



RIPANS

website: www.ripans.ac.in

रीजनल इंस्टिट्यूट ऑफ पैरामेडिकल एन्ड नर्सिंग साइंसेज REGIONAL INSTITUTE OF PARAMEDICAL AND NURSING SCIENCES

(भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, स्वायत्त संस्थान)
(An Autonomous Institute under Ministry of Health & Family Welfare, Govt. of India)

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OFFICE MEMORANDUM


Dated Aizawl, the 01st October, 2023

No.G.20015/1/2023-Accts-RIPANS/36 : The employees of RIPANS are entitled to medical facilities as per Bye Law 7.16 of the Memorandum of Association (MOA) of RIPANS wherein it is required that the employee or his/her dependant is actually admitted to a hospital for treatment within the State or within the station of residing etc.

With the establishment of 100 bedded Hospital which is expected to be operationalized w.e.f. the FY 2024-25, entitlement of medical facilities of the employees of RIPANS need to be streamlined in line with the policies adopted by sister Autonomous Institutes under the Ministry of Health & Family Welfare having Hospitals of their own. Hence, draft Employee Health Scheme (EHS) of RIPANS is prepared in line with the proposed Employee Health Scheme (EHS) of NEIGRIHMS, Shillong. As the EHS of NEIGRIHMS is in draft stage only, approved EHS of AIIMS Rajkot is taken into consideration while drafting the EHS of RIPANS.

The draft Employee Health Scheme (EHS) of RIPANS will be submitted to the Ministry for approval and adoption. The effective date will be the date of approval of the Ministry and the Scheme once approved will supersede the existing provisions of Medical Allowance Rules under the MOA of RIPANS.

All stakeholders are requested to go through the Draft Employee Health Scheme (EHS) of RIPANS and submit comments, if any, to the undersigned within a period of 30 (thirty) days from the date of publication of this Office Memorandum and also send the soft copy to admin@ripans.ac.in. In case no comment is received within the stipulated time, the Draft Employee Health Scheme (EHS) of RIPANS will be submitted to the Ministry for approval.

 9/10/23

(डॉ. संजय डी. सावंत/Dr. SANJAY D. SAWANT)

निर्देशक/Director

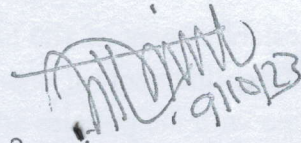
रीजनल इंस्टिट्यूट ऑफ पैरामेडिकल/Regional Institute
of Paramedical
& नर्सिंग साइंसेज /& Nursing Sciences

No. G.20015/1/2023-Accts-RIPANS/36

Dated Aizawl, the 08th October, 2023

Copy to:

1. Principal/HoDs for information.
2. AO for information.
3. Accounts Section for information and necessary action.
- ✓ 4. Computer Centre to upload in the Institute's website.
5. Office Order Guard File.



(डॉ. संजय डी. सावंत/Dr. SANJAY D. SAWANT)

निर्देशक/Director

रीजेनल इंस्टिट्यूट ऑफ पैरमेडिकल/Regional Institute
of Paramedical
& नर्सिंग साइंसेज /& Nursing Sciences

**DRAFT EMPLOYEE HEALTH SCHEME (EHS)
OF REGIONAL INSTITUTE OF PARAMEDICAL AND NURSING SCIENCES
(RIPANS), AIZAWL, MIZORAM**

1. Background

The employees of RIPANS are entitled to medical facilities as per Bye Law 7.16 of the Memorandum of Association (MOA) of RIPANS as under:-

Medical Allowance Rules: Apart from the allowances payable as given under Bye-laws 7 (7.5) each employee, other than casual employee of the Institute shall be entitled to Medical Allowance at the rate of Rs.1000/- per month in lieu of re-imbursement of medical expenses for outdoor treatment. An employee shall further be allowed reimbursement of medical expenses on fulfillment of the conditions given below:

