

GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT.

No.Health 230/2000/248

Dated,Shillong,the 28th June 2006.

From : Shri.P.S.Dkhar (MCS)
Officer-On-Special-Duty to the Govt. of Meghalaya
Health & Family Welfare Department.

To,

All Administrative Departments.


All Head of Departments.

Sub : Forwarding of Office Memorandum pertaining to Medical Reimbursement
as modified.

Sir/Madam,

With reference to the above I am directed to forward herewith a copy of
the Office Memorandum No,Health 230/2000/247 dt.28.6.06 along with necessary
enclosures pertaining to the modified procedure for claim of Medical Reimbursement for
favour of information and necessary action.

Yours faithfully,


Officer-On-Special-Duty to the Govt. of Meghalaya
Health & Family Welfare Department.

GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT

No. Health 230/2000/247 Dated Shillong the 28th June. 2006

OFFICE MEMORANDUM

Subject: Medical reimbursement – Modifications etc.

As per the present procedure the referral cases are recommended by the Health Department for treatment mostly at recognized medical hospitals. The final treatment cost of such cases are referred back to the Health Department for scrutiny and clearance for sanction.

There has been a substantial increase in the referral cases over a period of time, leading to delay in sanction in some cases. The need for simplifying the procedure to ensure quick disposal of cases has been engaging the attention of Health Department for sometime. With a view to improve the efficiency of the system accordingly, the existing procedure stands modified as follows:-

1. The recommendation of Specialists of Health Department would continue to be necessary for all referral cases covering the place of treatment, probable treatment cost and in special cases, the mode of traveling and escorts.
2. Administrative departments will henceforth be competent to sanction the final treatment cost subject to the following conditions:-

- a) That, the final cost of treatment does not exceed the recommended amount for treatment.
 - b) That, the mode of travel should be as per the eligibility, or as recommended by Health Department for onward journey and by Referral Hospital for return journey.
 - c) That, the number of escorts should not be more than recommendation by Health Department.
 - d) That, the items of treatment in the final bill should conform to the admissible list.
3. The referral cases to the Hospitals not recognized by the Health Department will require prior approval of Health Department.
 4. In cases where treatment in a recognized Hospital has taken place without prior approval because of a medical emergency, ex-post facto approval of Health Department will be obtained for which justification necessitating emergency treatment would need to be spelt out.
 5. The final bill of treatment is required to be presented alongwith duly filled format at Annexure – I.
 6. The employee seeking reference for treatment of his/her parent/child is required to submit a declaration as per format in Annexure-II to the Medical Specialist concerned.
 7. The aforesaid provisions will apply to all referral cases of all Government employees both within and outside the State.

8. The list of items which are admissible /not admissible for claims is appended at Annexure III. However, the list is subject to modification from time to time.
9. The list of the medical institution / Medical Specialists recognized as of date is enclosed at Annexure – IV.
10. If the treatment is undertaken in Government Hospitals, the Govt. rates will apply. In cases other than State Govt. Hospitals, the rates applicable in Hospitals referred to, as admissible, are applicable. The list of approved items and rates are as specified in O.M. No.Health 248/99/31 dt.29.10.2001, and as updated from time to time.
11. The provisions of the Meghalaya Medical Attendance Rules, 1981, The All India Services Medical Attendance Rules and the Meghalaya (Family pension) rules, prior approval of Health and Finance Departments will be required.
12. Health Department may be consulted in cases which require clarification. The interpretation made by the Health Department would be final.

This arrangement comes into force with immediate effect.

Sd/-
(W.M.S. Pariat, I.A.S.)
Principal Secretary to the Govt. of Meghalaya
Health & Family Welfare Department

Memo No.Health 230/2000/247-A

Dated Shillong the 28th June.2006

Copy to:-

1. All Administrative Departments.
2. All Head of Departments.

Sd/-
(W.M.S. Pariat, I.A.S.)
Principal Secretary to the Govt. of Meghalaya
Health & Family Welfare Department

ANNEXURE - I

To,

The.....

.....

Subject: Final Medical re-imbusement bill for Medical Treatment

Sir,

I am to submit herewith a medical re-imbusement claim / refund in connection with medical treatment of Shri / Smti at (name of Hospital) as per the particulars given below:-

1. Full name of claimant

2. (A) In case of serving Govt.Employee:

(i) Designation and address of

Office where employed

(ii) Basic Pay and pay scale Rs.....

OR

(B) In case of Pensioner:

(i) Pension Payment Order (P.P.O):

Number

(ii) Amount of Basic Pension per month Rs.....

3. (a) Relationship of patient with the applicant, if applicant is not the patient

(b) Name of the patient.....

(c) Age of the patient

4. Letter number & date conveying approval for medical treatment. (copy to be enclosed)

5. Details of all Medical Advances drawn; due to be regularized:-

(i) Amount drawn & date of drawal Rs.....

(ii) Office from which drawn

(iii) Amount already refunded, if any Rs.....

6. Also enclosed are the following:

(i) Essentiality Certificate duly

certified by "Authorised Medical Attendant"

(ii) Bills / Cash memos duly listed showing

(a) serial number (b) Bill / Cash memo

number & date (c) Particulars (d) Amount Nos.

(iii) Total amount. Rs.

7. Claim / refund Rs.....

Place

Date

Yours faithfully,

(Applicant)

ANNEXURE - II

DECLARATION

REGARDING PARTICULARS OF A PATIENT BEING PARENTS OR CHILDREN OF A CLAIMANT WITH REFERENCE TO THE MEGHALAYA MEDICAL ATTENDANCE RULE 3 (g)(ii) or (iii) AS APPLICABLE

(IN CASE OF PARENTS - INCLUDING STEP - PARENTS)

I declare that Shri / Smt _____ who is my Father / mother ordinarily resides with me at (complete address _____) and is wholly dependent on me, financially.

(IN CASE OF CHILDREN INCLUDING THOSE ADOPTED ACCORDING TO ANY LAW OR CUSTOM)

I declare that Shri / Smt _____ who is my Son / daughter was born in the year _____ and that he / she is married / unmarried as that he / she has no income of his own / her own.

Place _____

Date _____

Signature of Declarant

Full Name:

Designation:

Office employed:

In case of Pensioner only

{ Pension Payment Order (P.P.O.) No _____

{ Amount of Basic Pension: Rs _____

ANNEXURE – III

GOVERNMENT OF MEGHALAYA HEALTH & FAMILY WELFARE DEPARTMENT

LIST OF ITEMS WHICH ARE ADMISSIBLE / NOT ADMISSIBLE FOR RE-IMBURSEMENT OF MEDICAL BILLS

ADMISSIBLE ITEMS

1. Medicines and surgical items.
2. Service charge on accommodation
3. Nursing care
4. Laboratory test
5. Recovery charge
6. Operation theatre rent
7. Procedure charge
8. Resident consultant fees
9. Investigation charges
10. Accommodation (as per grade)

NON- ADMISSIBLE ITEMS

1. Phone bills
2. Laundry
3. Certificate fee
4. Disinfectant fee
5. Toilet
6. Extra beds
7. Diet