AIIMS Nagpur Employee Health Scheme

Standard Operative Procedure

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AIIMS Nagpur Employee Health Scheme

AIIMS Nagpur Employee Health Scheme (EHS) is established with an aim to provide quality health care services to employees of AIIMS Nagpur. The Standard operating procedure of the scheme is based on AIIMS Regulation Dt. 18 October 2019, section 34 and is modelled on the pattern of Employee Health Scheme followed by All India Institutes of Medical Sciences Delhi and Central Government Health Services(1, 2). The amendments made as per government rules in these schemes will be accepted by default in AIIMS Nagpur EHS.

The employee and dependent family members are covered under the scheme and are facilitated with inhouse healthcare facilities at AIIMS Nagpur, or referral service whenever needed.

All enrolled members of scheme have to contribute some amount monthly to avail the benefit of the scheme.

1.Eligibility criteria

- Compulsory for all employees of AIIMS Nagpur who are appointed on regular basis (temporary or permanent) and covers their dependent family members.
  (It shall not be applicable to employees appointed on contractual basis or outsourced employees.)
- Central/state government servants/officials on deputation to AIIMS (till they are on deputation at AIIMS Nagpur), Nagpur and their dependent family members.
- All students enrolled in AIIMS Nagpur including MBBS, interns, M.Sc., and Ph.D, Nursing Students.
- Residents employed under Residency scheme of Government of India-

  Senior Residents (Academic and Non-Academic) are treated as temporary government servant and can avail the scheme for self and dependents during the period of employment.

  Junior Residents (Non-academic) are employed on contractual basis and not entitled for the scheme.

- All employees of AIIMS Nagpur who retired on superannuation, discharged from service on ground of physical disability, voluntary basis, and their dependent family members.
- Executive Director, AIIMS Nagpur who has served for at least one year will be entitled for the scheme after retirement.

Family and Dependents-The term 'family' shall mean an AIIMS Nagpur employee's wife or husband, as the case may be, and parents, sisters, widowed sisters, widowed daughters, brothers, children, stepchildren divorced/separated daughters and stepmother wholly dependent upon the Government servant. Proof of age/ income certificate/ disability certificate will be required during enrolment of dependents.

A member of the family is treated as dependant only if his/her income from all sources including pension is not more than Rs.9,000/ + DA per month. This ceiling of Rs 9,000/ + DA 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 notified by the Government.(2)
A female employee has a choice to include either her dependent parents or her dependent parents -in law(s). Option exercised can be changed only once during service.

Age-limits of dependent son/daughter for the purpose of availing medical facilities is as indicated below-

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/Brother suffering from any permanent disability of any kind (physical or mental)	Irrespective of age-limit
iv)	Daughters/ sisters divorced/ abandoned or separated from their husband/ widowed	Irrespective of age-limit
v)	Minor brother(s)	Till he starts earning or attains the age of 25 years or gets married, whichever is earlier.
vi)	Minor sisters(s)	Till she starts earning or gets married, irrespective of the age-limit, whichever is earlier.

- If both husband and wife are working in the same institute, anyone can be dependent of other and only he/she has to contribute. If both of them wish to include his/her dependents separately may be allowed subjected to contribution from both and a joint declaration.

2. Enrolment

- Employee has to fill an enrolment form with mention of dependent family members and issue EHS health cards for self and dependent family members. (as per annexure of enrolment form)
- There will be a monthly premium based on the basic salary of the employee which will be deducted towards EHS.
- Following the enrolment, EHS beneficiaries will be issued AIIMS Nagpur EHS card that will contain a unique beneficiary number.

- Only one type of EHS card will be issued to different categories of EHS beneficiary
- This card will be valid till superannuation/death of employee/completion of deputation/tenure.
- Executive Director , AIIMS Nagpur who has serve for one year will be entitled for the scheme after retirement on paying desired contribution based on the last pay roll.
- On the superannuation of the main card holder, the card becomes invalid and fresh card has to be applied, and person can avail the benefits on paying desired contribution based on the last pay roll.
- On the death of the main card holder, the card becomes invalid and fresh card has to be applied for by the spouse after he/she starts drawing the family pension. Old EHS card and a Death Certificate need to be attached with the application. The dependents can avail the benefits on paying desired contribution based on the last pay level of employee.
- A serving employee on marriage or on the birth of his/ her child may get the names of spouse /child added to the card after submitting the form for addition duly endorsed by his department
- After the death of spouse and death/marriage/employment of a son/daughter/dependent it is the responsibility of main card holder to inform EHS for necessary deletion of the card .
- Safe custody of the EHS Cards is the responsibility of the beneficiary and in case of loss of the card beneficiary is required to inform the police and AIIMS Nagpur, EHS authorities.

