



पूर्वोत्तर इंदिरा गांधी क्षेत्रीय स्वास्थ्य एवं आयुर्विज्ञान संस्थान शिलांग  
NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH & MEDICAL SCIENCES, SHILLONG

(भारत सरकार स्वास्थ्य एवं परिवार कल्याण मंत्रालय स्वायत्त संस्थान)

(An Autonomous Institute, Ministry of Health and Family Welfare, Government of India)

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F. No.

No. NEIGR-E.II/31/2019

Dated the 28<sup>th</sup> August 2023

**NOTICE**

**UPLOADING OF DRAFT EMPLOYEE HEALTH SCHEME (EHS) FOR NEIGRIHMS**

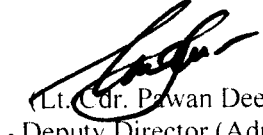
The serving employees of the Institute are entitled for medical treatment and reimbursement as per the Central Service (Medical Attendance) Rules, 1944. However, the benefit of medical treatment and reimbursement has not been extended to the retired employees of the Institute. The retired employees of the Institute are being paid Fixed Medical Allowance @ Rs.1000/- per month as per OM No. 4/34/3017-P&PW(D) dated 19.07.2017, for meeting expenditure on day today medical treatment, that does not require hospitalization.

The Institute had placed a proposal before the 40<sup>th</sup> SFC in its meeting held on 12.04.2019, to consider extending of Medical Treatment and reimbursement to retired employees of the Institute and their dependants as per Central Service (Medical Attendance) Rules 1944. As per decision of the 40<sup>th</sup> SFC the Institute had submitted a proposal to Ministry. The Ministry informed that the CGHS facilities were extended to retired employee of only those Autonomous Bodies where serving employees are entitled to avail benefits of CGHS. Since serving employee of NEIGRIHMS are not entitled for CGHS facility the extension of CGHS facility to the retired employees of the Institute does not arise. The Ministry also informed that as per Note 2 of CS (MA) Rules, 1944, the said rules are not applicable to retired Government Officials. Hence the extension of CS (MA) Rules 1944 to retired employees of NEIGRIHMS is also not possible under the extant rules.

The matter was again placed before the Executive Committee (EC) of the Institute in its 3<sup>rd</sup> meeting held on 26.08.2022 and the EC had suggested the Institute to prepare a Scheme for Medical Treatment and reimbursement facilities for the retired employees on the lines of the scheme in AIIMS, New Delhi. In pursuance of the decision of the 3<sup>rd</sup> EC, Institute had requested the Director, AIIMS, New Delhi to provide the information on facilities being extended for Medical treatment and reimbursement to serving employees as well as retired employees and their dependants. The Medical Superintendent, AIIMS, New Delhi forwarded a copy of Employee Health Schemes (EHS) Manual of AIIMS, New Delhi.

A Committee was constituted to examine and study the details of the EHS of AIIMS, New Delhi and its feasibility for adoption in NEIGRIHMS. The Committee studied the details of the EHS of AIIMS and accordingly the Institute has prepared the Draft Employee Health Scheme (EHS) on the lines of AIIMS, New Delhi which is placed at **Annexure-I**.

All stakeholders are requested to go through the Draft Employee Health Scheme (EHS) prepared by the Institute and submit their comments, if any, to the undersigned within a period of 30 (thirty) days from the date of publication of this Notice and also send the soft copy to [neigri.eii@gmail.com](mailto:neigri.eii@gmail.com). In case no comments is received with the stipulated period of 30 days, the Draft Employee Health Scheme (EHS) will be treated as final and will be placed in the next meeting of Governing Council/Executive Committee for consideration and approval to implement the scheme in the Institute.

  
(Lt. Cdr. Pawan Deep),  
Deputy Director (Admn)

# **EMPLOYEE HEALTH SCHEME (EHS) FOR NEIGRIHMS, SHILLONG**

## **DRAFT POLICY DOCUMENT**

### **1. Background**

The 5<sup>th</sup> SFC recommended that serving employees should be entitled to medical treatment and reimbursement which was approved by the 4<sup>th</sup> Governing Council. However, retired employees have not been extended the same benefits & they currently receive a fixed medical allowance of INR 1000 (Rupees One Thousand only) per month. 40<sup>th</sup> SFC proposed that the retired employees should be given the same medical treatment and reimbursement benefits as serving employees. However, it was decided by the MoHFW, GoI, after examination of the proposal that it was not feasible, as NEIGRIHMS serving employees are not entitled to the CGHS facility. Further, in pursuance of the suggestions of the 3<sup>rd</sup> EC, the Institute has prepared a draft EHS document for medical treatment and reimbursement for retired employees on the lines of the Employee Health Scheme of AIIMS, New Delhi.