- i) The employee or his/her dependant is actually admitted to a hospital for treatment within the State or within the station of residing.
- ii) The employee shall bear the expenses up to Rs.250/- and the amount exceeding Rs.250/- may be reimbursed by the Institute as per the provisions given under the Central Services Medical Attendance Rules, 1944 as amended from time to time.
- iii) Reimbursement of medical expenses for Home Treatment may also be allowed for cases like Cancer, Diabetes, Mental illness, Poliomyelitis, Tubercular diseases and Leprosy where constant medical care is necessary without hospitalization subject, however, to the same condition as in the indoor hospital treatment within the States.
- iv) Medical reimbursement facilities will be admissible to cases where treatment or consultancy facilities are not available inside the State provided it is certified/ recommended by the Director of Hospital & Medical Education or Medical Board of the State Government that such treatment outside the State but within India is essential.
- v) Other than the above provisions, all other provisions laid down under the Central Medical Attendance Rules 1944 as amended from time to time shall apply.

With the establishment of 100 bedded Hospital which is expected to be operationalized w.e.f. the FY 2024-25, entitlement of medical facilities of the employees of RIPANS need to be streamlined in line with the policies adopted by sister Autonomous Institutes under the Ministry of Health & Family Welfare having Hospitals of their own. Hence, draft Employee Health Scheme (EHS) of RIPANS is prepared in line with the proposed Employee Health Scheme (EHS) of NEIGRIHMS, Shillong. As the EHS of NEIGRIHMS is in draft stage only, approved EHS of AIIMS Rajkot is taken into consideration while drafting the EHS of RIPANS.

As the employees of RIPANS are covered by the EPF Scheme, retired employees of RIPANS are getting pension from the EPFO and fixed medical allowance is not included in the monthly pension. Hence, it is proposed to cover retired employees and their dependent family members to be covered under the EHS of RIPANS, except for reimbursement of expenses in case of facilities not available in RIPANS.

The draft Employee Health Scheme (EHS) of RIPANS will be submitted to the Ministry for approval and adoption. The effective date will be the date of approval of the Ministry and the Scheme once approved will supersede the existing provisions of Medical Allowance Rules under the MOA of RIPANS.

2. Purpose: The purpose of this document is to prescribe procedures and guidelines for the Employee Health Scheme (EHS) of RIPANS, Aizawl.

3. Eligibility criteria for the beneficiaries.

a. The scheme shall apply to all:

- i. regular employees of RIPANS, Aizawl and their dependent family members.
- ii. retired employees of RIPANS, Aizawl and their dependent family members.
- iii. employees of Central/State Government, Central/State Autonomous

bodies/Universities on deputation to RIPANS, Aizawl and their dependent family members.

iv. bona fide students of RIPANS, Aizawl during the period of their course.

b. ***The scheme shall NOT apply to:***

- i. contractual manpower, daily waged workers and outsourced workforce.
- ii. persons working on research projects and related schemes.
- iii. Students of distance learning/correspondence Course.

4. Family and Dependents

- a. The term 'family' shall mean a beneficiary's wife or husband, parents, sisters, widowed sisters, widowed daughters, minor brothers, children (including legally adopted children and children taken as wards), stepchildren divorced/separated daughters and stepmother wholly dependent upon and normally residing with the beneficiary or the rest of the family members in a station other than the beneficiary's headquarter.
- b. The income limit for dependency of the family members (other than spouse) is Rs. 9,000/- plus the amount of Dearness Relief admissible on Rs. 9,000/- on the date of consideration of the claim (vide MoHFW, Gol, Office Memorandum No. S-11012/2/2016-CGHS-P dated 08-11-2023). This ceiling of Rs. 9,000/- 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 of notification by the Government of India.
- c. A female employee has a choice to include either her dependent parents or her dependent parents-in law. The option exercised can be changed only once during service.