Levels in pay matrix (as per 7th Central Pay Commission) (4)	**Contribution per month**
Level 1 to 5	Rs.250
Level 6	Rs.450
Level 7 to 11	Rs.650
Level 12 and above	Rs.1,000

* Amount of last contribution at level in pay matrix X 12 months X 10 years = contribution amount after retirement)

EHS booklet

A digital EHS booklet will be issued to each beneficiary individually (one booklet with each unique beneficiary number i.e. for employee and his/her dependents.)

It will consist of general instructions, particulars of beneficiary including name, designation, EHS number, place of posting, Date of joining, Date of retirement, Postal address, Telephone number and Date of expiry of card.

By feeding his EHS number and name his directory in computer will be automatically open and a EHS prescription slip will be printed.

3. Benefits of EHS

I. The covered employee and his/her dependents can avail cashless benefits in AIIMS Nagpur. Employees or dependents residing outside the municipal limits of Nagpur Municipal Corporation will not be governed by the EHS scheme and will be entitled to the reimbursement of medical charges in accordance with Central Services(Medical Attendance) Rules 1944.(3)

i. **Outpatient treatment at AIIMS Nagpur -**

a) **OPD services** can be availed free of cost for necessary examination/ consultation in OPD of AIIMS Nagpur. Beneficiary visiting the EHS OPD will get themselves registered at the EHS registration counter. The counter clerk at the registration shall note down the Name, Age, Gender and EHS Registration No. of the beneficiary and a ticket shall be generated for patient. The Medical officer/Senior Resident in EHS OPD will examine the patient and prescribe treatment and refer to specialist OPD if needed. At specialist OPD Only Specialist Faculty/Senior Resident can examine & provide prescription

b) All Group A and B staff may approach the specialist OPD directly, without going through the EHS OPD and get the prescription.

c) **Self prescription**-Faculty members can prescribe medicines for themselves and their dependents. Non-Medical faculty members can neither prescribe medicines for themselves nor for others.

d) **Investigations and Treatment Procedures**- Based on the advice of the specialist concerned, diagnostic tests and treatment procedures available at the institute can be done free of charge.

e) **Purchase of prescribed medicine**- Medicines prescribed in the OPD shall be procured from authorized pharmacy (Amrut pharmacy) of AIIMS Nagpur. In case the medicines are not available at authorized pharmacy then a Certificate is to be obtained from the authorized pharmacist and thereafter prescribed medicine can be purchased from any other pharmacy.

- Format of Non-Availability Certificate is provided in annexure While submitting the bill for medical reimbursement, the invoice is to be submitted along with the "Non-Availability Certificate.
- In case the person suffers from a chronic disease, medicines required for up to 3 months may be provided.
- If a life-saving drug or an anti-cancer drug not approved by the DCGI for use in India has to be issued, the case is required to be dealt with by the Expert Committee.
- If the beneficiary himself/herself cannot collect the medicine, a person with a valid ID card or an authorization letter can collect it on the beneficiary's behalf.

f) **Consultation with the specialist for the disease of eye, ear, noseand throat(ENT), Dental surgeons and orthopedics -**Treatment shall be obtained on the advice of the authorized medical officers. Treatment of eye diseases, testing of eyesight for glasses and all kinds of dental treatment shall be provided free. Spectacles will be procured by the individual patient and the cost of the spectacles will be reimbursed to the EHS beneficiary with a maximum limit of Rs.1000 once in a period of two(02) years. Incase of cataract operations, cost of IOL reimbursement will be a maximum of Rs. 10000/- only and if any patient demands for any particular specific IOL then the difference amount will be beared by the EHS patient.

g) Hearing aids- Refer Government of India Ministry of Health and Family Welfare OM No. 5-14025/10/2002-MS dated 26th may 2015 hearing aid will be provided free of cost on the recommendation of professor and head of the department of ENT and administrative approval of Director.(4)

ii. **Inpatient treatment-**

EHS beneficiaries can be admitted from OPD or Casuality (non working hours)

a) Entitlement of Ward Based on Pay Band

Wards in hospital are offered on the basis of the basic pay drawn per month according to the 7th CPC. The ward entitlements for beneficiaries are as given below(5):

