

RE-IMBURSEMENT OF MEDICAL EXPENSES
AFTER DEMISE OF ESM/ MEMBERS OF ECHS

1. A few cases have come to light where both members of the ECHS (ESM as well as the spouse) have expired and sanctioned amount of re-imburement could not be credited to their account. Subsequently, other family members, who were neither ECHS members nor dependent beneficiary of the Scheme, approached ECHS Organisation for payment of the Bills.
2. Based on the procedure in vogue in CGHS, the following guidelines may be followed by ECHS :-
 - (a) In case of death of members of ECHS, claimant is to submit an Affidavit on Stamp Paper of value not less than Rs 10/- duly attested by Public Notary. Specimen copy of the affidavit is placed at Appx `A`.
 - (b) A "No Objection" Certificate from **other legal heirs**, if any, is also required to be given on a similar Stamp Paper stating that they have not objection in case the amount of Bills was paid to Claimant. Details of other family members may be verified from Original Application Form submitted at the time of taking ECHS membership or from the Affidavit submitted along with above application Form. Specimen copy of the affidavit is placed at Appx `B`
 - (c) A copy of Death Certificate & smart cards of the ECHS members are to be attached along with above documents.
3. The above mentioned documents are required to be submitted by the Claimant to Stn HQ. Stn HQ will verify the documents for their completeness and authenticity before effecting the payment to claimant to avoid any litigation at a later date. Smart cards will be defaced/destroyed to prevent misuse & annotation to this effect will be made in the records held at Stn HQs/RC.
4. You are requested to issue suitable instructions to all concerned and ensure compliance.

Sd/- x x x

Dir (P&FC)
For MD

Authority :B/49773/AG/ECHS/ 24 Nov 06

Draft for Affidavit on Stamp Paper for claiming medical reimbursement

1. _____ Wife/Son/Daughter of Late _____ and resident of _____ hereby submit the medical claim papers pertaining to treatment of my 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 amount reimbursable is paid to me.

No objection certificate signed by the legal heirs on Stamp paper is enclosed herewith.

Attested by Notary Public

Deponent

Appendix 'B' to letter No B/49773/AG/ECHS dated Oct 2006

Draft for No objection certificate on Stamp Paper

We _____ S/o/D/o Late Shri _____

Being the legal heirs of Late Shri _____ have no objection if the entire amount reimbursable pertaining to the treatment of our father is paid to our brother Shri _____

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Sons/
Dauthers W/O

Address

Address

Verified by Notary Public

CENTRAL GOVERNMENT HEALTH SCHEME
CHECK LIST FOR REIMBURSEMENT OF MEDICAL CLAIMS

1. CGHS Taken No and place of issue :
 2. Validity of CGHS Card (for pensioners) from _____ to _____
 3. Full Name of Card Holder (Block letters) :
 4. Status (Govt Servant/Pensioner/Others) :
 5. The following documents are submitted :
- (Please tick(-/) the relevant column) :
- (a) Medical 97 Form : Yes/No
 - (b) Photocopy of CGHS Card : Yes/No
 - (c) Essentiality Certificate : Yes/No
 - (d) No of Original Bills/Vouchers : _____
 - (e) Whether original bills/vouchers
Have been verified : Yes/No
 - (f) Copy of Discharge Summary : Yes/No
 - (g) Copy of Permission letter : Yes/No
 - (h) Whether the hospital has given break
Lab investigations : Yes/No
 - (j) Original papers have been lost the : Yes/No
Following documents are submitted
 - i) Photo Copies of Claim papers : Yes/No
 - ii) Affidavit on Stamp Paper : Yes/No
 - (j) Incase of Death of Card Holder, the
The following documents are submitted :
 - i) Affidavit on Stamp Paper by claimant: Yes/No
 - ii) No Objection from other legal heirs on:
Stamp Paper Yes/No
 - iii) Copy of Death Certificate : Yes/No

Dated : _____

Signature of CGHS Card Holder

Tele No : _____

INFORMATION

- a) Kindly write correct postal address in block letters
- b) Obtain Break up of investigation from the hospital (death and rates of individual tests and the card number of Sugar tests, X-ray films, Etc) as the reimbursable amount is calculated as per approval rates only.
- c) Draft against column (i) of check list-in case of loss of Original Papers

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

1. _____ Son/Wife/Daughter of _____ and resident of _____ submit duplicate papers for consideration as original bills are lost/misplaced/not traceable. I hereby give an undertaking that I have not received any payment against original bills/claim papers 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 original bills in future I shall return the same to competent authority.

Deponent

Verified by Notary Public

- d) **Draft against column (j) of check list – in case of Death of Card holder.**

Draft for Affidavit on Stamp Paper for claiming medical reimbursement

I,..... Wife/ son/daughter of Late And resident of hereby submit the medical claim papers pertaining to treatment of my father/mother/... Late Shri/Smt Who has expired on (Copy of Death Certificate enclosed)

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

.....
.....