- d. Age-limit of dependent family members for the purpose of availing medical facilities is as indicated below:

Relationship of the family member with the employee	Family member will be considered as dependent on the employee
Son	Till he starts earning or attains the age of 25 years or gets married, whichever is earlier.
Daughter	Till she starts earning or gets married, irrespective of her age, whichever is earlier.
Son suffering from permanent disability of any kind (physical or mental)	Irrespective of age-limit.
Dependent divorced/ abandoned or separated from their husband/ widowed daughters and dependent unmarried/ divorced/ abandoned or separated from their husband/ widowed sisters	Irrespective of age-limit.
Minor brother(s)	Up to the age of becoming a major.
Permanently disabled dependent brother.	Irrespective of age-limit.

Note: When both husband and wife are employed, the declaration for family and dependents shall be as per Central Services (Medical Attendance) Rules, 1944.

5. Contribution to the scheme:

Beneficiaries shall make a monthly contribution to the scheme which will be deducted from their salary. The monthly deduction will be based on the pay levels, as per 7th CPC, the details of which are mentioned below:

Sl. No	Levels in the pay matrix	Monthly contribution (INR)
1.	Levels 1-5	250.00
2.	Level 6	450.00
3.	Levels 7-11	650.00
4.	Level 12 and above	1000.00

Employees/Pensioners may avail of the EHS facility by making a one-time contribution of an amount equivalent to subscription for 10 years as per the table above, as per qualifying criteria given below:

1. Eligible ex-employee (who had retired - VRS/Superannuation) before the introduction of the EHS facility/pensioners – lump sum amount (10 years contribution).
 2. Eligible persons who were subscribing to EHS prior to retirement, will have the option to either pay a lump sum amount (10 years contribution) or continue to pay their monthly EHS subscription from their pension.
 3. Contribution to be made by the pensioner/family pensioners would be the amount that they were subscribing at the time of their retirement or at the time of death of the government servant.
- 6.** Payment of additional amount as a result of any revision in the rates of contribution, as and when notified, will apply to all beneficiaries (except to those who make 10 years lump sum contribution) as in 1 and 2 above.

7. Admission to the Scheme:

Eligible beneficiaries will be required to fill out an Application (Annexure 'A') for enrolling in the scheme and submit the same with requisite supporting documents for verification.

8. Issue of EHS/Health Card:

After verification, eligible beneficiaries will be issued an EHS Identity card (beneficiary and eligible dependents). The card will have to mandatorily be provided/used by the beneficiary to avail of facilities available at RIPANS, Aizawl, as per their entitlement including OPD consultation, IPD treatment, laboratory, and radiological investigations etc. free of charge.

MEDICAL ENTITLEMENT OF EHS BENEFICIARY

9. Treatment at RIPANS, Aizawl:

(a) OPD Treatment

- (i) **OPD services** for necessary consultation/examination in the OPD of RIPANS, Aizawl.
- (ii) **Investigations and Treatment Procedures:** Diagnostic tests and treatment procedures as advised by the consultants and which are available at RIPANS, Aizawl, will be free of charge for beneficiaries. For any test that is not available at RIPANS, Aizawl (certified by the MS), the beneficiary will be referred to another hospital/laboratory. In case of beneficiary as per sl. No. (i) and (iii) under Rule 3(a), the amount will be reimbursed as per rules and CGHS rates or actuals, whichever is lower.
- (iii) **Purchase of prescribed medicine:** Beneficiary may procure all prescribed medicines from the market till such time that the RIPANS pharmacy is made operational. Once the pharmacy is operational, the beneficiary will be bound to issue the prescribed medicines from RIPANS pharmacy. In case the medicine(s) prescribed by the consultant/specialist, is/are not available in the RIPANS pharmacy, the beneficiary may be advised to procure the same from

the market. In case of beneficiary as per sl. No. (i) and (iii) under Rule 3(a), the amount will be reimbursed as per rules. A "Non-Availability Certificate" (Annexure 'B') issued by the authorities will have to be provided by the beneficiary for processing the reimbursement.