**2. Purpose:** The purpose of this document is to prescribe procedures and guidelines for the Employee Health Scheme (EHS) of NEIGRIHMS, Shillong.

### **3. Eligibility criteria for the beneficiaries.**

#### ***a. The scheme shall apply to all:***

- i. regular employees of NEIGRIHMS, Shillong, and their dependent family members.
- ii. retired employees of NEIGRIHMS, Shillong and their dependent family members.
- iii. employees of Central/State Government, Central/State Autonomous bodies, on deputation to NEIGRIHMS, Shillong and their dependent family members.

- iv. resident doctors (SRDs & JRDs) employed under the 'Residency scheme' of the Government of India, and their dependents during the period of their tenure.
- v. bona fide MBBS and BSc (Nursing) students of NEIGRIHMS during the period of their course.
- vi. special cases under old and new pension wherever disability and/or family pension is eligible.
- vii. Ad-hoc Contractual faculty and resident doctors

b. ***The scheme shall NOT apply to:***

- i. contractual and outsourced workforce.
- ii. persons working on research projects and related schemes.

**4. Family and Dependents**

- a. The term 'family' shall mean beneficiary's spouse, children (including legally adopted children and children taken as wards, step-children divorced/separated daughters and step-mother wholly dependent upon and normally residing with the beneficiary or the rest of the family members in a station other than the beneficiary's headquarter are eligible as beneficiaries), parents, sisters, widowed sisters, widowed daughters, and brothers.
- b. The income limit for dependency of the family members (other than spouse) is Rs. 9,000/- plus the amount of Dearness Relief admissible on Rs. 9,000/- on the date of consideration of the claim (vide MoHFW, GoI, Office Memorandum No. S-11012/2/2016-CGHS-P dated 08-11-2023). This ceiling of Rs. 9,000/- p.m. is subject to revision as may be notified by the Government of India from time to time and that such revision shall be effective from the date of notification by the Government of India

- c. A female employee has a choice to include either her dependent parents or her dependent parents-in law. The option exercised can be changed only once during service.
- d. Age-limit of dependent sons/daughters for the purpose of availing medical facilities is as indicated below (as per CGHS guidelines):

<b>Relationship of the family member with the employee</b>	<b>Family member will be considered as dependent on the employee</b>
Son	till he starts earning/attains the age of 25 years/gets married, whichever is earlier.
Daughter	she starts earning/gets married, irrespective of her age, whichever is earlier.
Son with permanent disability of any kind	irrespective of his age limit.
Dependent divorced/ abandoned/ or separated from their husband/widowed daughters and dependent unmarried/ divorced/abandoned or separated from their husband/widowed sisters	irrespective of their age limit.
Minor brother(s)	up to the age of becoming a major.

**Note: When both husband and wife are employed, the declaration for family and dependents shall be as per Central Services (Medical Attendance) Rules, 1944.**

#### **5. Contribution to the scheme:**

Beneficiaries shall make a monthly contribution to the scheme which will be deducted from their salary. The monthly deduction will be based on the pay levels,

as per 7<sup>th</sup> CPC, the details of which are mentioned below (Ref: MoHFW, Gol, Office Memorandum No. S.11011/11/2016-CGHS(P)/EHS dated 09-12-2023):

<b>Sl. No</b>	<b>Levels in the pay matrix</b>	<b>Monthly contribution (INR)</b>
1.	Levels 1-5	250.00
2.	Level 6	450.00
3.	Levels 7-11	650.00
4.	Level 12 and above	1000.00

Employees/Pensioners\* may avail of the EHS facility by making a one-time contribution of an amount equivalent to subscription for 10 years as per the table above, as per qualifying criteria given below:

1. Eligible ex-employee (who had retired (VRS/Superannuation) before the introduction of the EHS facility)/pensioners – lump sum amount (10 years contribution).
2. Eligible persons who were subscribing to EHS prior to retirement, will have the option to either pay a lump sum amount (10 years contribution) or continue to pay their monthly EHS subscription from their pension.
3. Contribution to be made by the pensioner/family pensioners would be the amount that they were subscribing at the time of their retirement or at the time of death of the government servant.
4. Payment of additional amount as a result of any revision in the rates of contribution, as and when notified, will apply to all beneficiaries (except to those who make 10 years lump sum contribution) as in 1 and 2 above.

