

**GOVERNMENT OF INDIA
DEPARTMENT OF ATOMIC ENERGY
NUCLEAR FUEL COMPLEX
CHSS SECTION**

Ref: NFC/CHSS/04/MS/2016/

July 05, 2016

C I R C U L A R

Subject: Claim for reimbursement of expenditure incurred for availing medical treatment under emergency.

Of late, it has been observed that some of the CHSS beneficiaries are preferring claims for reimbursement of expenses incurred for medical treatment of themselves and/or other family members registered under CHSS in non-empanelled private hospitals, without following prescribed procedure, citing emergency.

For the purpose of CHSS, "emergency" shall mean a situation or contingency when but for the immediate medical aid sought there would have been, on the basis of the medical and attendant considerations, a serious danger or hazard or severe or deleterious consequence to the health of the patient. The employee / beneficiary concerned should report the emergency treatment availed of either by himself/herself or for the members of his/her family registered under the scheme as early as possible and in any case within 4 days from the date of commencement of the treatment to the Chief Medical Superintendent / Medical Officer, NFC and thereafter act on the directions given by CMS/MO.

The maximum amount reimbursable in such cases is Rs. 1500/- in case of OP treatment and Rs. 5000/- for in-patient treatment. In case of treatment availed at a non-CHSS station, the claims will be settled under CS (MA) Rules, 1944. Such claims for reimbursement, if any, shall be supported by appropriate documents duly certified by the hospital / Doctor concerned from whom the treatment availed alongwith detailed justification for availing said treatment. *The claims shall be subjected to detailed scrutiny from the point of view of medical necessity, e.g., i) whether it was a case of medical emergency; ii) whether intimation regarding emergency was given, as required; iii) whether the items included in the claim were medically necessary and iv) whether the charges / prices are reasonable, before they are actually admitted for reimbursement.*

All the CHSS beneficiaries are, therefore, requested to take note of the above for compliance in case of medical emergency. Proforma of claim for reimbursement and the list of documents to be submitted alongwith the claim are enclosed herewith.

Hindi version follows.



05.07.2016

(P. Mohan Babu)
Chief Administrative Officer

Encl: as above

All Plants /Sections
All Notice Boards

Cc: CE, NFC – for kind information
All DCEs / GMs / DGMs
JCF&A / CAO
COS / CMS, CHC/ CMOs / SMOs / MOs
SMs / Mgrs / Dy.Mgrs / OICs
RD, HRPSU

with a request to ensure display of the circular on the Notice Boards of the plants/Sections.

Sr. Manger / Manager, CD&IT - with a request to update the existing information with this.

DIG, CISF, Hyderabad
Commandant, CISF, NFC
General Secretary - NFCIWU
President, NUFCSA / NUFCSAA

Copy for information to: Director, AMD, Hyderabad
Administrative Officer, TIFR, Hyderabad
Scientist-In-charge, CCCM, Hyderabad
Head. RC, Jonaki, BRIT, Hyderabad
Principal, AECS-I, - AAUH
OIC, NPCIL, Near Gurukul, ECIL Post, Hyderabad
IIW, DAE, City office, Hyderabad
Shri B.S.Rama Rao - Co-ord., NFC Retired Officer's

**LIST OF DOCUMENTS TO BE ENCLOSED TO THE CLAIM FOR
REIMBURSEMENT OF MEDICAL EXPENSES UNDER EMERGENCY**

- 1) A detailed letter duly signed with date, containing justification for availing treatment under emergency mentioning therein, the distance from residence / place where the beneficiary fell ill to the nearest empanelled hospital / government hospital / CS (MA) or CGHS hospital and to the hospital from where the treatment availed, addressed to CMS, NFC.
- 2) Documentary proof, if any, for having contacted CMS/MO. NFC before / during / immediately after the treatment.
- 3) Claim form in prescribed proforma duly signed with date along with essentiality certificate duly counter signed by Hospital Authorities with original stamp. (Certificate 'A' is for OP treatment and Certificate 'B' is for IP treatment).
- 4) Certification of emergency with complete details duly counter signed by Hospital Authorities with original stamp.
- 5) Prescriptions & Cash memos in original duly counter signed by Hospital Authorities with original stamp.
- 6) Discharge summary with complete details of the treatment administered, duly counter signed by Hospital Authorities with original stamp.
- 7) Copy of CHSS card of the beneficiary.

FORM OF APPLICATIONS FOR MEDICAL CLAIMS
MED.97

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment for Central Government servants and their families - for medical attendance/treatment taken both from the Authorised Medical Attendant and a Hospital