(b) IPD Treatment

- (i) **Ward Entitlement:** Type of ward/room allotted in the hospital will depend upon the basic pay drawn by the employee as per 7th CPC. The entitlement of the ward will be as under (*Ref: MoHFW, GoI, Office Memorandum No. S.11011/11/2016- CGHS(P)/EHS dated 28-10-2022*):

Sl. No.	Basic pay drawn as per 7 th CPC	Entitlement
1	Up to Rs. 36,500	General Ward
2	Rs. 36,501 to 50,500	Semi-Private Ward
3	Above Rs. 50,500	Private Ward

- (iv) **Procurement of Drugs/Consumables/Surgical Items:** The same will be arranged from the RIPANS stores. If any of the required item(s) is/are not available in the stores, the beneficiary may be advised to procure the same from the market. In case of beneficiary as per sl. No. (i) and (iii) under Rule 3(a), the amount will be reimbursed as per rules. A "Non-Availability Certificate" (Annexure 'B') issued by the authorities will have to be provided by the beneficiary for processing the reimbursement.

- 10. Treatment at places other than RIPANS, Aizawl:** If a beneficiary as per sl.no (i) and (iii) under Rule 3 (a) avails of medical facilities in places other than RIPANS, Aizawl, the Central Services (Medical Attendance) Rules, 1944 as amended from time to time, shall apply.

- (a) **Referral by RIPANS, Aizawl to other hospitals:** If the consultant/specialist at RIPANS, Aizawl is of the opinion that a beneficiary as per sl.no (i) and (iii) under Rule 3(a) should receive medical treatment at another hospital, either due to the non-availability of a particular treatment/procedure/facility at the institute or due to the serious or special nature of the illness, consultant may, with the approval of the Medical Board (mandatory requirement unless the delay would endanger the patient's health), refer the patient to the nearest Government/CGHS or Government empanelled private hospital where the particular treatment/procedure/facility is available for consultation or further care. In certain cases, the Medical Board may approve referral to Government/CGHS or Government empanelled private hospital other than nearest Government/ CGHS or Government empanelled private hospital on case-to-case basis, subject to the approval by Competent Authority. The expenses incurred will be reimbursed as per CGHS rates or actuals, whichever is lower.
- (b) **Travelling allowance:** If a beneficiary as per sl.no (i) and (iii) under Rule 3(a) is referred to the Government/ CGHS or Government empanelled private hospital, as per Sl. No. 9(a), they will be entitled to travel allowance for the journey to and from the referred hospital, as per the Central Service (Medical Attendance) Rules, 1944. To claim this allowance, the beneficiary must produce a certificate in writing from the consultant.
- (c) **Purchase of prescribed medicine:** If a beneficiary as per sl.no (i) and (iii) under Rule 3(a) attends a nearest Government/CGHS or Government empanelled private hospital as an OPD patient after being referred by the consultant/specialist at RIPANS, Aizawl and gets the prescription for medicines, the same may be procured from any pharmacy, however, the

reimbursements will be as per CGHS rates or actuals, whichever is lower.

(d) **Investigations:** Tests and investigations advised at the referred hospital should preferably be done there. However, if it is not feasible or the facility is not available at the referred hospital, the tests and investigations can be availed at any other hospitals, laboratories, or imaging centres but it shall be reimbursed as per CGHS rates or actual, whichever is lower. Reimbursement will be restricted to beneficiaries as per sl.no (i) and (iii) under Rule 3(a) only.

(e) **Treatment Procedures:** In the case of elective planned medical treatment procedures, beneficiaries as per sl. No. (i) and (iii) under Rule 3(a) can avail medical treatment at a referred nearest Government/CGHS or Government empanelled hospital. They will be reimbursed as per CGHS rates or actuals, whichever is lower. The referral should be only for services or facilities not available at RIPANS, Aizawl. Under special circumstances, and with prior permission from the competent authority, reimbursement may be made for unlisted investigations, treatment, and procedures, referral treatments, etc. Ex-post facto sanction can be granted only in exceptional and extremely deserving cases. The following documents are required to be submitted for permission:

- 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.
- Authorized Medical attendant/Government specialist advise clearly mentioning said investigations/treatment/procedure. Vague advice like advised surgery without mentioning the actual procedure is not acceptable.
- One estimate from empanelled hospital where patient intends to take treatment.
- Other relevant medical documents in support of beneficiary illness.

