

**Check note for Referred/Non-referred cases for Reimbursement of Medical expenses for Employee/Claimant**

1	Attested copy of medical Identity Card/RELHS card/Smart Card- (With clear visibility).	SN/1_____
2	Application with date from patient/claimant seeking reimbursement with proper postal address, mobile no., PIN code and E-mail ID if any, duly forwarded by departmental authority of the employee.	SN/2_____
3	Claim form for reimbursement properly filled up	SN/3_____
4	RTGS/NEFT form duly signed by the claimant/employee	SN/4_____
5	Whether it is timed barred case (i.e. Beyond six months after treatment end) or not	SN/5_____
6	Copy of referral letter (if referred) of the Competent Rly. Medical Authority	SN/6_____
7	Essentiality Certificate duly indicating the details of treatment in prescribed format (for referred cases, in case treatment taken in a Railway/Govt. Hospital)	SN/7_____
8 (a)	Discharge summary from the Hospital where treatment was taken	SN/8_____
(b)	In case discharge summary does not mention medical status at the time of admission, photocopy of Bed Head Ticket duly attested by treating Non-railway Hospital Authority are to be submitted	SN/9_____
9	Original discharge certificate duly signed by treating doctor	SN/10_____
10	In case of Death, attested copy of Death Certificate, Legal Heir certificate and NOC, if required	SN/11_____

11	All original vouchers duly signed by treating doctor in support of claim (in case of referred cases)	SN/12_____
12	For cases related to Pacemaker Implantation/Valve replacement, requisite documents and original sticker of pacemaker to be attached	SN/13_____
13	For cases regarding sanction of Railway Board, Annexure VI of Para 648 of IRMM 2000 to be filled in.	SN/14_____
14	For IVF patients/claimants , all requisite documents including proof of Date of Birth, duly attested	SN/15_____
15	Declaration by claimant whether for the same patient's treatment (Railway Beneficiary) reimbursement claim submitted/reimbursement received from Medical Insurance under Mediclaim/or as beneficiary of spouse/any family member employed in other Govt./Private sector. If 'No' , Declaration must be submitted or If 'Yes' submit full details as below:	SN/16_____

The following proforma should be filled up for serial no. 15:-

S.N	Name of the patient (Railway Beneficiary)	Name of Claimant who claimed/received reimbursement from Mediclaim/ Medical Insurance Company	Name and full Address with email ID of Mediclaim/ Medical Insurance Company	Total Medical Expenditure Incurred	Amount reimbursed by Mediclaim/ Medical Insurance Company.

*Note: The submitted photocopies of bills/vouchers should have certification in ink along with stamp of Insurance Company.*

**For Official use:- (check note for dealer)**

1	Application Forms for reimbursement properly filled up, duly forwarded by Departmental authority of the employee along with proper postal address, mobile No., PIN code and Email ID if any.	SN/1_____
2	Whether it is a time barred case. If so, put up with requisite approval. Document of competent sanctioning authority for condonation of delay and consideration thereof.	SN/2_____
3(i)	Brief Clinical history from Medical Authority (for referred cases).	SN/3_____
(ii)	Approval of CMD/MD/CMS/DRM (for Divisional cases with associate Finance vetting).	SN/4_____
(iii)	Please state whether any tie up for the treatment taken exists between Railway hospital and other private hospitals.	SN/5_____
4(i)	If referred to private hospital, reasons for non referral to govt. hospitals like GMCH/AIIMS/ICF, Perambur etc.	SN/6_____
(ii)	In case treatment taken in private hospital without referral, reasons for the same to be endorsed by appropriate railway medical authority.	SN/7_____
5	Essentiality Certificate duly indicating the details of treatment in prescribed format signed by treating doctor with date & seal and countersigned by Railway doctor with date & seal.	SN/8_____
6	Original discharge certificate duly signed by treating doctor and countersigned by Railway Doctor.	SN/9_____
7	In case of Death, attested copy of Death Certificate, Legal Heir certificate and NOC, if required.	SN/10_____

