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NORTHEAST FRONTIER RAILWAY

Office of the
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No. HM/245/0 (Policy)

Date: 10.12.2019

To
MD/CH/MLG
CMSs/ KIR, NJP, APDJ, RNY, LMG, BPB, NTSK,
ACMSs/, DBRT, NBQ & RPAN

Sub:- Modified guide lines and check note for processing of reimbursement cases.

Ref:- 1. This office letter No. HM/245/1 (Policy), Date: 19/12/2016,
2. Railway Board's letter No-2005/H/6-4/Policy-I, Dated-20/09/2017 & 01/06/2017.

In suppression to this office letter No- HM/245/1 (Policy), Date: 19/12/2016, and New Reimbursement Claim Proforma as per Railway Board's letter No-2005/H/6-4/Policy-I, Dated-20/09/2017 & 01/06/2017, Please find enclose herewith copies of the following which were modified & finalized by PCMD/NFR & FA&CAO/F&B/NFR for streamlining, finalizing and disposing of the reimbursement cases.

1. Guide line for Reimbursement Claim to be filled up by the Employee/Claimants.(enclosed 3 copies).
2. Check Note for Referred/Non-referred cases for Reimbursement of Medical expenses for Employee/Claimant.(enclosed 2 copies).
3. For official use (Check note for Dealer).(enclosed 4 copies).

The above mentioned documents has been approved by FA&CAO/F&B/NFR vide U.O. No. FE/MR/BD/19 Dated 21.11.2019.

You are hereby requested to go through the above and follow the instruction given while dealing the reimbursement cases so as to dispose off the cases early for the benefit of our employee/claimant.

Please treat this as "MOST IMPORTANT".

DA: As above (In 9 sheets)


(Dr. S.K. Deka)

Pr. Chief Medical Director

Copy to:

1. FA&CAO/WST/NFR - For information and circulation to divisional accounts.
2. PCPO/NFR - For information and circulation among all the Recognized Unions and Associations and Construction Organization.

DA: As above (in 9 sheets).


(Dr. S.K. Deka)

Pr. Chief Medical Director



GUIDE LINES FOR SUBMISSION OF REIMBURSEMENT CLAIMS TO BE FULFILLED BY THE EMPLOYEE/CLAIMANT

1. Complete filled up application form from the employee/claimant addressed to MD/CMS as applicable (Applicant should endorse/ mention his proper corresponding address with PIN code & contact no. for future correspondence).

2. The employee/claimant should fill up the Reimbursement Claim Proforma as per Railway Board's letter No-2005/H/6-4/Policy-1, Dated-20/09/2017 and 01/06/2017 and all the latest instructions issued by Railway Board from time to time. **No column should be left blank without which claim will not be accepted.**

In case of discharge summary do not mention medical status at the time of admission, photocopy of Bed Headed Ticket are to be submitted.

3. Reimbursement claim cases to be invariably accompanied by the following:

- (a) Filled up Reimbursement form
- (b) Application for reimbursement
- (c) copy of referral letters, in case referred
- (d) Certified discharge summary/ certificate in original
- (e) Copy of latest pay slip in case of employee
- (f) Certified copies of bills/vouchers in original by treating hospital with breakup of costs.
- (g) Attested medical attendant identity Card/RELHS card/ SMART CARD/ UMID.
- (h) Attested copy of death certificate in case the patient expired
- (i) In case of death of the railway employee/ ex-employee, copy of legal heir certificate
- (j) NOC from other eligible dependent(s), if any
- (k) bank payment particulars (application form for reimbursement through RTGS/NEFT).
- (l) In case of permission for IVF, an undertaking from the applicant that he/ she has not claimed the reimbursement earlier from the Government of India in the past, copy of age proof, marriage certificate, certification that the couple have no living issue, etc.
- (m) Declaration for 'no claim' received / applied to Medical Insurance Company, etc.

4. All the forms, original bills/vouchers and discharge summary/certificate are to be signed by the treating doctor along with his/her name & stamp and also the Essentiality cum Emergency Certificate, **otherwise** no claim will be entertained.
5. In case of purchase of medicines/investigation done with the approval AMO (Authorized Medical Officer), all the certificates are to be issued and cash vouchers to be signed by Railway treating doctor.
6. In case of treatment taken in a Govt. Recognized/Private hospital on referral, the certificates are to be issued and vouchers signed by the treating doctor of the Govt. /Recognized/Private hospital and nominated Railway doctor who had referred the patient will countersign such certificates and cash vouchers.
7. 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. Nominated Railway doctor who will justify the emergency of the treatment so taken shall countersign such certificates and cash vouchers.
8. Reimbursement claim should invariably be submitted within 6 (six) months from the date of completion of **treatment**. Claims submitted beyond 6 (six) months stipulated timeframe will generally not be accepted except under special circumstances and will be at the discretion of the nominated accepting authority. However, such time barred claims to be submitted along with details as to why claim could not be preferred within the prescribed time limit.
9. Amount claimed has to be correctly mentioned in the appropriate columns in the different heads of expenditure in prescribed forms. If necessary, on account of voluminous data, annexure with proper marking may be used.
10. Bonafide certificate from school/college duly attested by the gazetted officer in case the patient is a student & dependent son aged above 21 yrs. In case the patient is not a student but unemployed then proper declaration from employee/claimant to this fact along with countersignature of concerned authority are to be submitted for dependent son aged above 21yrs and latest instructions issued by Railway Board from time to time.