Ward Entitlement	**Monthly Basic Pay**
General Ward	Up to Rs.47,600
Semi-Private Ward	Rs.47,601 to Rs.63,100
Private Ward	Rs.63,101 and above

b) **Investigations and Treatment Procedures-** Based on the advice of the specialist concerned, diagnostic tests and treatment procedures available at the institute can be done free of charge.

c) **Procurement of Drugs/Consumables for EHS In-patients**

- The institute needs to expand services of store for drugs and consumables for EHS beneficiaries.
- A drug requisition form of inpatient 'EHS' beneficiary shall be initiated by the consultant /Senior Resident and sent along with indent book to the concerned store for further processing and issue drugs/consumable. Store officer/storekeeper will arrange and issue these items preferably on the same day either from the store or arranging through local

purchase vendor. In case any drug/consumable is not arranged through these sources, only such items will be bought by patient's attendants and reimbursement can be availed. Storekeeper will make endorsement on requisition form that such items could not be arranged through local purchase.

- Till the time Store is not functional for EHS beneficiary in Institute, the authorised pharmacy (Amrut pharmacy) can be used for purchasing medicines and reimbursement of bills availed.

d) **In case of requirement of some surgery** treatment provided will include pre-operative investigations, room charges, medicines, cost of implants (if required), etc.

II. **Treatment at places other than AIIMS Nagpur**

If for some valid reason employees of the Institute And their family members avail medical facilities in places other than Institute, the Central Services (Medical Attendance) Rules, 1944 as amended from time to time, shall apply.(6)

- **Referral by authorized specialist to other hospitals-** If the authorised specialist at AIIMS Nagpur is of the opinion that the case of a patient requires medical attendance/treatment in some other hospital, either due to non- availability of particular facility at the institute or due to special nature of illness, he/she may refer the patient to the nearest government/CGHS empanelled private hospital where the particular facility is available for consultation/further management.
- **Travelling allowance**-When a patient is referred to other hospital, he shall, on production of a certificate in writing by the authorised medical specialist be entitled to travelling allowance for the journey to and from the referred hospital.
- **Purchase of prescribed medicine-** If an employee attends a government hospital/CGHS empanelled private hospital as an outdoor patient (referred by AIIMS Nagpur) and gets prescription for medicines , he can purchase medicines from outside pharmacy and bills will be reimbursed
- **Investigations-** Test/investigation advised at referred hospital can be done at private hospitals laboratories /imaging centres empanelled under CGHS. The reimbursement of expense incurred will be as per CGHS rates applicable to the nearest CGHS city or actuals whichever is lower.
- **Treatment Procedures-** In case of elective planned medical treatment procedure, the EHS beneficiary can avail medical treatment at the referred hospital. They will be allowed

reimbursement as per CGHS rates applicable to the nearest CGHS city or actual whichever is lower.

III. **Prior permission for unlisted Investigations, treatment and Procedures-**

a. EHS beneficiaries are required to seek prior permission of competent authority for undergoing Investigations, treatment, procedure, implants not listed in CGHS to claim reimbursement.

b. **Procurement of equipment / machines** like BIPAP, CPAP, AICD, Oxygen Concentrator, Neuro-Implants, Cochlear Implant etc. Reimbursement shall be made as per CS(MA) / CGHS Rules.

c. **Issue of orthotics / Prosthetics / Hearing Aid / Spectacles / Dental Implants**-Under CS (MA) rules, 1944 and letter issued from Government of India Ministry of Health and Family Welfare No. 14025/31/79-MS dated 26th September 1980, all expenses in purchase / replacement / repair / adjustment of artificial appliances etc will be reimbursed. These appliances only will be reimbursed once the concerned specialist issues "**Essential Certificate**" and documents for the same verified by the treating doctor and also countersigned by the Medical Superintendent.(6)

d. **Issue / Replacement of Heart Pacemaker / Pulse Generator / Heart Valves** - All EHS beneficiaries will be authorized to issue replacement of heart pacemaker / Pulse Generator / Heart Valves from the hospital/surgical stores on the valid prescription of the Consultant Cardiologist of AIIMS Nagpur and approval of Medical Superintendent/Director.

e. Costly treatments like Liver and Kidney Transplant, BMT, Chemotherapy etc.

f. For in Vitro Fertilization (IVF) treatment on recommendations of treating consultant duly signed by Head of Department of Obstetrics and Gynecology restricted to three cycles only.(7)

- Documents required to be submitted for permission are:

(a) 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.