11. Special situations when RIPANS referral is not required: A serving beneficiary who is out of station on official duty/leave can avail medical facilities, including specialist consultation, tests and investigations, indoor medical care, and treatment procedures in any nearest government (like AIIMS, NEIGRIHMS, RIMS etc.) or CGHS empaneled private hospital in that city without a referral from consultant/specialist at RIPANS, Aizawl. Reimbursement will be made as per CGHS rates or actuals, whichever is lower.

12. Treatment in Emergency: In emergency situations, beneficiaries (serving employees) can go directly to any government or CGHS/Government empaneled hospital near their residence or place of illness without a formal referral from RIPANS. Treatment in private hospitals that are not empaneled under the CGHS near the place of illness/trauma in medically emergent conditions will also be admissible, subject to the ceiling 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 empaneled/government facility is available nearby or due to circumstances beyond the control of the beneficiary. The genuineness of the emergent condition will be evaluated on a case-by-case basis.

13. Medical Reimbursement Claim (MRC)

(a) Medical Reimbursement Claim in case of living beneficiary: Following documents to be submitted by the beneficiaries for MRC:

- (i) Application for MRC as given in Annexure 'C'. A separate form should be used for each beneficiary. All invoice bills.
- (ii) Prescriptions.

- (iii) Cash memos.
- (iv) Non-Availability Certificate (if applicable).
- (v) Essentiality certificate (Certificate A—in the case of patients who are not admitted to hospital for treatment. Certificate B—in the case of patients who are admitted to hospital for treatment as per Annexure 'D').
- (vi) Copy of referral (required only if medical attendance/treatment is availed in hospital other than RIPANS, Aizawl).
- (vii) A copy of discharge summary attached in case of IPD treatment.
- (viii) Checklist for MRC (Annexure 'E').
- (ix) Other relevant documents as required.

All the supporting documents should be signed (with official stamp) by the Authorized Medical Attendant of the case.

(b) Medical Reimbursement Claim in case original papers have been lost: In case of lost original documents, the beneficiary is required to submit the following documents:

- Photocopies of claim papers.
- Affidavit on stamp paper (Annexure 'F').

(c) Medical Reimbursement Claim in case of death of beneficiary: In case of death of the beneficiary, the dependent is required to submit the following documents:

- Affidavit on Stamp Paper for claiming medical reimbursement (Annexure 'G').
- No objection certificate from legal heirs of the beneficiaries (Annexure 'H').
- Death Certificate.

(d) **Time-limit for submission of Medical Reimbursement claim (MRC):** The beneficiary must submit claims for reimbursement of medical expenses within six months of the completion of treatment for the particular spell of illness. The competent authority may consider condoning delays in submitting medical bills on a case-by-case basis, based on the merits of each case.

14. Changes in Dependency Criteria:

Changes in dependency criteria of dependent family members viz. death, marriage, earning status (which makes a family member to be non-dependent i.e. earning of more than the prescribed minimum earning of Rs.9,000 plus DA per month) should be immediately brought to the notice of the Institute's authority.

15. In the event of any ambiguity in the interpretation of the provisions mentioned in this document, the provisions of the Central Services (Medical Attendance) Rules 1944, as amended from time to time, shall apply. The decision of the Director, RIPANS, will be final.

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 (✓) whichever is appropriate

Service Employee: Regular ☐ / Deputation ☐

3. Designation:

4. Name of the Department:

5. Basic pay:

6. Blood Group:

7. Office Address:

.....

.....

6. Permanent Address:

.....