8(i)	All original vouchers (only within acknowledgeable treatment period) duly signed by treating doctor and accepted by Railway Doctor in support of claim.	SN/11_____
(ii)	Calculation sheet for admissible claim along with reason for disallowances if any, duly quoting Railway Manual Paras and Board's guidelines.	SN/12_____
9	For cases related to Pacemaker implantation /Valve replacement, requisite Documents as per RB's guidelines, as modified from time to time.	SN/13_____
10	For cases regarding sanction of Railway Board, Annexure VI of Para 648 of IRMM 2000 filled in.	SN/14_____
11	For IVF patients/claimants, proof of date of birth duly attested	SN/15_____
12	Claims not considered admissible since the same is outside the Package rate/CGHS rate or not Prima facie relevant to the treatment or special item considered with necessary justification.	SN/16_____

**Note:** If the claim is for treatment taken in a private hospital without referral, the case papers are to be put up to MD/CMS/ACMS who will nominate a doctor (specialist) to verify the documents and submit opinion as to whether emergency is established or not. In case emergency is established and the same is accepted by MD/CMS/ACMS, concerned doctor will countersign all the cash vouchers and certificates. In case emergency is not established, the claim is to be regretted by MD/CMS/ACMS and the claimant intimated.

**Note :-** Cases not considered tenable for want of any other document other than the items mentioned above should be called for only with the personal approval of CMD and FA&CAO.

## **GUIDE LINE FOR REIMBURSEMENT CLAIMS TO BE FULFILLED BY THE EMPLOYEE/CLAIMANT**

1. Application for the employee/claimant addressed to MD/CMS as applicable.  
(Applicant should be endorsed/mentioned his proper corresponding address with PIN coder & contact no.)
2. For Referred Cases:
  - (a) The employee/claimant should fill up Annexure-IV, V, III (Certificate-'A' for patient who are not admitted to the hospital & Certificate-'B' for patients who are admitted to the hospital)
  - (b) If the patient is referred to a Govt. or Recognized Hospital, Annexure-VI is not applicable.
  - (c) If the patient is referred to a Non- Recognized Hospital/ Pvt. Hospital, Annexure-VI should be filled up in case if claim amount exceeds 5 lakh & below 5 lakh, it is not applicable.
3. For Non-Referred Cases:
  - (a) The employee/claimant should fill up Annexure-IV, V, III (Certificate-'A' for patient who are not admitted to the hospital & Certificate-'B' for patients who are admitted to the hospital)
  - (b) If the claim amount exceeds Rs.5 lakh, Annexure-VI should be filled up & below Rs.5 lakh, it is not applicable.
  - (c) In case of discharge summary do not mention medical status at the time of admission, photocopy of Bed Headed Ticket are to be submitted.
4. Along with the filled up Annexure, the claimant should submit the copy of referral letters, discharge summary/ certificate in original, bills/vouchers in original with breakup, medical attendant identity Card/RELHS card, copy of death certificate in case the patient expired with a copy of legal heir certificate, NOC and bank payment particulars (application form for reimbursement through REGS/NEFT).
5. All the forms, original bills/vouchers and discharge summary/certificate are to be signed by the treating doctor along with his/her name & stamp, otherwise no claim will be entertained.
  - (a) In case of purchase of medicines/investigation done with the approval of AMO (Authorised Medical Officer), all the certificates are to be issued and cash vouchers to be signed by Rly treating doctor.
  - (b) In case of treatment taken in a Govt. Recognised/Private hospital, the certificates are to be issued and vouchers signed by the treating doctor of the Govt. /Recognised/Private hospital and Railway doctor will countersign such certificates and cash vouchers.
  - (c) In case of treatment taken in a Private hospital without referral, the certificates are to be issued and vouchers signed by the treating doctor of the Private hospital. Such documents should not be counter signed by Railway doctor.
6. Reimbursement claim should be submitted within 6 (six) months from the date of completion of indoor treatment. In case of delay in submission of bills beyond 6 (six) months, reasons for late submission of claim are to be submitted.

7. Amount claimed has to be correctly mentioned in the appropriate columns in the different heads of expenditure in prescribed forms. If required due to voluminous data, annexure with proper marking may be used.
8. In Annexure-IV, the form of "Declaration to be signed by the Railway Employee" should be forwarded by concerned authority of the employee under proper and legible seal. For RELHS card holder, it is not applicable.
9. Bonafied Certificate from school/collage duly attested by the gazette officer in case the patient is a student & dependent son aged above 21 yrs. In case the patient is not a student then declaration from employee/claimant with countersignature of concerned authority are to be submitted for dependent son aged above 21yrs.
10. All documents submitted like photocopy of Medical Identity Card shall be properly attested by Gazetted Officer.
11. Thumb impression of employee/spouse of deceased employee/RELHS card holder shall bear the name of the person and his/her relation to the employee. All the Thumb impression shall be attested by competent authority.
12. Declaration of claimant whether for the same treatment, reimbursement claim submitted/ reimbursement received from Medical Insurance under Mediclaim/or for any spouse/family member employer. If received details should be submitted.