(b) Authorised Medical attendant/ Government specialist advise clearly mentioning said investigations/treatment/procedure. Vague advice like advised surgery without mentioning the actual procedure is not acceptable.

(c) Estimate of cost from empanelled hospital where patient intends to take treatment.

(d) Other relevant medical documents in support of beneficiary illness.

- **Special situations when referral by AIIMS consultant is not required.(6)**- A beneficiary residing out of station/travelling out of station, in the event of illness/trauma, can avail medical facility including, specialist consultation, test/investigations, indoor medical care and treatment procedures in the outstation city in any government/private CGHS empanelled hospital without referral . Reimbursement in such cases would be made as per CGHS rates or actuals whichever is lower.

IV. **Treatment in Emergency-** In emergent conditions beneficiary can go to any of the government/private empanelled hospital near to residence or place of illness directly without being formally referred.

Treatment in private hospitals not empanelled under the scheme near the place of illness /trauma in medically emergent conditions will also be admissiblele, subject to 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 empanelled/government facility is available nearby or due to circumstances beyond control of the beneficiary. A certificate of emergency needs to be produced. Ex-post facto sanction can be granted only in exceptional extremely deserving case i.e. in case of emergency or urgent test.The genuineness of the emergent condition shall be evaluated on case-to-case basis. Merely getting admitted through emergency, without any justifiable emergent condition, shall not make beneficiary entitled for the benefit.

V. **Expenses related to maternity**, child health services, and family welfare at AIIMS Nagpur. In case employee or their dependent is living at a far-off distance from Institute, such cases can be referred by consultant / EHS O/IC to any nearest hospital / maternity homes as recognized by CGHS or reimbursement will be as per CS(MA) rules or actual expenditure whichever is less. Prior approval is necessary for reimbursement unless it is an emergency.

VI. **Alternative treatment procedures** such as Ayurveda, Homeopathy, Siddha, and Unani will be covered under EHS scheme.

4.Reimbursement claim:

For settlement/reimbursement of medical claim beneficiary should submit an application to EHS department for claiming reimbursement of medical expenditure and settlement of any advance within three months (six months in special circumstances)of discharge from hospital / treatment taken. Application should be submitted along with following documents-

1. Covering letter/ self-representation by beneficiary.
2. Duly filled Medical claim form and checklist for reimbursement.
3. Summary of medical bills claimed.
4. All photocopy of original bills.
5. Photocopy of Valid AIIMS, Nagpur EHS card.
6. Prescription of treating medical officer.
7. Non-Availability (NA) certificate from Pharmacist (if applicable)
8. Discharge Summary (For admitted patients)
9. A detailed list of all medicines, Laboratory tests, investigations, No. of doctor visits etc. with dates.
10. In case treatment is taken in emergency, a self-explanatory letter from beneficiary, explaining emergency circumstances. Emergency treatment certificate from concerned hospital must also be submitted.
11. Affidavit on stamp paper by claimant, no objection from any or legal heirs on stamp paper and copy of death certificate, in case of death of card holder.
12. Claim settlements documents should be submitted through proper channel.

Once these documents are submitted, the details will be verified. Based on the set of policies and rules decided by the institute, employee will be entitled to the amount which is permitted as per the EHS scheme. In case of any difficulty, the re-imbursement of medical expenses incurred in such cases be done as per applicable rates of Central Government Health Scheme(CGHS). If the rates

are not available in CGHS then rates of AIIMS new Delhi will be considered for reimbursement, if that is also not feasible then actual rate will be considered for reimbursement.

- **Advance payment Rule:**

If patient is suffering from any critical care illness, and it is found that treatment is only possible in the referred hospital, then advance payment amounting to not more than 90% of estimated bill may be sanctioned by competent authority and amount directly credited in the account of concern hospital as per rate and rule.