## **6. Admission to the Scheme:**

Eligible beneficiaries will be required to fill out an Application (Annexure 'A') for enrolling in the scheme and submit the same with requisite supporting documents for verification.

## **7. Issue of EHS/Health Card:**

After verification, eligible beneficiaries will be issued an EHS Identity card (beneficiary and eligible dependents). The card will have to mandatorily be provided/used by the beneficiary to avail of facilities available at NEIGRIHMS, Shillong, as per their entitlement including OPD consultation, IPD treatment, laboratory, and radiological investigations etc. free of charge.

## **MEDICAL ENTITLEMENT OF EHS BENEFICIARY**

### **8. Treatment at NEIGRIHMS, Shillong:**

#### **(a) OPD Treatment**

- (i) **OPD services** for necessary consultation/examination in the OPD of NEIGRIHMS, Shillong.
- (ii) **Investigations and Treatment Procedures:** Diagnostic tests and treatment procedures as advised by the consultants and which are available at NEIGRIHMS, Shillong, will be free of charge for beneficiaries. For any test that is not available at NEIGRIHMS (certified by the MS), the beneficiary will be referred to another centre and the amount will be reimbursed as per rules and CGHS rates or actuals, whichever is lower.
- (iii) **Purchase of prescribed medicine:** Beneficiary may procure all prescribed medicines from the market till such time that the NEIGRIHMS pharmacy is made operational. Once the pharmacy is operational, the beneficiary will be bound to issue the prescribed medicines NEIGRIHMS pharmacy. In case the medicine/s

prescribed by the consultant/specialist, is/are not available in the NEIGRIHMS pharmacy, the same will be procured and provided to the beneficiary by the NEIGRIHMS Pharmacy (or) the beneficiary may be advised to procure the same from the market and seek reimbursement as per rules. A "Non-Availability Certificate" (Annexure 'B') issued by the authorities will have to be provided by the beneficiary for processing the reimbursement.

**(b) IPD Treatment**

- (i) **Ward Entitlement:** Type of ward/room allotted in the hospital will depend upon the basic pay drawn by the employee as per 7<sup>th</sup> CPC. The entitlement of the ward will be as under (*Ref: MoHFW, GoI, Office Memorandum No. S.11011/11/2016-CGHS(P)/EHS dated 28-10-2022*):

Sl. No.	Basic pay drawn as per 7 <sup>th</sup> CPC	Entitlement
1	Up to Rs. 36,500	General Ward
2	Rs. 36,501 to 50,500	Semi-Private/ General
3	Rs. 50,501 and above	Private Ward

- (iv) **Procurement of Drugs/Consumables/Surgical Items:** The same will be arranged from the NEIGRIHMS stores. If any of the required item/s is/are not available in the stores, the same will be procured and provided to the beneficiary by the NEIGRIHMS stores (or) the beneficiary may be advised to procure the same from the market and seek reimbursement as per rules. A "Non-Availability Certificate" (Annexure 'B') issued by the authorities will have to be provided by the beneficiary for processing the reimbursement.

**9. Treatment at places other than NEIGRIHMS, Shillong:** If a beneficiary avails of medical facilities in places other than NEIGRIHMS, Shillong, the Central Services (Medical Attendance) Rules, 1944 as amended from time to time, shall apply.

(a) **Referral by NEIGRIHMS, Shillong to other hospitals:** If the consultant/specialist at NEIGRIHMS, Shillong is of the opinion that a beneficiary should receive medical treatment at another hospital, either due to the non-availability of a particular treatment/procedure/facility at the institute or due to the serious or special nature of the illness, consultant may, with the approval of the Medical Board (mandatory requirement unless the delay would endanger the patient's health), refer the patient to the nearest government/CGHS empanelled private hospital where the particular treatment/procedure/facility is available for consultation or further care. In certain cases, the Medical Board may approve referral to government/CGHS empanelled private hospital other than nearest government/CGHS empanelled private hospital on case-to-case basis, subject to the approval by Competent Authority. The expenses incurred will be reimbursed as per CGHS rates or actuals, whichever is lower.