11. All documents submitted like photocopy of Medical Identity Card, etc. shall be properly attested by Gazetted Officer along with office seal.
12. In case 'Thumb impression' is given, such 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.
13. Declaration of claimant as to whether for the same treatment, reimbursement claim submitted/ reimbursement received from Medical Insurance Company under Medical Insurance/or for any spouse/family member employer vide Railway Board's letter No-2009/H/6-4/Policy, Dated-09/04/2015 and latest instructions issued by Railway Board from time to time. If received details should be submitted.

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

Document serial no.	Documents	SN no.
1	Attested copy of medical Identity Card/RELHS card/Smart Card/ UMID (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/___
3	Claim form for reimbursement completely filled up	SN/___
4	RTGS/NEFT form duly filled up and signed by the claimant/employee	SN/___
5	Whether it is time barred case (i.e. Beyond six months after treatment end) or not	SN/___
6	Copy of referral letter (if referred) of the Competent Rly. Medical Authority	SN/___
7	Essentiality Certificate duly indicating the details of treatment in prescribed format (for referred cases, in case treatment taken in a Railway/Govt. Hospital as well as non-referred cases) and signed and stamped by treating hospital	SN/___
8 (a)	Discharge summary from the Hospital where treatment was taken	SN/___
(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	Original discharge certificate duly signed and stamped by treating doctor	SN/___
10	In case of Death, attested copy of Death Certificate, Legal Heir certificate, wherever required and NOC for non-submission of claim to Medical Insurance Company	SN/___
11	All original vouchers duly signed by treating doctor in support of claim	SN/___
12	For cases related to Pacemaker Implantation/Valve replacement, etc. requisite documents and original sticker of pacemaker to be attached along with copy of terms of warranty	SN/___

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13	For cases regarding sanction of Railway Board, Annexure VI of Para 648 of IRMM 2000 to be filled in.	SN/___
14	For IVF patients/claimants , all requisite documents including proof of Date of Birth, marriage certificate, etc. duly attested	SN/___
15	Declaration by claimant whether for the same patient's treatment (Railway Beneficiary) reimbursement claim submitted/reimbursement received from Medical Insurance under Medi-claim/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/___

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 Medi-claim/ Medical Insurance Company	Name and full Address with email ID of Medi-claim/ Medical Insurance Company	Total Medical Expenditure Incurred	Amount reimbursed by Medi-claim/ Medical Insurance Company

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

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For Official use:- (check note for dealer)

Document serial no.	Documents	SN no.
1	Application Forms for reimbursement properly and completely filled up, duly forwarded by Departmental authority of the employee along with proper postal address, mobile No., PIN code and Email ID if any. (Note- no reimbursement claim application to be accepted unless the prescribed reimbursement form is completely filled in along with essentiality cum emergency certificate duly signed by treating doctor with seal – both for referred and non-referred cases)	SN/____ -
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/____ -
3	Whether referred to Government Hospital or Autonomous Body	
4(i)	Brief Clinical history from Medical Authority (for referred cases).	SN/____
(ii)	Approval of CMD/MD/CMS/DRM (for Divisional cases with associate Finance vetting).	SN/____
(iii)	Please state whether any tie up for the treatment taken exists between Railway hospital and other private hospitals. If tie-up exists, certification from competent authority that no bill passed against the claimed amount	SN/____ -
5(i)	If referred to private hospital, reasons for non referral to govt. hospitals like GMCH/AIIMS/ICF, Perambur etc.	SN/____
(ii)	In case treatment taken in private hospital without referral, reasons for the same to be endorsed by appropriate railway medical authority duly justifying the emergency on post facto basis.	SN/____ -
6	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/____ -

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7	Original discharge certificate duly signed by treating doctor and countersigned by Railway Doctor.	SN/___
8	In case of Death, attested copy of Death Certificate, Legal Heir certificate and NOC, if required.	SN/___
9(i)	All original vouchers (only within acknowledgeable treatment period) duly signed by treating doctor and accepted by Railway Doctor in support of claim.	SN/___ -
(ii)	Calculation sheet in prescribed uniform format for admissible claim along with reason for disallowances if any, duly quoting CGHS rate list item No., Railway Manual Paras and Board's guidelines. CGHS rate list to be applicable of the city wherein treatment was undertaken or the nearest city, as the case may be.	SN/___ -
10	For cases related to Pacemaker implantation /Valve replacement, requisite Documents as per RB's guidelines such as original ID sticker, original bill of pacemaker, copy of terms of warranty, etc. as modified from time to time.	SN/___ -
11	For cases wherein railway beneficiaries are being referred for investigation only, the rate to be specifically mentioned in the referral letter as per CGHS rate list. If CGHS rate list not available, then approved rate list or otherwise.	
12	For cancer patients, calculation sheet to be prepared based on instructions communicated by Ministry of Health & Family Welfare's O.O.No.S-11045/36/2012- CGHS (HEC) dated 7.09.2015 read with O.O.No.S-11045/36/2012-CGHS (HEC) dated 26.11.2014 along with modifications, if any.	
13	For cases regarding sanction of Railway Board, Annexure VI of Para 648 of IRMM 2000 filled in.	SN/___
14	For IVE patients/claimants, proof of date of birth duly attested, attested copy of marriage certificate, an undertaking from the applicant that he/ she has not claimed the reimbursement earlier from the Government of India in the past and will not claim again in future, certification that the couple have no living issue, etc. as per instructions contained in Ministry of Health and Family Welfare's	SN/___ -