- **Medical Reimbursement Claim in case original papers have been lost**

Employee is required to submit following documents in case original papers have been lost-

(a) Photocopies of claim papers

(b) Affidavit on stamp paper- annexure

- **Medical Reimbursement Claim in case of death of beneficiary.**

Following documents are required to be submitted for claiming refund of medical expenses.

(a) Affidavit on Stamp Paper for .claiming medical reimbursement as per annexure

(b) No objection certificate from legal heirs of the beneficiaries as per annexure

(c) Death Certificate

5. Organizational framework of Employee Health Scheme AIIMS Nagpur

- Chief administrator- The Executive Director & CEO, AIIMS Nagpur.
- Administrative officer Incharge-Medical Superintendent (Responsible for administrative functioning of scheme)
- Medical Officer Incharge EHS (by official recruitment) - will look after the routine working of EHS
- Medical officer(by official recruitment) as per patient load
- Senior residents on rotation as per patient load
- Junior residents on rotation as per patient load
- Ancillary staff-

  Nursing officer (02)

Medical Record Technician (M.R.T). (01)

Upper Division Clerk (U.D.C). (01)

Medical Record Assistant (M.R.A).(01)

Hospital Attendant (H.A).(02)

Infrastructure and other requirement:

(Till the time the infrastructure and staff is not allocated, registration of EHS beneficiaries will be done at OPD registration area and patients examined at respective departments)

- Initiation of EHS OPD Services will require proper place/space and infrastructure. It is proposed that at least four to five cubical/partition cabin for smooth functioning may be required.
- Two Cubical counters required for EHSOPD/service. One is for making employee OPD card for respective department and second counter is required for follow up/revisit for respective department.
- EHS OPD/Service required at least 12 tables and 15 chairs.
- EHS OPD/service required at least 3 computers with printer. One for OPD registration second for CMO and third one for official purpose for the staff working for EHS administrative work(UDC).
- EHS OPD/Service required three cupboards/almirah for record keeping and storage purpose.
- Internet connectivity is required for EHS OPD.
- Computer Software: Separate Computer software should be make for the entry of drugs available in pharmacy of AIIMS and as well as for local purchase.
- Assets /Goods Required-As per need basis-Clinical Items, Diagnostic Items, Stationary Items
- Investigation forms- All the essential forms should be available in EHS OPD for further investigation.
- EHS Beds - For inpatients certain hospital beds will be earmarked for EHS beneficiaries in respective clinical wards and patient care areas in the hospital including the private wards. In case of no vacant reserved beds or private ward, patient will be managed on general beds and shifted to suitable bed/ ward as soon as vacancy is available.

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6. EHS Advisory Committee -

1. Chairperson – One Senior faculty member nominated by The Executive Director &CEO, AIIMS Nagpur

2. Member Secretary –Officer Incharge, EHS.

3. E.H.S. Members – From Faculty, Resident doctor's association DDA/AO, President/Secretary and other categories of Employee (Group - A/B/C)

Role of E.H.S Advisory Committee are as under:

a. To recommend any change in basic policy regarding EHS benefits from time to time (minimum three yearly) for improvement of services.
b. To recommend addition and or deletion of any preparation of drugs or surgical items into inventory after consultation with Drugs & therapeutic Committee.
c. To look into grievances of employees regarding quality of service and to incorporate any suggestions if deemed feasible.
d. To discuss on any issue of dispute regarding benefit or claim; and to suggest amicable solution to administration.
e. To discuss any agenda that Chairperson deems fit, to be discussed in meeting.
f. Frequency of meeting will be once at three month or as called by chairperson.

References

1. AIIMS Act,Rules & Notifications :: Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) (mohfw.gov.in)
2. https://pensionersportal.gov.in/pdfFiles/CGHS_HandBook_28June2020.pdf
3. https://main.mohfw.gov.in/documents/csma
4. https://main.mohfw.gov.in/sites/default/files/Revision%20of%20rate%20and%20Guideline%20for%20Reimbursement_1.pdf
5. https://main.mohfw.gov.in/sites/default/files/JCM-ORDERS.pdf
6. https://main.mohfw.gov.in/sites/default/files/Relaxations%20of%20procedures%20to%20be%20followed%20in%20considering%20requests%20for%20medical%20reimbursement_1.pdf
7. https://cghs.gov.in/CghsGovIn/faces/ViewPage.xhtml
   circulars- facilities under CGHS.