**Annexure - IV**

(See Para 653)

**FORM OF APPLICATION TO BE SUBMITTED BY A RAILWAY EMPLOYEE FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES**

(Note: Separate form should be used for each patient)

1. Name and designation of the Railway employee (in BLOCK letters) .....
2. Office in which employed .....
3. Pay of the Railway employee .....
4. Place of duty .....
5. Actual residential address .....
6. Name of the patient and his/her relationship to the Railway employee .....

Note: In the case of children, state age also.

7. Place at which the patient fell ill .....
8. Nature of illness and its duration .....
9. Details of the amount claimed .....

I. Medical Attendance:

(i) Fees for consultation indicating

- (a) the name and designation of the Medical Officer consulted and the hospital or dispensary to which attached .....
- (b) the number and dates of consultations and the fees paid for each consultation .....
- (c) the number and dates of injections and the fee paid for each injection .....
- (d) whether consultations and/or injections were had at the hospital, at the consulting room of the Medical Officer or at the residence of the patient .....

(ii) Charges for pathological, bacteriological, radiological or other similar tests undertaken during diagnosis, indicating:

- (a) the name of the hospital or laboratory where the tests were undertaken .....
- (b) whether the tests were undertaken on the advice of the Authorised Medical Officer. If so, a certificate to that effect should be attached .....
- (c) Cost of medicines purchased from the market (List of medicines, cash memo and the essentiality certificates should be attached) .....

II. Hospital Treatment

Charges on hospital treatment, indicating separately the charges for:

(i) Accommodation

(State whether it was according to the status or pay of the Railway employee and in cases where the accommodation is higher than the status of the Railway employee, a certificate should be attached to the effect that the accommodation to which he was entitled was not available)

- (ii) Diet
- (iii) Surgical operation or medical treatment
- (iv) Pathological, bacteriological, radiological or other similar tests indicating:
  - (a) the name of the hospital or laboratory at which undertaken
  - (b) and whether undertaken on the advice of the Medical Officer in charge of the case at the hospital, if so, a certificate to that effect should be attached.
- (v) Medicines
- (vi) Special medicines (List of medicines, cash memo and the essentiality certificate should be attached).
- (vii) Ordinary nursing
- (viii) Special nursing i.e., nurses special engaged for the patient (State whether they were employed on the advice of the Medical Officer in charge of the case at the hospital or at the request of the Railway employee or patient. In the former case, a certificate from the Medical Officer in charge of the case and countersigned by the Medical Superintendent of the hospital should be attached).
- (ix) Ambulance charges (State the journey – to and from – undertaken)
- (x) Any other charges e.g., charges for electric light, fan, heater, air-conditioning, etc. (State also whether the facilities referred to are a part of the facilities normally provided to all patients and no choice was left to the patient).

*Note:* (1) If the treatment was received by the Railway employee at his residence under Para 634, give particulars of such treatment and attach a certificate from the Authorised Medical Officer as required.

(2) If the treatment was received at a hospital other than a Government, recognised hospital, necessary details and the certificate of the Authorised Medical Officer that the requisite treatment was not available in any nearest Government/recognised hospital should be furnished.

III Consultation with a specialist:

Fees paid to a specialist or a Medical Officer other than the Authorised Medical Officer, indicating:

- (a) the name and designation of the specialist Medical Officer consulted and the hospital to which attached.
  - (b) number and dates of consultations and the fee charged for each consultation.
  - (c) whether consultation was had at the hospital, at the consulting room of the specialist or Medical Officer, or at the residence of the patient.
  - (d) whether the specialist or Medical Officer was consulted on the advice of the Authorised Medical Officer and the prior approval of the Chief Medical Director of the Railway was obtained. If so, a certificate to that effect should be attached.
10. Total amount claimed
11. List of enclosures



DECLARATION TO BE SIGNED BY THE RAILWAY EMPLOYEE

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me.

