

CHECK LIST FOR MRC

Please enclose **Self attested Documents in the sequence given below FOR EVERY CLAIM along with page number**

S. No.	Document	Page No.
1	Computer generated MRC No.	Page No.
2	Self explanatory letter -duly signed by main card holder -forwarded by CMO I/C -with detailed sequence and justification of the claim and reason for going to a non - empanelled hospital -In case of delay in submission of more than 90 days from date of discharge/treatment, the reason for delay to be mentioned clearly with request for condonation of delay. -If claimant is not in a position to sign then Right thumb impression in case of females and left thumb impression in case of males may be put in place of signature. If medically unfit to sign, then a certificate from physician regarding the disability is to be enclosed.	Page No.
3	Photo Copy of Card of the claimant and the patient duly verified by CMO I/C	Page No.
4	Medical Reimbursement Claim Form (MRC (S) for serving and MRC (P) for pensioner) available on cghs.gov.in under the link: downloads) duly signed by main card holder (Please mention email id and mobile no.)	Page No.
5	Mandate Form -MANDATE FORM IS MANDATORY. In addition:	Page No.
	a. Cancelled cheque/photocopy of cheque bearing name of the main card holder/claimant in case of death of main card holder OR	Page No.
	b. Copy of pass book showing account number with name of main card holder /claimant in case of death of main card holder OR	Page No.
	c. Mandate form verified from concerned bank, if name of main card holder/claimant is not present on cheque.	Page No.
6	Original permission letter/ original emergency certificate.	Page No.
7	Discharge summary in original/copy	Page No.
8	Copy of referral from the specialist / advice of the specialist wherever this applies.	Page No.
9	Final consolidated bill in original.	Page No.
10	Original or copy of break up of hospital bill (Interim bill is not valid.)	Page No.
11	Receipts in original of total amount paid to hospital/pharmacy. Please note:	Page No.
	(a) Invoice needed in case of implants/devices specifying batch number and specifications of the device/implant	Page No.
	(b) If 'duplicate' receipt is enclosed in place of original, then affidavit regarding lost receipts needs to be submitted with MRC.	
12	Calculation sheet showing break-up details of total claimed amount (especially medicine bills)	Page No.
13	Duplicate set of whole claim with page numbers.	Page No.
14	Whether taken any advance or no-please state Yes/NO.	YES/NO
	(a) If advance taken, then utilization certificate from hospital that the advance amount has been utilized	Page No.

BENEFICIARIES TO PLEASE NOTE:

* KINDLY NUMBER ALL PAGES OF YOUR MRC IN THE SEQUENCE GIVEN ABOVE
*THEN MAKE 2 PHOTOCOPIES OF THE CLAIM
*RETAIN 1 SET WITH YOURSELF AS RECORD AND SUBMIT THE OTHER SET ALONG WITH THE ORIGINAL MRC TO THE WELLNESS CENTRE
* IF THE CLAIM IS BEING RETURNED AFTER CLEARING ANY OBJECTION THEN THE FRESH DOCUMENTS SUBMITTED SHOULD BE IN DUPLICATE

ALL 3 PAGES OF CHECKLIST TO BE ENCLOSED WITH CLAIMS

CHECK LIST FOR MRC FOR SPECIAL CASES

Please enclose **Self attested Documents in the sequence given below FOR EVERY CLAIM along with page number**

S. No.	Document	Page No.
1	If original bill lost (as per Medical Claim Form (S) or (P))	
	· Affidavit on non-judicial stamp paper CLEARLY MENTIONING details of the lost document.	Page No.
	· Photocopies of all the above claim papers duly verified by treating specialist.	Page No.
2	For cases where partial credit is given :	
	· Complete final bill of hospital with break up	Page No.
	· Break up bill from the hospital for items for which credit was not given.	Page No.
3	In case of death of the card holder please note :	
	Death of main card holder (pensioner)-only living spouse is the eligible claimant irrespective of who has made the payment to the hospital for treatment.	
	Death of family pensioner (spouse)-Any of the living children can claim reimbursement provided he/she gives an affidavit that he is the legal heir and an NOC from other heirs that they have no objection if reimbursement is made to the legal heir.	
	Death of pensioner with no living spouse/ death of family pensioner and no surviving children, then a 'succession certificate' issued by the court has to be produced by whosoever is the claimant (proving that he is the legal heir) along with the proof that payment to the hospital has been made by him.	
	Documents to be enclosed in Death Cases :	
	· Affidavit on non judicial stamp paper by the claimant.	Page No.
	· NOC from all the legal heirs separately for each individual.	Page No.
	· Death certificate.	Page No.
	· Copy of death summary from the hospital.	Page No.
	· ID proof of claimant with name of father in cases where both main card holder and spouse have expired	Page No.
	· Succession certificate issued by court wherever required (see above)	Page No.
4	In cataract surgery with Intra Ocular Lens (IOL) claims (as per OM no. 536/2012/R & H/CGHS dated 21/08/2014)	
	· Original sticker of IOL with batch number of IOL, duly signed and stamped by the surgeon of private empanelled hospital	Page No.
	· Bill of IOL showing type of IOL used and IOL batch no. in case of surgery in private empanelled hospital	
	· Discharge summary/prescription to mention: (a) type of IOL (Hydrophobic Foldable/Hydrophilic Acrylic/Scleral Fixated/PMMA (AC/PC)) used (b) Type of cataract surgery done	Page No.
5	For Cardiac/vascular stents (as per OM no. 1002/2006/CGHS (R&H)/CGHS(P) dated 31/10/2011)	
	· Outer pouch of the stent with sticker on it with batch no. and other details.	Page No.
	· Invoice of the stent from the private empanelled hospital with batch number. and details of stent	Page No.
	· Certificate from empanelled hospital that they have not charged the beneficiary more than the rate at which the stent has been procured by the hospital	
	· Angiography report (for opinion of Government specialist)	Page No.
	· CD of angiography & PTCA(for opinion of Government specialist)	Page No.