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Appendix- 'A'

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 (v) whichever is appropriate:-

   â. Service Employee: Regular _____ /Adhoc _____ /

   Temporary status _____ /on deputation _____

   b. Resident: Senior Resident _____.

3. Designation: _____ Name of Department _____

4. Basic pay: _____ Blood Group: _____

5. Office Address: _____

   _____

6. Residential Address: _____

   _____.

7. Permanent Address: _____

   _____.

8. Mobile Number: _____ Emergency Contact No: _____

9. E-mail Address: _____ Date of Birth: _____

10. Date of Joining :

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

Date of superannuation (in case of serving AIIMS employee) D/D M/M Y/Y/Y/Y

Date of completion of tenure (in case of residents) D/D M/M Y/Y/Y

11. Details of dependent: (including self)

(Please see definition at (page-4) of family before filling up this column)

Sr. No.	Name of family member & dependent	Relationship with Employee	Date of Birth	Gender	Blood Group	Marital Status	Mobile No.	Email id	(Validate to be filled by Concerned Establishment Section
1									
2									
3									
4									
5									
6									
7									

12. Are all the persons whose names are given above are dependent upon you - Yes / No

(I) Please attach proof of their relationship with you, like copy of Ratio Card/Aadhar card / Election Card / Passport/ Identity Card issued by college/ School/ University/Bank pass book etc.

(II) Please attach proof of dependency in respect of age of son(s) & daughter(s) with reference to dependency criteria attached herewith at page 4.

13. 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:

1) I certify that my family members as above are wholly dependent on rue.

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

3) I undertake to surrender the F.O.C. card(s) on my leaving the AIIMS Nagpur on completion of tenure/ retirement/termination/ resignation or on ceasing to be eligible of EHS benefits.

4) 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.

(Forwarded by Head of Dept./Section)

(Signature of applicant)

Continue.....

DECLARATION

1) I hereby declare that my father /mother/father-in-law/mother-in-law namely..... .....is/ are wholly dependent up it me and that he/she/ they normally reside with me at Nagpur.

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 Deafness 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. FOC Card on my leaving the Institute on completion of tenure/ retirement/termination of service, resignation etc.

Signature of the employee.

(TO BE YERIFIED 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.HS No. ..... ,to be issued to Mr/Mrs./Dr. _____ Designation_____ who is working in Department/Section_____.

2. Finance division AIIMS Nagpur 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 and EHS Books to the beneficiary/ beneficiaries as per E.H.S. token card.

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

EHS. No._____has been allotted to the applicant by the E.H.S Cell.

Signature with Seal

Contd.....

अखिल भारतीय आयुर्विज्ञान संस्थान, नागपुर

प्लॉट नंबर - 2, सेक्टर - 20, मिहान, नागपुर – 441108

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR

Plot No – 2, Sector – 20, MIHAN, Nagpur– 441108

Website: - www.aiimsnagpur.edu.in

Appendix- 'C'

FORM OF APPLICATION FOR MEDICAL CLAIMS

To,
The Account Offices
{Reimbursement) Account Section
All India Institute of Medical Sciences, Nagpur.

Kindly arrange in reimburse medical bills of Rs._____ which was prescribed by the_____. The amount may be credited to my bank account.

Full Name of Employee (In Capital Letter)	
Employee Code (Copy of ID Card attached on page no)	
Status (स्थिति)	(Govt. servant / Pensioner / Other) (सरकारी कर्मचारी / सेवानिर्वत /अन्य)
Designation	
Date of Joining	
Department	
Contact no.	
FOC card of patient (Copy attached on page no…)	
Essentiality Certificate (Whichever this applicable tick that one or both)	Certificate A / Certificate B
Copy of referral by Govt. specialist (Applicable in case of treatment taken outside AIIMS)	YES/NO (Page No.....)
Copy of Discharge Summary (Applicable only for IPD Patient)	YES/NO (Page No.....)

NOTE:-

1. Copies of Employee ID-Card and FOC Card of patient is mandatory to attach along with Claim reimbursement form.
2. Please mark page number on each Page and all Invoice bills should be self-certified.
3. Time limit for submission of claim -
   a. Within six months from the date of completion of treatment.
4. Medical Reimbursement claim from should be printed on both side.