(b) **Travelling allowance:** If a beneficiary is referred to the government/CGHS empanelled private hospital, as per Sl. No. 9(a), they will be entitled to travel allowance for the journey to and from the referred hospital, as per the Central Service (Medical Attendance) Rules, 1944. To claim this allowance, the beneficiary must produce a certificate in writing from the consultant.

(c) **Purchase of prescribed medicine:** If a beneficiary attends a nearest government/CGHS empanelled private hospital as an OPD patient after being referred by the consultant/specialist at NEIGRIHMS, Shillong and gets the



prescription for medicines, the same may be procured from any pharmacy, however, the reimbursements will be as per CGHS rates or actuals, whichever is lower.

(d) **Investigations:** Tests and investigations advised at the referred hospital should preferably be done there. However, if it is not feasible or the facility is not available at the referred hospital, the tests and investigations can be availed at any other hospitals, laboratories, or imaging centres but it shall be reimbursed as per CGHS rates or actual, whichever is lower.

(e) **Treatment Procedures:** In the case of elective planned medical treatment procedures, beneficiaries can avail medical treatment at a referred nearest government/CGHS empanelled hospital. They will be reimbursed as per CGHS rates or actuals, whichever is lower. The referral should be only for services or facilities not available at NEIGRIHMS, Shillong. Under special circumstances, and with prior permission from the competent authority, reimbursement may be made for unlisted investigations, treatment, and procedures, referral treatments, etc. Ex-post facto sanction can be granted only in exceptional and extremely deserving cases. The following documents are required to be submitted for permission:

- Request letter to give permission, from employee clearly mentioning the name of the unlisted investigations/treatment/procedure and the name of the empanelled hospital where he intends to avail the facility.
- Authorized Medical attendant/Government specialist advise clearly mentioning said investigations/treatment/procedure. Vague advice like advised surgery without mentioning the actual procedure is not acceptable.
- One estimate from empanelled hospital where patient intends to take

treatment.

- Other relevant medical documents in support of beneficiary illness.

10. **Special situations when NEIGRIHMS referral is not required:** A serving beneficiary who is out of station on official duty/leave or a retired beneficiary who does not reside in Shillong, Meghalaya can avail medical facilities, including specialist consultation, tests and investigations, indoor medical care, and treatment procedures in any nearest government (like AIIMS, PGIMER etc.) or CGHS empaneled private hospital in that city without a referral from consultant/specialist at NEIGRIHMS, Shillong. Reimbursement in such cases will be made as per CGHS rates or actuals, whichever is lower.

11. **Treatment in Emergency:** In emergency situations, beneficiaries can go directly to any government or CGHS empaneled hospital near their residence or place of illness without a formal referral from NEIGRIHMS. Treatment in private hospitals that are not empaneled under the CGHS near the place of illness/trauma in medically emergent conditions will also be admissible, subject to the ceiling CGHS rates applicable as per entitlement, when treatment is necessitated in such hospitals being situated near the place of illness/trauma and when no other empaneled/government facility is available nearby or due to circumstances beyond the control of the beneficiary. The genuineness of the emergent condition will be evaluated on a case-by-case basis.

## 12. **Medical Reimbursement Claim (MRC)**

(a) **Medical Reimbursement Claim in case of living beneficiary:** Following documents to be submitted by the beneficiaries for MRC:

- (i) Application for MRC as given in Annexure 'C'. A separate form should be used for each beneficiary.

- (ii) All invoice bills.
- (iii) Prescriptions.
- (iv) Cash memos.
- (v) Non-Availability Certificate (if applicable).
- (vi) Essentiality certificate (Certificate A—in the case of patients who are not admitted to hospital for treatment. Certificate B-in the case of patients who are admitted to hospital for treatment as per Annexure 'D').
- (vii) Copy of referral (required only if medical attendance/treatment is availed in hospital other than NEIGRIHMS, Shillong).
- (viii) A copy of discharge summary attached in case of IPD treatment.
- (ix) Checklist for MRC (Annexure 'E').
- (x) Other relevant documents as required.

All the supporting documents should be signed (with official stamp) by the Authorized Medical Attendant of the case.

**(b) Medical Reimbursement Claim in case original papers have been lost:**

In case of lost original documents, the beneficiary is required to submit the following documents:

- Photocopies of claim papers.
- Affidavit on stamp paper (Annexure 'F').