1.	Name and designation of Government servant (in block letters)	:	
	i) Whether married or unmarried :	:	
	ii) If married, the place where wife/husband is Employed	:	
2.	Office in which employed	:	
3.	Pay of the Government servant as defined in the Fundamental Rules, and any other emoluments which should be shown separately	:	
4.	Place of duty	:	
5.	Actual residential address	:	
6.	Name of the patient and his/her relationship to the Government servant. N.B. - In the case of children state age also	:	
7.	Place at which the patient fell ill	:	
8.	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 consultation and the fee paid for each consultation.	:	
c)	The number and dates of injection 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 undertaken; and	:	
b)	Whether the tests were undertaken on the advice of the authorized medical attendant. If so, a certificate to that effect should be attached.	:	
iii) Cost of medicines purchased from the market (Cash memos and the essentiality certificate should be attached).			
II Hospital Treatment.			
Name of the hospital			
Charges for hospital treatment, indicating separately the charges for -			
i)	Accommodation (State whether it was according to the status or pay of the Government servant and in cases where the accommodation is higher than the status of the Government servant, 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 or confinement.	:	
iv)	Pathological, bacteriological, radiological or other similar tests indicating -	:	
a)	The name of the hospital or laboratory at which undertaken, and	:	
b)	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 (Cash memos and the essentiality certificates should be attached)	:	
vii)	Ordinary nursing	:	
viii)	Special nursing, i.e., nurses, specially engaged for the patient. State whether they are employed on the advice of the medical officer in charge of the case at the hospital or at the request of the Govt. Servant 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)	:	
NOTE 1. - If the treatment was received by the Govt. servant at his residence under Rule 7 of the C.S. (M.A) Rules, 1944 give particulars of such treatment and attached a certificate from the authorized medical attendant as required by these rules.			
NOTE 2. - If the treatment was received at a hospital other than a Govt. hospital, necessary details and the			

certificate of the authorized medical attendant that the requisite treatment was not available in the nearest Govt. hospital should be furnished.

III. Consultation with Specialist - Fees paid to a specialist or a Medical Officer other than the authorized medical attendant, indicating - a) The name and designation of the Specialist or Medical Officer consulted and the hospital to which attached. b) Number and dates of consultations and the fees charged for each consultation. c) wherever consultation was had at the hospital, at the consulting room of the Specialist or Medical Officer, or at the residence of the patient, and d) Whether the Specialist or Medical Officer was consulted on the advice of the authorized medical attendant and the prior approval of the Chief Administrative Medical Officer of the State was obtained. If so, a certificate to that effect should be attached.		:
9.	Total amount claimed	:
10.	Less advance taken on	:
11.	List of enclosure	:

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statement in the 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.

Dated.....

Signature of the Government servant
and Office to which attached.

ESSENTIALITY CERTIFICATE
CERTIFICATE 'A'

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

Certificate granted to Mrs./Mr./Miss..... Wife/ Son/ Daughter of
MR/MRS/MISS employed in the

I, Dr. hereby certify:-

- (a) that I charged and received Rs. for consultations on (dates to be given) at my consulting room/ at the residence of the patient;
- (b) that I charged and received Rs..... for administering intra-venous/intra-muscular/subcutaneous injections on.....(dates to be given) at..... my consulting Room/the residence of the patient;
- (c) that the injections administered were not/were for immunising or prophylactic purposes;
- (d) that the patient has been under treatment at hospital/ my consulting room and that the undermentioned 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 private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily food, toilets or disinfectants.

	<u>Name of Medicines</u>	<u>Price</u>
1.
2.
3.
4.

- (e) that the patient is/was suffering from and is/was under my treatment from to
- (f) that the patient is/was not given pre-natal or post-natal treatment;
- (g) that the X-ray laboratory test, etc., for which an expenditure of Rs. was incurred was necessary and were undertaken on my advice at (name of the hospital or laboratory);
- (h) that I referred the patient to Dr. for SPECIALIST consultation and that the necessary approval of the (Name of the Chief Administrative Officer of the State) as required under the rules was obtained;
- (i) that the patient did not require/required hospitalisation.

Dated:-----

*Signature of AMA/Designation of the Medical officer and
hospital/ dispensary to which attached.*

N.B.:--certificates not applicable should be struck off. Certificate (e) is compulsory and must be filled in by the medical officer in all cases.

ESSENTIALITY CERTIFICATE
CERTIFICATE-B

(To be completed in the case of patients WHO ARE ADMITTED to Hospital for treatment)

Certificate granted to Mrs./Mr./Miss wife /son/daughter of Mr./ Mrs./ Miss
..... employed

PART-A

I, Dr. hereby certify :-

- (a) that the patient was admitted to hospital on the advice of (name of the medical officer)/on my advice;
- (b) that the patient has been under treatment at and that the undermentioned 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 private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available not preparations which are primarily foods, toilets or disinfectants.

NAME OF MEDICINES	PRICE
1.
2.
3.
4.
5.

- (c) that the injections administered were/were not for immunising of prophylactic purposes;
- (d) that the patient is/was suffering from and is/was under treatment from to
- (e) that the X-ray, laboratory test 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 on Dr. for specialist consultation and that the necessary approval of the (name of the Chief Administrative Medical Officer of the State) as required under the rules, was obtained.

Signature and Designation of the
Medical Officer-in-charge of the case at the hospital.

PART B

certify that the patient has been under treatment at the hospital and that the service 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.

Signature of the Medical Officer-in-charge
of the case at the hospital.

COUNTERSIGNED

* I certify that the patient has been under treatment at the hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Place

Medical Superintendent
.....Hospital

NOTE:- CERTIFICATES NOT APPLICABLE SHOULD BE STRUCK OFF. CERTIFICATE (B) IS COMPULSORY AND MUST BE FILLED IN BY THE MEDICAL OFFICER IN ALL CASES.