Date: _____

Signature of AIIMS Employee

(5)

अखिल भारतीय आयुर्विज्ञान संस्थान, नागपुर
प्लॉट नंबर - 2, सेक्टर - 20, मिहान, नागपुर – 441108
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR
Plot No – 2, Sector – 20, MIHAN, Nagpur– 441108
Website: - www.aiimsnagpur.edu.in

FORM OF APPLICATION 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 taken both from the Authorized 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 felt ill		
8.	Details of 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 fee paid for each consultation			
c1 The number and dates of injection and the fee paid for each injection		:	
d) Whether consultations and / or injections were had at the hospital, ai 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 and laboratory where undertaken; and b) Whether the tests were undertaken on the advice of tire authorized medical attendant. If so a certificate to that effect should be attached.			
iii) Cost of the medicines purchased from the market (Cash memos and in 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 hire then 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)		;	

Appendix - 'E'

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

I, _____:son/wife /daughter of _____and Resident of _____have lost / misplaced the original Paper or the same are not traceable. I hereby given an undertaking that I have not received any payment against the original bills / Claim papers from any source and that if the original papers are traced, I shall not shake 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:

Deponent

Verified by Notary Public.

Appendix - 'F'

Draft for Affidavit on Stamp Paper for claiming medical reimbursement IN CASE OF DEATH of a EHS beneficiary

I _____husband / wife / son / daughter of late _____and resident of here by submit the medical reimbursement claim papers pertaining to treatment of my husband /wife / 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 reimbursable amount is paid to me.

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

Deponent

Attested by Notary Public.

Annexure- 'G'

Draft for "NO OBJECTION CERTIFICATE" on Stamp Paper

We.

(i) _____ Son/ daughter of Late _____
(ii) _____ Son/daughter of Late _____
(iii) _____ Son/ daughter of Late _____
(iv) _____ Son/daughter of Late _____
(v) _____ Son/ daughter of Late _____
(vi) _____ Son/daughter of Late _____

being the legal heirs of Late Shri/Smt. _____ have no objection. If the entire amount reimbursement 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:

(iv) Signature:
Name:
Address:

(v) Signature :
Name:
Address:

(vi) Signature:
Name:
Address:

Verified by Notary Public.

vii) Ordinary nursing		
viii) Special nursing, i.e., nurse, 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 charge (State the journey — to and from-undertaken)		
NOTE I.- If the treat pent was received by the Govt. servant at his residence under Rule 7 of the C.S. (M.A) Rules, 1944 give particular 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		
11. Total amount claimed		
12. Less advance taken on		
13. List of enclosure		

DECLARATION TO BE SIGNHD 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 Employee

(10)

ESSENTIALITY CERTIFICATE

CERTIFICATE 'A'

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

Certificate granted to Dr/Mrs./Miss. _____ Wife /Son/Daughter of or 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 ,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 immunising or prophylactic purposes;

(D) that the patient has been under treatment a 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.

Name of Medicines	**Price**
1. _____	_____
2. _____	_____
3. _____	_____

(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 hospitalization.

Date :.....

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
(अनिवार्यता प्रमाण-पत्र)
CERTIFICATE 'B'

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

Certificate granted to Dr./Mrs/Mr./Miss..... wife/son/daughter of Mr/Mrs./Miss ..... Employed in the.....

PART A

1. Dr._____ hereby certify -

(a) that the patient was admitted to hospital on the advice of .....(name of the medical officers /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 Medicine	Price
1.	.....
2.	.....
3.	.....
4.	.....

(a) that the injections administered were not for immunising of prophylactic purposes;
(b) that the patient is/was suffering from ..... and is/was under treatment from ..... to.....;
(c) that the X-ray, laboratory test etc. for which an expenditure of Rs. .....was incited 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.

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 off Rs. .....was incurred, vide bills and receipt 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.

COUNTERSUGNED

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

Medical Superintendent
.....Hospital

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.

Appendix- 'B'

Non- Availability Certificate

This is certify that following medicine(s) prescribed by Dr._____ of _____ is/are not available at our Pharmacy, AIIMS Nagpur on _____ (Date).