**(c) Medical Reimbursement Claim in case of death of beneficiary: In**

**case of death of the beneficiary, the dependent is** required to submit

the following documents:

- Affidavit on Stamp Paper for claiming medical reimbursement (Annexure 'G').
- No objection certificate from legal heirs of the beneficiaries (Annexure 'H').
- Death Certificate.

**(d) Time-limit for submission of Medical Reimbursement claim (MRC):**

The beneficiary must submit claims for reimbursement of medical expenses within six months of the completion of treatment for the particular spell of illness. The competent authority may consider condoning delays in submitting medical bills on a case-by-case basis, based on the merits of each case.

**13.** In the event of any ambiguity in the interpretation of the provisions mentioned in this document, the provisions of the Central Services (Medical Attendance) Rules 1944 and the Central Government Health Scheme, as amended from time to time, shall apply. The decision of the Director, NEIGRIHMS, will be final.

This is being issued with the approval of competent authority.

**APPLICATION FOR EMPLOYEE HEALTH SCHEME**

Please tick (✓) which is applicable and strike out of (x) whichever not applicable

1. Name of the applicant .....

2. Category: Please tick (✓) whichever is appropriate

a) Service Employee: Regular  / Adhoc  / Temporary status

/ on deputation

b) Resident: Senior Resident

3. Designation: ..... Name of the Department:

.....

4. Basic pay: ..... Blood Group:

.....

5. Office Address:

.....

.....

6. Permanent Address: .....

.....

7. Mobile Number: ..... Emergency Contact No: .....

8. E-mail address: ..... Date of Birth: .....

9. Date of Joining:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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D / D      M / M      Y / Y / Y / Y

10. Date of superannuation (in case of serving NEIGRIHMS employee)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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D / D      M / M      Y / Y / Y / Y

11. Date of superannuation (in case of serving NEIGRIHMS employee)

D / D		M / M		Y / Y / Y / Y			

12. Details of dependent (including self)

(\*Please see definition of family in the instructions before filling up this Column)

Sl. No	Name of family member & dependent	Relationship with Employee	Date of Birth	Gen der	Blood Group	Mari tal Stat us	Mobile No.	Email ID	(Validity to be filled by Concern ed establis hment Section)

13. Are all the persons whose names are given above are dependent upon you?

Yes       No

- a. Please attach proof of their relationship with you, like copy of Ration Card / Aadhaar card/Election Card/ Passport/Identity Card issued by college/ School University/Bank passbook etc.
- b. Please attach proof of dependency in respect of age of son(s) & daughter(s) with reference to dependency criteria attached herewith as mentioned in the instructions.

14. Paste one Photograph of each member of dependent Family members including self.

Name: .....	Name: .....	Name: .....	Name: .....
Sign:	Sign:	Sign:	Sign:
Name: .....	Name: .....	Name: .....	Name: .....
Sign:	Sign:	Sign:	Sign:

a. I certify that my family members as above are wholly dependent on me.

b. I undertake to intimate immediately if there is any change in dependency criteria of my family members included in this application form. If I fail to intimate and if the authorities come to know of the same, then the E.H.S. facility is liable to be withdrawn by NEIGRIHMS and appropriate authority will be free to initiate any action against me.

c. I undertake to surrender the EHS card(s) on my leaving the NEIGRIHMS, Shillong on completion of tenure/ retirement/termination/ resignation or on ceasing to be eligible of EHS benefits.

d. I certify that the information furnished by me in this application has been verified to be correct and that no information has been concealed or has been misrepresented and I stand by the same.

**(Signature of applicant)**

**Date:**

**Place:**

**(Forwarded by Head of Dept / Section)**

**(Signature of Head of Dept / Section)**

**Date:**

**Place:**



**DECLARATION**

1. I hereby declare that my father /mother/ father-in-law/ mother-in-law namely .....is /are wholly dependent upon me and that he/she/they normally reside with me at Shillong.
  
2. I also certify that my father namely ..... and mother namely .....are dependent on me and their income from all sources including Pension/Family pension and Pension equivalent of DCRG does not exceed Rs.9000+DR per month plus the amount of Dearness Relief there on.
  
3. I certify that my son ..... Age.....years is unmarried/unemployed and wholly dependent on me.
  
4. I certify that my daughter ..... Age.....years is unmarried/unemployed and wholly dependent on me.
  
5. I undertake to surrender the E.H.S. Card on my leaving the Institute on completion of tenure/ retirement/ termination of service, resignation etc.