7. Mobile Number: Emergency Contact No:

8. E-mail address: Date of Birth:

9. Date of Joining:

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

10. Date of superannuation (in case of serving RIPANS employee)

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

(*Please see definition of family in the instructions before filling up this Column)

[illegible]

12. Are all the persons whose names are given above are dependent upon you?

Yes ☐ No ☐

- a. Please attach proof of their relationship with you, like copy of Birth Certificate/ Aadhaar card/Election Card/ Passport/Identity Card issued by College/ School University/Bank passbook etc.
- b. Please attach proof of dependency in respect of age of son(s) & daughter(s), with reference to dependency criteria attached herewith as mentioned in the instructions.

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:

- a. I certify that my family members as above are wholly dependent on me.
- b. I undertake to intimate immediately if there is any change in dependency criteria of my family members included in this application form. If I fail to intimate and if the authorities come to know of the same, then the E.H.S. facility is liable to be withdrawn by RIPANS and appropriate authority will be free to initiate any action against me.
- c. I undertake to surrender the EHS card(s) on my leaving the RIPANS, Aizawl on completion of tenure/ retirement/termination/ resignation or on ceasing to be eligible of EHS benefits.
- d. 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.

(Signature of applicant)

Date:

Place:

(Forwarded by Head of Dept / Section)

(Signature of Head of Dept / Section)

Date:

Place:

DECLARATION

1. I hereby declare that my father /mother/ father-in-law/ mother-in-law namelyis /are wholly dependent upon me and that he/she/they normally reside with me at Aizawl.

2. I also certify that my father namely and mother namelyare 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 Dearness 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. Card on my leaving the Institute on completion of tenure/ retirement/ termination of service, resignation etc.

(Signature of applicant)

Date:

Place:

(TO BE VERIFIED 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.H.S No. to be issued to Mr/Ms./Dr..... Designation who is working in Department/Section
2. Accounts Section RIPANS 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 to the beneficiary / beneficiaries as per E.H.S. token card.

Signature of the authorized signatory with seal

Date:

Place:

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

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

Signature of the authorized signatory with seal

Date:

Place:

INSTRUCTIONS

Definition of Family: The term 'family' shall mean a beneficiary's wife or husband, parents, sisters, widowed sisters, widowed daughters, minor brothers, children (including legally adopted children and children taken as wards), stepchildren divorced/separated daughters and stepmother wholly dependent upon and normally residing with the beneficiary or the rest of the family members in a station other than the beneficiary's headquarter. 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 suffering from any permanent disability of any kind (physical or mental)	Irrespective of age-limit
(iv)	Dependent divorced abandoned or separated from their husband/ widowed daughters and dependent married divorced abandoned or separated their husband widowed sisters.	Irrespective of age-limit
(v)	Minor brother(s)	Up to the age of becoming a major
(vi)	Permanently disabled dependent brother.	Irrespective of age-limit.

For the purpose of availing EHS facility for disabled sons above 25 years, please attach a copy of the certificate of disability issued by the competent authority.

The Following Documents are to be enclosed:

1. Proof of Residence/Stay of dependents-(copy of Ration Card/ Adhaar card
Election Card/ Passport Identity Card issued by college/ School
University/Bank pass book etc.
2. Proof of age of son (Birth Certificate/Aadhar)
3. Attested Copy of Disability certificate issued by Competent Authority (in case
of dependent son aged 25 and above)

NON-AVAILABILITY CERTIFICATE

(on the letter head of the authorized pharmacy)

This is to certify that the following medicine (s) prescribed is/are not available
at the Institute's Pharmacy as on _____(date):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

For _____(Name of the Authorized Official)

Signature of the authorized signatory with seal

Date:

Place:

**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 centre/Imaging centre:

4. Whether the hospital/diagnostic/ imaging centre is empanelled under
EHS/CGHS: 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: Yes/No

if yes amount claimed/received

9. Details of Medical Advance taken, if any:

10. Total amount Claimed:

(a) OPD Treatment:

(b) Indoor treatment:

(c) Test/Investigation:

11. Bank Details :

Name of the Bank :

A/C Number :

Branch :

MICR Code :

IFSC Code :

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 dependent on me. I am EHS beneficiary and the EHS card was valid at the time of treatment. My monthly EHS contribution is deducted from my salary. I agree for the reimbursement as is admissible under the rules.

