

REFERRAL TO EMPANELLED HOSPITALS IN DIFFERENT STATION

1. Representations are received from ECHS members residing in non-Metro/smaller towns/cities or remote areas regarding problems and undue delay in getting treatment, due to complicated referral procedures. Patients from Non Mil Stn with nil or inadequate empanelled facilities need to be referred to nearest other town/city where such facility is available. If that city happens to be a Mil Stn with a Service Hospital, patients are to use facilities available in that Service Hospital, and are allowed to be referred out only if requisite facility is not available.

2. In many instances patients are referred for a facility which is not available in the Service Hospital of the 'other Stn where referred. As per existing ECHS procedure, the patients have to first report to the ECHS Polyclinic of 'other Stn → then to the service hospital of that Stn → back to Polyclinic → then referred to empanelled hospital.

3. To reduce the avoidable inconvenience in such cases, it has been decided to permit direct referral to empanelled facilities in another station which is under the AOR of the same Stn Cdr. Such referral will be subject to fulfillment of following conditions:-

(a) Both Stations (i. e. Station from where referral is initiated and station where referred to) should be under the jurisdiction of same Stn Cdr.

(b) Existence of valid MoA between particular hospital where referred and concerned Stn Cdr.

(c) Facility/Specialty for which referred is not available at existing Service Hospital (if any) of either station.

(d) Direct referral to empanelled hospital for specialty available in the Service Hospital of the 'other' Station where referred will NOT be permitted even if bed space is not available. Referrals in such cases must be routed through Polyclinic of that 'other' Station.

(e) Empanelled hospital should agree to submit bills at Polyclinic of origin of referral.

(f) Initial processing of bills will be by Polyclinic of origin of referral.

(g) All referrals to be endorsed with either of following two statements under stamped signature of OIC Polyclinic originating referral :-

“Verified that Specialty/Facility is not available at present in

(Name of Service Hospital of Station of origin of referral, if applicable)

AND IN _____

(Name of Service Hospital of Station where referred, if applicable)

OR

“There is no Service Hospital in _____

(Station of origin of referral)

AND “Verified that Specialty/Facility is not available

In _____

(Name of Service Hospital of Station where referred, if applicable)

4. The above provisions be disseminated to all concerned for implementation please,

Sd xxxxxxxx
Dir (Med)
For MD ECHS

Authority: B /49774-P/AG/ECHS/Referral 18 Jul 2007

**CONDITIONS FOR DIRECT REFERRAL TO EMPANELLED HOSPITAL IN A
DIFFERENT TOWN/CITY**

1. Both Station (i.e. Station from where referral is initiated and station where referred to) should be under the jurisdiction of same Stn Cdr.
2. Existence of valid MOA between particular hospital where referred and concerned Stn Cdr.
3. Facility/Specialty for which referred not available at existing service Hospital (if any) of either Station.
4. Submission of bills at Polyclinic of origin of referral to be agreed to by empanelled hospital.
5. Initial processing of bills at Polyclinic of origin of referral.
6. All referrals to be endorsed with either of following two statements under stamped signature of OIC Polyclinic:

“Verified that Specialty/Facility is not available at present in

(Name of Service Hospital of Station of origin of referral, if applicable)

AND IN _____

(Name of Service Hospital of Station where referred, if applicable)

OR

“There is no Service Hospital in _____

(Station of origin of referral)

AND “Verified that Speciality/Facility is not available

In _____

(Name of Service Hospital of Station where referred, if applicable)