**(Signature of applicant)**

**Date:**

**Place:**

**(TO BE VERIFIED BY THE CONCERNED ESTABLISHMENT SECTION)**

1. The information furnished by the applicant has been verified from his service records and found to be correct. It is recommended that a E.H.S No. .... to be issued to Mr /Ms. / Dr. ....  
Designation..... who is working in  
Department/Section.....
2. Finance division NEIGRIHMS has been intimated about required deduction towards of the E.H.S. subscription every month from the salary of the applicant.
3. It is requested to consider for the issue of New E.H.S. photo Cards to the beneficiary / beneficiaries as per E.H.S. token card.

**Signature of the authorized signatory with seal**

**Date:**

**Place:**

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**(To be filled in by the E.H.S. Cell)**

**E.H.S No: \_\_\_\_\_ has been allotted to the applicant by the  
E.H.S. Cell.**

**Signature of the authorized signatory with seal**

**Date:**

**Place:**

## INSTRUCTIONS

**Definition of Family:** The term 'family' shall mean beneficiary's wife or husband, as the case may be and parents, sisters, widowed sisters, widowed daughters, brothers, children including legally adopted children and children taken as wards. Stepchildren divorced/separated daughters and stepmother wholly dependent upon the beneficiary and are normally residing with the beneficiary or the rest of the family members in a station other than the beneficiary's headquarter are eligible as beneficiaries. Age-limits of dependent son/daughter for the purpose of availing medical facilities is as indicated below (as per CGHS guidelines):

(i)	Son	Till he starts earning or attains the age of 25 years or gets married, whichever is earlier
(ii)	Daughter	Till she starts earning or gets married, irrespective of the age limit, whichever is earlier.
(iii)	Son suffering from any permanent disability of any kind (physical or mental)	Irrespective of age-limit
(iv)	Dependent divorced abandoned or separated from their husband/ widowed daughters and dependent married divorced abandoned or separated their husband widowed sisters.	Irrespective of age-limit
(v)	Minor brother(s)	Up to the age of becoming a major

For the purpose of availing EHS facility for disabled sons above 25 years, please attach a copy of the certificate of disability issued by the competent authority.

**The Following Documents are to be enclosed:**

1. Proof of Residence/Stay of dependents-(copy of Ration Card/ Adhaar card Election Card/ Passport Identity Card issued by college/ School University/Bank pass book etc...
2. Proof of age of son
3. Attested Copy of Disability certificate issued by Competent Authority (in case of dependent son aged 25 and above)

**NON-AVAILABILITY CERTIFICATE**

**(on the letter head of the authorized pharmacy)**

This is to certify that the following medicine (s) prescribed is/are not available at the Institute's Pharmacy as on \_\_\_\_\_ (date):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

For \_\_\_\_\_ (Name of the Authorized Official)

**Signature of the authorized signatory with seal**

**Date:**

**Place:**

**EMPLOYEE HEALTH SCHEME**

**MEDICAL REIMBURSEMENT CLAIM FORM**

**(To be filled up by the EHS Card holder in BLOCK LETTERS)**

1. (a) Name of the EHS card Holder:

(b) EHS Card Number:

(c) Employee Code Number:

(d) Ward Entitlement: Pvt./Semi-Pvt./General

(e) Full Address:

(f) Mobile telephone number and e-mail:

2. (a) Patient 'name:

(b) Patient's EHS Number:

(c) Relationship with the EHS Card holder:

3. Name & address of the hospital/diagnostic centre/Imaging centre:

4. Whether the hospital/diagnostic/ imaging centre is empanelled under EHS/CGHS:

Yes/No

5. Treatment for which reimbursement claimed:

(a) OPD Treatment / Test & investigations

(b) Indoor Treatment

6. Whether treatment was taken in emergency: Yes/No

7. Whether prior permission was taken for the treatment: Yes/No

8. Whether subscribing to any health/medical insurance scheme: Yes/No

if yes amount claimed/received

9. Details of Medical Advance taken, if any:

10. Total amount Claimed:

(a) OPD Treatment:

(b) Indoor treatment:

(c) Test/Investigation:

11. Name of the Bank .....

A/C Number..... Branch MICR

Code:.....IFSC Code.....

## **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. I am EHS beneficiary and the EHS card was valid at the time of treatment. My monthly EHS contribution is deducted from my salary. I agree for the reimbursement as is admissible under the rules.

