



7340

DELHI JAL BOARD
OFFICE OF THE DY.DIRECTOR (LABOUR WELFARE)
VARUNALAYA PHASE-II, KAROL BAGH,
NEW DELHI-110005

No. DJB/DD(LW)/FTS-19856/2015

17390

Date: 04.02.2015

6-2

CIRCULAR

It has been observed that cases of employees/pensioners/family pensioners with regard to reimbursement of medical claims are not settled in time due to non-compliance of laid down procedures and non-submission of necessary documents etc. The representation of employees of ignorance of procedure, laid down time lines, list of penal hospitals are generally received. It takes time to get the condonation of competent authority and many times claims are rejected due to non-submission of necessary clarifications/documents.

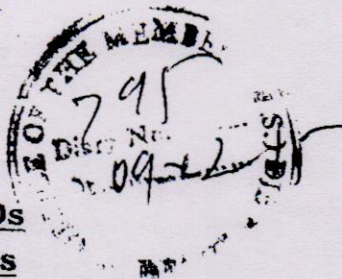
All DDOs are hereby directed to make available to all employees/pensioners, the list of penal hospitals/diagnosis centres/labs/clinics, the laid down procedures, checklist of documents to be enclosed alongwith claim form and timelines prescribed for treatment and follow ups etc. Same should be displayed at notice board and get noted by all employees positively. MOIs should display the list and procedures on notice board and display banners at dispensary premises for the convenience of employees/pensioners/family pensioners.

For the convenience, find enclosed following annexure for guidance and compliance by all concerned with immediate effect:

Annexure 'A': Revised Medical Reimbursement claim form (having checklist of documents to be attached on the over leaf of claim form).

Annexure 'B': Procedure & checklist for medical reimbursement claims for treatment from departmental doctor, OPD treatment/indoor treatment from penal hospital, documents to be attached with application of medical advance.

List of penal hospitals/diagnosis centres/clinics/labs issued vide Office Order no. 24 dated 31-10-2014 is already available on DJB website.



All DDOs
All MOIs

A.O. 114
(Naresh Kumar)
Dy. Director (Labour Welfare)

M/105

9/12

05

11/11

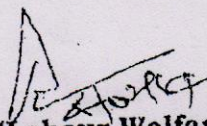
11/11

160

(2)

Copy for kind information:-

1. Vice chairman, DJB
2. All Member of DJB
3. Cheif Executive Officer, DJB
4. Member(A)/Member(F)/Member(WS)/Member(Dr.)/CVO
5. Secretary of DJB/Addl. CEO.
6. All CEs/SEs/EEs
7. All Directors/All Jt. Directors(Rev.)/ All Jt. Dir.(F&A).
8. All Dy. Directors/ ACs/MOIs/LO/AC(P&M)/All ZRO's.
9. All AO's / All AAO's/ CSO/ Dy. CSOs/ SOs
10. All Unions Associations of retired employees.
11. Consultant (PR) with request to publish in Varun Patrika.
12. EE(EDP) with the requested to upload this circular on the web site of DJB.
13. All Unions of Delhi Jal Board.
14. Standing Guard File.
15. Office Order Book.


Dy. Director (Labour Welfare)

MEDICAL REIMBURSEMENT CLAIM FORM

1. Name of the Employee/Pensioner _____
2. Designation _____
3. Office in which employed _____
4. Residential Address _____
5. Authorised Medical Officer Incharge _____
6. Basic Pay and Grade pay _____
7. Name of Patient, relationship and age _____
8. Medical claims is for the –
 - (a) Treatment through DJB MOI _____ Yes/No
 - (b) MOI referral case treatment through panel hospital- _____ OPD/Indoor
 - (c) Other (give details) _____

Note: Please attach documents as per checklist overleaf of form

9. Medical advance withdrawn for the treatment (if any) _____
10. Details of claim:-

S No.	Cash Memo No. & Date	Name of the Institute / Chemist Shop	Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
TOTAL			

Declaration:- I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me and no claim has been availed from any other organization. I agree for the reimbursement as is admissible under the rules.

Dated _____

Signature Of Claimant

TO BE FILLED BY THE DDO

1. Total entitlement in the current financial year : Rs _____ /Rs.50,000/- (whichever is higher).
2. Amount already paid _____ Rs _____
3. Present claim: _____ Rs _____
4. Progressive total including present claim: _____ Rs _____

It is certified that the amount of the claim as shown column no. 4 is under limit and the progressive does not exceed from his entitlement. Undertaking with regard to dependency is placed in the service book/personal file. In case of exceeding of entitlement, sanction from competent authority has been obtained.

Sanction Rs. _____

DDO

Dealing Assistant

(4)

159

CHECKLIST OF DOCUMENTS TO BE ATTACHED WITH CLAIM FORM

I. Treatment from departmental doctor

- a. Attach only verified medical bills with medical reimbursement claim form

II. OPD treatment from Government/penal hospital as per the advice of departmental doctor

- a. Photo copy of the medical card of the employee having referral and follow up.
b. Original bills/cash memo/vouchers etc. for the reimbursement amount claimed.
c. Prescription slip/card of treatment taken in penal hospital.