Date .....  
Place .....

.....  
Signature of the Railway employee.

**Annexure - V**  
(See Para 659)

..... RAILWAY  
MEDICAL DEPARTMENT  
ESSENTIALITY CERTIFICATE

I certify that Shri/Shrimati/Kumar ..... wife/son/daughter  
..... of ..... employed in the  
..... has been under my treatment for ..... disease from  
..... to ..... at the ..... hospital/my consulting room and that the under men-  
tioned 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 ..... hospital  
..... and do not include proprietary preparations for which  
..... hospital for supply to private patients cheaper  
substances of equal therapeutic value are available, nor preparations, which are primarily foods, tonics or disinfectants.

Name of medicines	Price
1. ....	.....
2. ....	.....
3. ....	.....
4. ....	.....
5. ....	.....

.....  
Signature of the Medical Officer  
In charge of the case at the hospital.

Date .....  
Place .....

.....  
Signature and designation of the  
Authorised Medical Officer

**CERTIFICATE 'B'**

(To be completed in the case of patients who are admitted to hospital for treatment.)

**Part A**

I (the ..... ) hereby certify

- (a) that the patient was admitted to hospital on my advice/on the advice of ..... (name of Medical Officer);
- (b) that the patient has been under treatment at ..... 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 the hospital) ..... for supply to out-patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilet or disinfectants.

Name of medicines	Price
1. ....	.....
2. ....	.....
3. ....	.....
4. ....	.....
5. ....	.....

- (c) that the injections administered were not for immunising or prophylactic purposes;
- (d) that the patient was suffering from ..... and was under my treatment from ..... to .....
- (e) that the X-ray, laboratory tests, etc. for which an expenditure of Rs. .... was incurred were necessary and were undertaken on my advice at ..... (name of hospital or laboratory)
- (f) that I called in Dr. .... for specialist consultation and that the necessary approval of the ..... (name of the principal Medical Officer) as required under the rules was obtained.

Date ..... Signature and designation of the  
Place ..... Medical Officer in charge of the case at the hospital

**Part B**

I certify that the patient has been under treatment at the ..... hospital and that the services of the special nurses, for which an expenditure of Rs. .... was incurred vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Date ..... Signature and designation of the  
Place ..... Medical Officer in charge of the case at the hospital

Countersigned .....  
Principal Medical Officer

Part C

I certify that Shri/Shrimati/Kumari \_\_\_\_\_ wife/son/daughter  
of \_\_\_\_\_ employed in the \_\_\_\_\_ has  
been under treatment for \_\_\_\_\_ disease from \_\_\_\_\_ to \_\_\_\_\_  
at the \_\_\_\_\_ hospital and that the facilities provided were the minimum which were essential  
for the patient's treatment

Date \_\_\_\_\_

Place \_\_\_\_\_

Medical Department

Hospital

*Notes:* Certificates not applicable should be struck off. The Essentiality Certificate as given in Part A (h) above is compulsory and must be filled in by the Medical Officer in all cases

Annexure - III

(See Para 645, 653)

CERTIFICATE TO BE OBTAINED FROM AN ATTENDING NON-RAILWAY INSTITUTION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES

CERTIFICATE 'A'

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

- 1. Name and designation of the Railway employee (in BLOCK letters) .....
  - 2. Office in which employed .....
  - 3. Pay of the Railway employee .....
  - 4. Place of duty .....
  - 5. Actual residential address .....
  - 6. Name of the patient and his/her relation to the Railway employees .....
- Note: In the case of children, state age also.
- 7. Place at which the patient fell ill .....
  - 8. Nature of illness and its duration .....

- (a) that the injections administered were not for immunitising or prophylactic purposes
- (b) that the patient has been under treatment at ..... hospital/dispensary 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/dispensary) for supply to private patients and do not include proprietary preparation for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilet or disinfectants.

Name of medicines	Price
1. ....	.....
2. ....	.....
3. ....	.....
4. ....	.....
5. ....	.....

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

Signature and designation of the Medical Officer

Date .....

Place .....

Name of the hospital/dispensary to which attached

Note: Certificates not applicable should be struck off. Essential certificate as given in (b) as above is compulsory and must be filled up by the Medical Officer in all cases.