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Central Organisation, ECHS  
Adjutant General's Branch  
Integrated Headquarters  
Ministry of Defence (Army)  
Thimayya Marg, Near Gopinath Circle  
Delhi Cantt-110010

B/49770/AG/ECHS/Covid/Policy/2022(06)

14 Jan 2022

IHQ of MoD (Navy)/Dir ECHS (N)  
DAV, Subroto Park  
HQ Southern Command (A/ECHS)  
HQ Eastern Command (A/ECHS)  
HQ Western Command (A/ECHS)  
HQ Central Command (A/ECHS)  
HQ Northern Command (A/ECHS)  
HQ South Western Command (A/ECHS)  
HQ Andaman & Nicobar Command (A/ECHS)  
AMA ECHS, Embassy of India, Nepal  
( )  
All Regional Centres

**GUIDELINES FOR CLAIMING REIMBURSEMENT OF  
HOME ISOLATION SERVICE PACKAGE: COVID-19**

1. Please ref the fwg:-

- (a) CO ECHS letter No B/49770/AG/ECHS/Treatment/Policy dt 31 Mar 2020.
- (b) CO ECHS letter No B/49761/AG/ECHS dated 27 Apr 2021.
- (c) CO ECHS letter No B/49761/AG/ECHS dated 30 Apr 2021.
- (b) CO ECHS letter No B/49770/AG/ECHS/Covid/Policy/2022(04) dt 11 Jan 2022.

2. As per Para 7 of letter under reference veteran / beneficiary undergoing test / treatment at Govt designated pvt hosps without referral will be treated as emergency case and expenditure incurred will be reimbursed at Govt / CGHS rates as individual reimbursement claim. Due to the recent surge in number COVID-19 cases, and inability of the health infrastructure to cope with sudden rise in number of cases, a large number of beneficiaries with mild symptoms are being advised Home Quarantine there is a need to monitor the patient for their parameters such as temperature, SpO2 levels, BP, pulse etc, as also consume prescribed medicines. In certain cases, there may be a requirement to administer Oxygen to the patient during the Home Quarantine.

3. In view of the above, provisions have been granted for home isolation package for ECHS beneficiary with complaints of fever / cough / cold / diarrhea etc. who consult a doctor at Service / Govt / Med College / Empanelled / Non Empanelled Hospital. After consultation, when the beneficiary is advised home isolation, medicines and COVID-19 (RT PCR) test, then he / she will be entitled to purchase home isolation package with one or more services as mentioned in the letter at Para 6 of letter mentioned at Para 1(b). Bills for the same will be reimbursed through OIC ECHS Polyclinic. Reimbursement for the Home Isolation Package will be made with a ceiling limit of Rs 1000/- per day for 07 days from the date of advice of Home Isolation. Individual home isolation package reimbursement bill will be handed over physically to OIC Polyclinic for processing for payment. However, to minimize the footfall at Polyclinics and to avoid inconvenience, bills may be forwarded online or sent by Registered Post. However, to minimize the footfall at Polyclinics and to avoid inconvenience, bills may be forwarded online or sent by Registered Post. Beneficiaries may be advised to follow one of three methods given in succeeding paras for submission of bills :-

(a) Online Submission.

- (i) Veterans may submit claims online through designated email to OIC Polyclinic.
- (ii) The scanned copies of all prescriptions, bills, copy of ECHS card, contingent bill (as per Appx 'A' to this letter) and copy of cancelled cheque or first page of passbook should be attached as separate file (s) in the email.
- (iii) Details of vital parameters recorded during the treatment signed & stamped by Doctor or self certified will be attached with the contingent bill as per format at Appx 'B'.
- (iv) All Veterans will mention their complete residential address and telephone / mobile No.
- (v) OIC Polyclinic will acknowledge the receipt of mail and seek any further clarification if required.
- (vi) Original documents will be submitted by the veterans at the earliest possible date immediately after home isolation package is over but not later than 90 days. A photocopy of the documents should be retained while submitting the documents. Non depositing of all the original documents by stipulated date will invite recovery.
- (b) Veterans who are not able to upload the claim online may send all the above documents (bills and contingent bill in original) alongwith their telephone No / whatsapp No and residential address to OIC Polyclinic through "**Registered Post with Acknowledgement Due (AD) Card**". They should keep a photocopy of all documents with them.

4. OIC Polyclinics will process the bills (submitted online) digitally duly authenticated by Digital Signature and for rest of bills as per procedure explained in our letter at Para 1 (a) & (b) above. RC will make necessary payment, without waiting for physical copies. Physical copies (for bills submitted online) will be fwd for audit purpose once situation stabilizes.

5. This has the approval of MD ECHS.

*SK*  
(Col SK Gupta)  
Col  
Jt Dir (Med)  
for MD ECHS

Copy to :-

MoD/DoESW  
CGDA  
AG Branch (Coord)  
DG DC&W Sectt  
O/o DGAFMS  
DGMS (Army)  
DGMS (Navy)  
DGMS (Air)  
UTI-ITSL (BPA)

- For info please.

- To scrutinize the claims submitted by beneficiary for identifying duplicate claims for same Home Isolation and for same duration.

Internal

(Ops & Coord), Claim Sec }  
C&L Sec, P&FC }  
Stats & Automation Sec }

- For info.

- for uploading the letter on ECHS website and issue necessary dirn to UTI-ITSL.

**HOME ISOLATION SERVICE PACKAGE: COVID-19****Appx 'A'****Contingent Bill**

Cheque may please be issued in favour of \_\_\_\_\_  
 Bank Acct No \_\_\_\_\_ Bank Name \_\_\_\_\_  
 Bank IFS Code \_\_\_\_\_ MICR No \_\_\_\_\_

**In Lieu of IAFA-155**

Voucher No : \_\_\_\_\_

**Contingent Bill**

Expenditure of account reimbursement of medical treatment for home isolation package in respect of \_\_\_\_\_

(Auth: Central Org ECHS letter No B/49761/AG/ECHS dt 27 Apr 2021)

| <b><u>Ser No</u></b> | <b><u>Date</u></b> | <b><u>Date of Expenditures</u></b>  | <b><u>Amount</u></b> |
|----------------------|--------------------|---|----------------------|
|                      |                    | Amount incurred on account of reimbursement<br>For home isolation package in respect of _____ |                      |

The details are as under

| <b><u>ECHS Card No</u></b> | <b><u>Bill No</u></b> | <b><u>Diagnosis</u></b> | <b><u>Details of Bill/<br/>Medicines</u></b> | <b><u>Amount</u></b> |
|----------------------------|-----------------------|-------------------------|--|----------------------|
|----------------------------|-----------------------|-------------------------|--|----------------------|

The bill with supporting documents attached in original.

Certified that:-

- (1) The claim has been submitted for the first time.
- (2) The reimbursement has been made on the actual treatment.

Amount in Words: Rupees

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**RECEIVED PAYMENT****COUNTERSIGNED**

**HOME ISOLATION SERVICE PACKAGE: COVID-19****Appx 'B'**

|                         | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
|-------------------------|-------|-------|-------|-------|-------|-------|-------|
| Pulse<br>Rate/min       |       |       |       |       |       |       |       |
| Temp                    |       |       |       |       |       |       |       |
| Respiratory<br>Rate/min |       |       |       |       |       |       |       |
| SPO2                    |       |       |       |       |       |       |       |
| BP                      |       |       |       |       |       |       |       |