

ANNEXURE 12.IIA

Text of M.H. & F.W., O.M. No. S.11024/1/2015-CGHS(P), dated 1.1.2016

Check-list of Documents to be Submitted in cases Requiring Relaxation of Procedures in considering Requests for Medical Reimbursement

The undersigned is directed to refer to this Ministry's O.M. No. 4-18/2005-C&P Vol. I-Pt.(I), dated 20.2.2009¹ and H.11022/01/2014-MS, dated 15.7.2014 regarding relaxation of procedures to be followed in considering requests for medical reimbursement claims in respect of CGHS and CS (MA) beneficiaries, respectively.

2. In this context, the list of documents to be submitted while forwarding such cases to this Ministry shall be as per the check-list enclosed.

Check-list of Documents to be Submitted by the Referring Ministry/ Department for the cases Requiring Relaxation by Ministry of Health and Family Welfare

- (i) The case should be referred to this Ministry with the specific recommendations of the concerned Joint Secretary/HoD of the concerned Ministry/Department along with all supporting documents.
- (ii) Justification for full reimbursement along with the details of the patient including name of the patient, Beneficiary ID, a copy of the CGHS card and name of primary card holder (if other than patient).
- (iii) Amount of expenditure incurred on the treatment and item-wise break-up and hospital-wise break-up. In case of implants/appliances, if used, copy of purchase invoice of hospital/outer pouch sticker.
- (iv) Amount admissible under CGHS/CS (MA) rates.
- (v) Photocopy of the medical reimbursement claim form of CGHS/CS (MA) Rules, submitted by the beneficiary.
- (vi) Copy of the permission letter/sanction order issued for advance/ reimbursement of expenses, if any.
- (vii) Amount of advance released, if any.
- (viii) Name of the hospital from where treatment taken, duration of treatment along with its status of recognition of hospital under CGHS/CS (MA).
- (ix) Photocopy of the bill from the hospital reflecting the statement of expenditure.
- (x) Copy of the permission letter issued by the Department for the treatment taken/to be taken in recognized/non-recognized hospitals, if any.
- (xi) Photocopy of the Discharge summaries, Investigation reports (a copy of progress report in case of prolonged stay in the hospital).
- (xii) Photocopy of the certificate of emergency treatment issued by the hospital.
- (xiii) Name, Designation, Mobile No. and Telephone No. of the officer who can provide additional information in the case of necessity.

1. See Annexure 12.II.