**Signature of the EHS Card Holder**

**Date:**

**Place:**



**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 consultation on (dates to be given) at my consulting room at the residence of the patient.

(b) that I charged and received Rs..... for administering..... intravenous / 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 immunizing or prophylactic purpose.

(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.



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

**Date:**

**Place:**

**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 at .....

**PART-A**

1. Dr.....hereby certify:

(a) That the patient was admitted to hospital on the advice of officer/on my advice  
of.....(name of the medical  
officer) / on my advice:

(b) that the patient has been under treatment  
at..... and that the under mentioned  
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.

<b>Sl. No.</b>	<b>Name of medicine</b>	<b>Price (INR)</b>


(c) that the injections administered were / were not for Immunizing 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 INR..... was incurred were necessary and were undertaken on my advice (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.**

**Date:**

**Place:**

**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 ₹..... was incurred, vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

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

**Date:**

**Place:**

**COUNTERSIGNED**

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

**Medical Superintendent**

..... **Hospital**

**Date:**

**Place:**

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

**Annexure 'E'**

**Document Checklist for Medical Reimbursement through EHS**

<b>Sl. No.</b>	<b>Details of the Document submitted</b>	<b>Yes/No</b>	<b>Page No.</b>
1	EHS Number		
2	Self -Explanatory letter from beneficiary Explaining emergency circumstances		
3	Application for MRC		
4	Non-Availability Certificate (if applicable)		
5	Copies of all the prescription		
6	Essentiality certificate		
7	Copy of referral		
8	A copy of discharge summary attached in case of IPD treatment		
9	Original Bills Attested both by consultant & EHS beneficiary		
10	List of all medicines, Laboratory tests investigations.		
11	Permission copy of Medical Board/Director NEIGRIHMS, Shillong (if applicable)/ Intimation copy to EHS during emergency for approval of treatment outside NEIGRIHMS, Shillong.		
12	Photocopies of claim papers and an affidavit on stamp paper in case original papers have been lost.		

13	Affidavit on Stamp Paper for claiming medical reimbursement, No objection certificate from legal heirs of the beneficiaries & Death Certificate for claim in case of death of the beneficiary.		
14	Bank Details (Salary Account Details) number only		



**Annexure 'F'**

**Draft for Affidavit for Duplicate Claim Papers Bills on Stamp Paper**

.....son/wife/daughter of.....and  
resident of .....have  
lost/misplaced the original paper or the same are not traceable. I hereby give an  
undertaking that I have not received any payment against the original bills/claim  
paper from any source and that if the original papers are traced. I shall not stake  
claim against original bills in future and that in the event, I receive any cheque  
against the original bills in future, I shall return the same to competent authority.

**Signature of the EHS Card Holder**

**Date:**

**Place:**

*Verified by Notary*

**Annexure 'G'**

**Draft for Affidavit on Stamp Paper for Medical Claim Reimbursement**

**IN CASE DEATH OF A EHS CARD HOLDER**

I.....Husband/Wife/Son/Daughter of  
late.....and resident of.....  
.....hereby submit the medical reimbursement claim pertaining to  
treatment of my husband/wife/father/mother late shri/smt  
.....who has expired  
on..... (Copy of Death Certificate is enclosed)

Late Shri/Smt.....has left behind the following other  
legal heirs, none of whom have any objection if the entire reimbursement amount is  
paid to me.

No Objection Certificate signed by other legal heirs on Stamp paper is enclosed.

**Signature of Deponent**

**Date:**

**Place:**

*Attested by Notary Public*

**Annexure 'H'**

**Draft for No Objection Certificate on Stamp Paper**

(I). We \_\_\_\_\_ S/O, \_\_\_\_\_ D/O \_\_\_\_\_

late Shri \_\_\_\_\_

(II) S/o \_\_\_\_\_ D/o \_\_\_\_\_ Late

Shri \_\_\_\_\_

(III) \_\_\_\_\_

(IV) \_\_\_\_\_

Being the legal heir of Late Shri/Smt \_\_\_\_\_ have

no objection if the entire amount reimbursable pertaining to the treatment of late Shri/

Smt \_\_\_\_\_ is \_\_\_\_\_ paid \_\_\_\_\_ to

Shri/Smt \_\_\_\_\_

(i) Signature-

Name-

Address-

(II) Signature-

Name-

Address-

(III) Signature-

Name-

Address-

Verified by Notary Public