III. Indoor treatment from Government/penal hospital as per the advice of departmental doctor

- a. Photo copy of the medical card of the employee having referral and follow up
b. Original bills/cash memo/vouchers etc. for the reimbursement amount claimed.
c. Emergency certificate (original), in case of emergency.
d. Copy of the discharge summary/diagnostic report in case of indoor treatment.
e. Breakup of bills in case of indoor treatment mentioning codes as per CGHS.
f. Photo copy of the medical book in which entry of admission in emergency is recorded (in emergency treatment).
g. In case of implants, invoice no. along with sticker with serial number of the implant to be attached.
h. In case of Coronary Stents, outer pouch of stents is to be enclosed.
i. In case of replacement of pacemaker / ICD etc., copy of the warranty certificate of earlier pacemaker/ICD may be enclosed.

IV. In case of treatment from private non penal hospital

Besides above documents as mentioned above for justification, emergency certificate from concern hospital is required. Reimbursement is subject to satisfaction of competent authority and prescribed limits.

V. Medical advance

- a. Application of the employee
b. Estimate of expenditure of treating hospital.
c. Recommendation from concerned Medical Officer Incharge (DJB).
d. Recommendation from DDO
e. Photo copy of the medical book having details of referral from MOI, treatment and follow ups etc.

- (5)
- ii. Original bills/cash memo/vouchers etc. for the reimbursement amount claimed.
 - iii. Prescription slip/card of treatment taken in penal hospital.
- f. DDO concerned will send the medical claim file to MOI concerned for recommendation. MOI may verify and check the authenticity of the claims on the basis of prescription slip/diagnostic report, follow up etc.
- g. DDO will release the payment with the verification/concurrence of admissible amount by AAO concerned and sanction of competent authority.

III. Indoor treatment from Government/penal hospital as per the advice of departmental doctor

- a. Patient will visit to departmental dispensary for treatment alongwith medical card issued by the DDO and in case treatment is required from penal hospital, departmental doctor referral is compulsory. Patient will visit penal hospital with referral mentioned on medical card to penal hospital and get treatment.
- b. In case of emergency, patient may take the treatment from penal hospital but MOI/DDO/Central Control Room must be informed within 72 hours of admission.
- c. After discharge from penal hospital, if follow up treatment/medicines is required, patient must visit to MOI concerned within one month of discharge or prior as per necessity and subsequent follow ups treatment/referral must be obtained from departmental doctor every month.
- d. Employee/pensioner should submit medical reimbursement claim form to his/her DDO concerned alongwith following documents:
 - i. Photo copy of the medical card of the employee having referral and follow up.
 - ii. Original bills/cash memo/vouchers etc. for the reimbursement amount claimed.
 - iii. Prescription slip/card of treatment taken in penal hospital.
 - iv. Emergency certificate (original), in case of emergency.
 - v. Copy of the discharge summary/diagnostic report in case of indoor treatment.
 - vi. Breakup of bills in case of indoor treatment mentioning codes as per CGHS.

PROCEDURE AND CHECKLIST FOR MEDICAL REIMBURSEMENT CLAIMS

I. Treatment from departmental doctor/MOI

- a. Patient will visit to departmental dispensary for treatment alongwith medical card issued by the DDO.
- b. Medicines prescribed by doctor is to be issued from the store in the dispensary and in case of non availability, procurement from market is to be allowed by dispensary after making entry in the concerned register.
- c. Investigation prescribed by doctor is to be got enter by dispensary staff after making entry in the concerned register.
- d. Investigations are to be got conducted from penal hospital/diagnostic centers/lab.
- e. Submit/produce medical card in original to pharmacist/staff concerned for verification of Medical Bills/Invoices for entry in register concerned and verification from MOI.
- f. Attach only verified medical bills with medical reimbursement claim form

II. OPD treatment from Government/penal hospital as per the advice of departmental doctor

- a. Patient will visit to departmental dispensary for treatment alongwith medical card issued by the DDO and in case treatment is required from penal hospital, departmental doctor referral is compulsory.
- b. Patient should visit to penal hospital for treatment within one month of referral.
- c. During intervening period, medicines prescribed by doctor is to be issued from the store in the dispensary and in case of non availability, procurement from market is to be allowed by dispensary after making entry in the register concerned.
- d. In case treatment continues beyond one month of referral date, follow up treatment/referral must be obtained from departmental doctor every month.
- e. Employee/pensioner should submit medical reimbursement claim form to his/her DDO concerned alongwith following documents:
 - i. Photo copy of the medical card of the employee having referral and follow up.

- 75 (7)
- vii. Photo copy of the medical book in which entry of admission in emergency is recorded (in emergency treatment).
 - viii. In case of implants, invoice no. along with sticker with serial number of the implant to be attached.
 - ix. In case of Coronary Stents, outer pouch of stents is to be enclosed.
 - x. In case of replacement of pacemaker / ICD etc., copy of the warranty certificate of earlier pacemaker/ICD may be enclosed.
- e. DDO concerned will send the medical claim file to MOI concerned for recommendation. MOI may verify and check the authenticity of the claims on the basis of prescription slip/diagnostic report, follow up etc.
- a. DDO will release the payment with the verification/concurrence of admissible amount by AAO concerned and sanction of competent authority.

IV. In case of treatment from private non penal hospital

Besides above documents as mentioned above for justification, emergency certificate from concern hospital is required. Reimbursement is subject to satisfaction of competent authority and prescribed limits.

V. Medical advance (documents to be attached)

- a. Application of the employee
- b. Estimate of expenditure of treating hospital.
- c. Recommendation from concerned Medical Officer Incharge (DJB).
- d. Recommendation from DDO
- e. Photo copy of the medical book having details of referral from MOI, treatment and follow ups etc.
- f. After treatment and discharge, employee/pensioner must submit the final claim for adjustment/release of balance payment within one month.