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Date: _____

(Signature with seal of Pharmacist of Authorized Pharmacy)

Appendix-'D'

CHECKLIST FOR REIMBUSEMENT OF MEDICAL CLAIMS

1. Full Name of AIIMS Employee: _____
   (Block Letter)
2. Status: _____
   (Govt. servant/Pensioner/Other)
3. The following documents are sub-mitted (Please tick the relevant column)

(a) Medical 97 Form	:	Yes/ No
(b) Photocopy of Identity card	:	Yes/ No
(c) No of Original Bills	:	_____
(d) Copy of Discharge Summary	:	Yes/ No
(e) Copy of referral by specialist	:	Yes/ No
(f) Whether the hospital has given break-up for lab investigation	:	Yes/ No

(g) Original papers have been lost the following documents are submitted:-

i. Photocopies of claim papers	:	Yes/ No
ii. Affidavit on stamp paper	:	Yes/ No

(h) In case of death of Employee the following document are submitted: -

i. Affidavit on stamp paper by Claimant	:	Yes/ No
ii. No Objection from other legal hairs on stamp paper	:	Yes/ No
iii. Copy of death certificate	:	Yes/ No

Dated: .....

Signature of AIIMS Employee

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 center/ Imaging center where treatment :

4. Whether the hospital/diagnostic/ imaging center is Empanelled under EHS. : 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, if yes amount claimed/received : Yes/No

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 :..... SB A/C No: .....
    Branch MICR Code: ..... IFSC Code: .....

Declaration

I hereby deciare 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 deducting from my salary .I agree for the reimbursement as is admissible under the rules.

Date.....
Place..... Signature of the EHS Card Holder

Documents to be attached

1. Photo Copy of the EHS card of the employee along with the patient's EHS card.
2. Copy of permission letter, if any.
3. Emergency Certificate (original), in case of emergency.
4. Copy of the discharge summary.
5. Ambulance Certificate (original), if any.
6. Original bills/cash memo/vouchers etc. for the reimbursement amount claimed.

IMPORTANT-

Kindly ensure to provide the following information/documents, wherever applicable:

A. Obtain Break up of investigations from the hospital/diagnostic center/Imaging center (details and rates of individual tests and the exact number of tests and the exact number of tests, X-ray films, etc.) as the reimbursement amount is calculated as per approved CGHS/AIIMS Rates per test.

B. In case of loss of original papers, Affidavits as per Annexure I to be submitted. AH photocopies of the bills to be attested by the treating doctor/specialist.

C. In case of death of the card holder, Affidavit as per Annexure II to be (filled and attached to claim reimbursement.

D. In case of implants. Invoice No. along with sticker with serial number of the implant to be attached.

E. In case of coronary Stents, outer pouch of stents is to be enclosed.

F. In case of replacement of pacemaker/ 1CD etc. copy of the warranty certificate of earlier pacemaker/ICD may be enclosed.

Annexure-I

Draft for Affidavit for duplicate Claim papers bills on stamp paper

.....son/wife/daughter of.....and resident of .....have lost 1 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

Verified by Notary public

Annexure- II

Draft for Affidavit on Stamp Paper for claim medical 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.

Deponent.

Attested by Notary Public.

Draft for No Objection Certificate to 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

MBBS, MS.
MCH Burns Plastic & Reconstructive Surgery
DNB Burns Plastic & Reconstructive Surgery
Additional Professor
Department of Burns & Plastic Surgery
AIIMS NAGPUR
MMC Reg. No.

Dr. Gajanan
MBBS, MD, FACEE
प्राध्यापक / Professor
Dept. of Anaesthesiology and Critical Care
AIIMS, Nagpur

Associate Professor
Dept. of Physiology
AIIMS, Nagpur

AIIMS, Nagpur / अ.भा.आ.सं., नागपुर

EHS Retired Beneficiary Form

Name of Retired EHS Beneficiary: -

EHS Card Number (before retirement): -

Date of Retirement: -

Please select the required subscription:

Annual ☐ Lifetime ☐ Not Availing ☐

Payment receipt number: -

Bank Account Number: -

IFSC Code: -

Contact Number: -

Email Address: -

Details of Family Members: -

Name	Relationship	Date of Birth	EHS Card Number (office use only)

Declaration*

I hereby declare that the information provided above is true and correct to the best of my knowledge and belief.

Signature of Retired Beneficiary

Date:
Place:

Countersign
Admin officer /Registrar

Documents to be Attached

1. Copy of Last Pay Order
2. Copy of Bank Passbook
3. Copy of EHS Card of Retired Beneficiary
4. Copy of EHS Cards of Family Members (if applicable)

The completed form along with the required documents to be submitted to EHS office