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

Deponent

Attested by Notary Public

Draft for No Objection certificate on Stamp Paper

We s/o d/o Late Shri
..... s/o d/o Late Shri

Being the legal heirs of Late Shri have no objection if the entire amount reimbursable pertaining to the treatment of our father is paid to our brother Shri

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Address : W/o Address

Verified by Notary Public

CENTRAL GOVERNMENT HEALTH SCHEME
CHECK LIST FOR REIMBURSEMENT OF MEDICAL CLAIMS

1. CGHS Token No and place of issue :
2. Validity of CGH Card (For pensioners) &: from to
Entitlement. Pvt / Semi Pvt/General

3. Full name of Card Holder (Block Letters):

4. Status (Govt, Servant/Pensioner/Other) :

5. The following documents are submitted :
(Please tick (-/) the relevant column)

(a) Medical 2004 Form : Yes/No

(b) Photocopy of CGHS card : Yes/No

(c) Essentiality Certificate : Yes/No

(d) No. of Original Bills : _____

(e) Whether original bills/vouchers
Have been verified : Yes/No

(f) Copy of discharge summary : Yes/No

(g) Copy of Permission letter : Yes/No

(h) Whether the hospital has given breakup:
For lab investigations : Yes/No

I. Photocopies of claim papers : Yes/No

II. Affidavit on Stamp Paper : Yes/No

(j) Incase of death of card holder the
Following documents are submitted ____

I. Affidavit on Stamp paper by
Claimant : Yes/No

II. No objection from other legal
Heirs on Stamp papers : Yes/No

III. Copy of death certificate : Yes/No

Dated : _____

Signature of CGHS card holder
Tele No (O)
(R)
e-mail Address

Name of the Bank _____ Branch _____ SB A/C No
Branch MICR Code _____ Tel. No. of Bank Branch.

CENTRAL GOVERNMENT HEALTH SCHEME
MEDICAL 2004 FORM FOR REIMBURSEMENT OF
MEDICAL CLAIM OF CGHS BENEFICIARIES

Computer NO _____

(To be filled by the claimant)

1. CGHS Token No and Place of issue :
2. Validity of CGHS Token Card : From _____ to _____
and entitlement : Pvt/Semi Pvt/General
3. Full name of the card holder (Block letters):
4. Full address :
5. Telephone no. (O) _____ (R) _____
6. E-mail address if, any.
7. Name of the Bank _____ Branch _____ SB A/C
Branch MICR Code _____ Tele. No. of Bank Branch _____
8. Name of the patient & relationship
With the card holder
9. Status tick (-) (Govt-Servant/Pensioner/Serving employee or pensioner of
autonomous body/Member of Parliament/Ex-MP/Ex-Governor/Former Judge of
Supreme Court/Former Judge of High Court/Freedom Fighter/Legal Heir/others)
10. Basic Pay/Basic Pension.
11. Name of the Hospital with Address :
(a) OPD treatment and investigations

(b) Indoor Treatment.
12. Date of admission _____ date of discharge _____ (In case of Indoor
Treatment only)
13. Total amount Claimed

(a) OPD Treatment.
(b) Indoor Treatment.
14. Details of Permission :
15. Details of Medical advance if, any :

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 dependant on me. I am a CGHS beneficiary and the CGHS card was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Date :

Signature of CGHS card holder

Note : Misuse of CGHS facilities is a criminal offence. Suitable action including cancellation of CGHS card shall be taken in case of willful suppression of facts or submission of false statements. Suitable disciplinary action shall be taken in case of serving employees.

INFORMATION

- a) Kindly write correct postal address in block letters
- b) Obtain Break up of Investigations from the hospital (details and rates of individual tests and the exact number of Sugar tests, X-ray films, etc,) as the reimbursable amount is calculated as per approved rates only.
- c) Draft against column (I) of check list-in case of loss of Original Papers.

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

I, _____ son/wife/daughter of _____ and resident of _____ lost/misplaced/not traceable. I hereby given and undertaking that I have not received any payment against original bills/claim papers 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 original bills in future I shall return the same to competent authority.

Deponent

Verified by Notary Public

- d) Draft against column (I) of check list in case of Death of Card holder

I,..... Wife/ son/daughter of Late and resident of hereby submit the medical claim papers pertaining to treatment of my father/mother/... Late Shri/Smt Who has expired on (Copy of Death Certificate enclosed)

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

.....
.....

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

Deponent

Attested by Notary Public

Draft for No Objection certificate on Stamp Paper

We s/o d/o Late Shri

..... s/o d/o Late Shri

being the legal heirs of Late Shri have no objection if the entire amount reimbursable pertaining to the treatment of our father is paid to our brother Shri

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Address : W/o Address

Verified by Notary Public

(ii) Charges for :		
a) O.T	_____	_____
b) O.T. Consumables	_____	_____
c) Anesthesia	_____	_____
d) Procedure	_____	_____
(iii) Medicines	_____	_____
iv) Implants like pacemaker joint replacement, Coronary Stent etc (details)	_____	_____
(v) Artificial devices (details)	_____	_____
(vi) Lab charges (Break-up given in Annexure).	_____	_____
(vii) Spl. Nurse/Aya if any	_____	_____
(viii) Miscellaneous	_____	_____
Total	_____	_____

Signature of Claimant
Name in Block Letters
Address & Telephone No. if any:

1. Certificate that the relevant bills/vouchers have been verified by me and the expenditure shown above is correct and the treatment services provided are essential and minimum that required for the recovery of the patient.
2. Certified that the services of special Nurse/Ary were required from _____ to _____ that were absolutely essential for the recovery of the patient.
3. Specific procedure/Operation performed
Was _____

Signature of the Treating Specialist

With official seal.

Countersigned by Medical Superintendent
Of the Hospital with seal (For Indoor treatment only)