6	For Pacemaker, Combo Device, Defibrillator, Rotablator (as per OM no. 12034/02/2014/Misc-CGHS-DIII dated 22/7/2014)	
	. Sticker of device having batch number	Page No.
	. Copy of terms of warranty	Page No.
	. ECG and Holter report	Page No.
	. ECHO cardiography report	Page No.
	. In case of replacement, copy of warranty of earlier device to be submitted	
7	Ambulance used (as per OM no. S-4924/2010/CGHS(R&H)/CGHS(P) dated 17/1/2011)	
	Ambulance is allowed only for going to the hospital in emergency. It is not allowed after discharge.	
	. Certificate from the treating doctor for justification stating the following - " The ambulance was essential as it was an emergency and any other mode of transport would have aggravated the patients condition or endangered his life. Ambulance has been used within the city limits"	Page No.
8	Knee & Hip Implants (as per OM no. Z.15025/74/2017/DIR/CGHS/EHS dated 26/09/2017) : ceiling rates applicable.	
	. Cost of knee implant component-wise along with brand name, name of manufacturer/importer/batch number/specifications and other details, if any to be mentioned in the final bill/invoice	Page No.
9	If blood transfusion given (as per OM no. S-11012/1/91-CGHS(P) vol 1 dated 18/3/1992)	
	. Certificate from hospital that the particular blood product was not available in the hospital and that charges of blood are comparable with rates of Red Cross, State/Central Government Hospitals .	Page No.
10	For special Nurse/Aya/attendant- Permitted only Govt. Hospital for in patients or private recognized hospital where treatment has been taken with prior permission. No reimbursement of domiciliary nurse/aya/attendant (as per OM no. S-11011/7/88-CGHS (P) dated 3/8/1988)	
	. Certificate from treating doctor that services of special nurse/aya/attendant were essential for recovery/prevention of serious deterioration in the patient	Page No.
11	For Domiciliary Physiotherapy (as per OM no. S-11011/24/2011/CGHS(P) dated 1/6/2011)	
	. Prescription from PMT specialist/Ortho/Neuro/Neurosurgery/ENT specialist for home based rehabilitation programme which should include the following descriptive specifics:	Page No.
	1.The therapy to be used:	
	a. Electrotherapy;	
	b. Active Exercise Therapy;	
	c. ADL Training;	
	d. Speech Therapy;	
	e. Gait Training; and	
	f. Passive Exercises.	
	2.The technical person required to institute the therapy	
	3.The frequency of the therapy required by the patient	
	4.Duration of the therapy programme	
	. Receipt in original for payment made with stamp and designation of person who has given therapy	Page No.
	. In case of locomotor disability, certificate showing >80% disability or 2 Govt specialists to certify that patient is totally dependent on care giver.	Page No.

12	For purchase of medicines for 7 days on day of discharge (OPD MEDICINES ARE NOT REIMBURSABLE unless permitted by CMO I/C in writing) as per OM no. S-11011/09/2014/CGHS(HEC)/CGHS(P) dated 20/6/2014 and OM no. S-11018/6/95-CGHS(P) dated 24/7/1995	
	. Certificate from Private empanelled hospital that they have not issued the medicines on the day of discharge.	Page No.
13	For Insurance cases: beneficiary to first put up claim to insurance company (as per OM no.S-11011/4/2003/CGHS(P) dated 19/2/2009	
	. Certificate from insurance company indicating the amount for which beneficiary has received credit from them.	Page No.
	. Photocopies of all bills and vouchers duly certified with stamp of insurance company	Page No.
14	For nebulizer(as per OM no. Misc.11006/2000-JD(R&H)/CGHS(P) dated 11/6/2001	
	. Advise by Government specialist	Page No.
	. Undertaking that nebulizer has not been procured at Govt. expense in the last 5 years and that cost of maintenance will be borne by beneficiary	Page No.
	. Receipt of purchase	Page No.
15	Hearing Aid reimbursement (as per OM No. S.14025/10/2002/MS dated 26/05/2015)	
	. Referral letter from parent Willness Centre (computerized slip where computerization of Wellness Centre is done)	
	. Copy of prescription of ENT consultant (CGHS/Govt Hospital) with the Audiogram Report duly authenticated by the treating ENT Consultant(CGHS/Govt).	
	. Warranty card photocopy stating model and serial number of the machine	Page No.
	. Bill/Receipt in original for hearing aid bearing details of the hearing aid seller i.e (a) Name (b) Qualification (c) RCI/MCI Registration number	Page No.
	. Empty carton of Hearing Aid clearly mentioning name and address of manufacturer, model and serial number of machine (should be the same as that on warranty card and receipt)	Page No.
	. Original Permission Letter to purchase Hearing Aid	Page No.