

Verified by Notary Public

- d) Draft against column (I) of check list-in case of Death of Card holder

Draft for Affidavit on Stump Paper for claiming medical reimbursement

I,wife/son/daughter of Late.....and resident ofhereby submit the medical claim papers pertaining to treatment of my father/mother/.....Late Shri/Smt.....who has expired on.....(copy of Death Certificate is enclosed).

Late Shri/Smt.....has left behind the following other legal heirs none of whom have any objection if the entire amount reimbursable is paid to me.

.....
.....

No Objection Certificate signed by other legal heirs on Stamp paper is enclosed.

Deponent

Deponent

Attested by Notary Public

Draft for No Objection Certificate on Stamp Paper.

We.....s/o d/o Late Shri.....

.....s/o d/o Late Shri.....

being the legal heirs of Late Shri.....have no objection if the entire amount reimbursable pertaining to the treatment of our father is paid to our brother Shri.....

()
Address

W/o

()

Address

Verified by Notary Public