Signature of the EHS Card Holder

Date:

Place:

ESSENTIALITY CERTIFICATE

CERTIFICATE 'A'

(To be completed in the case of patients **WHO ARE NOT ADMITTED**

to Hospital for treatment)

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

I Drhereby certify:

(a) that I charged and received Rs.....for consultation 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) atmy consulting Room/the residence of the patient.

(c) that the injections administered were not/were for immunizing or prophylactic purpose.

(d) that the patient has been under treatment at 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.

Sl. No.	Name of medicine	Price (INR)

(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 INR..... was incurred on undertaken was necessary and were undertaken on my advice at (name of the hospital or laboratory).

(h) that I referred the patient to Dr and that the necessary approval of the..... (Nam of the Chief Administrative Officer of the State) as required under the rules was obtained;

(i) that the patient did not require/required hospitalization.

**Signature of AMA/Designation of the
Medical officer and hospital/ dispensary
to which attached.**

Date:

Place:

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

CERTIFICATE 'B'

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

Certificate granted to Mrs./Mr./Miss.....wife/son/daughter of
Mr./Mrs/Miss.....employed at

PART-A

1. Drhereby certify:

(a) That the patient was admitted to hospital on the advice of officer/on my advice of.....(name of the medical officer) / on my advice:

(b) that the patient has been under treatment at..... and that the under mentioned 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.

Sl. No.	Name of medicine	Price (INR)

(c) that the injections administered were / were not for Immunizing of prophylactic purposes.

(d) that the patient is/was suffering from and is / was under treatment from.....to

(e) that the X-ray, laboratory test etc. for which an expenditure of INRwas incurred 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.**

Date:

Place:

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 of ₹..... was incurred, vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

**Signature and Designation of the
Medical Officer-in-charge of the case at the hospital.**

Date:

Place:

COUNTERSIGNED

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

Medical Superintendent

..... **Hospital**

Date:

Place:

**NOTE: CERTIFICATES NOT APPLICABLE SHOULD BE STRUCK OFF.
CERTIFICATE (B) IS COMPULSORY AND MUST BE FILLED IN BY THE MEDICAL
OFFICER IN ALL CASES.**

Document Checklist for Medical Reimbursement through EHS

Sl. No.	Details of the Document submitted	Yes/No	Page No.
1	EHS Number		
2	Self -Explanatory letter form beneficiary explaining emergency circumstances		
3	Application for MRC		
4	Non-Availability Certificate (if applicable)		
5	Copies of all the prescription		
6	Essentiality certificate		
7	Copy of referral		
8	A copy of discharge summary attached in case of IPD treatment		
9	Original Bills Attested both by consultant & EHS beneficiary		
10	List of all medicines, Laboratory tests investigations.		
11	Permission copy of Medical Board/Director RIPANS, Aizawl (if applicable)/ Intimation copy to EHS during emergency for approval of treatment outside RIPANS, Aizawl.		
12	Photocopies of claim papers and an affidavit on stamp paper in case original papers have been lost.		

13	Affidavit on Stamp Paper for claiming medical reimbursement, No objection certificate from legal heirs of the beneficiaries & Death Certificate for claim in case of death of the beneficiary.		
14	Bank Details (Salary Account Details) number only		

Draft for Affidavit for Duplicate Claim Papers Bills on Stamp Paper

.....son/wife/daughter of..... and
resident ofhave
lost/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 of the EHS Card Holder

Date:

Place:

Verified by Notary

Draft for Affidavit on Stamp Paper for Medical Claim 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.

Signature of Deponent

Date:

Place:

Attested by Notary Public

Draft for No Objection Certificate on 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