

SAHA INSTITUTE OF NUCLEAR PHYSICS

1/AF, Bidhannagar, Kolkata – 700 064

MEDICAL UNIT

June 11, 2014

NOTICE

GENERAL GUIDELINES/INFORMATION FOR PROCESSING OF REIMBURSEMENT BILLS FOR MEDICAL CLAIMS AT DOMESTIC/ OPD/INDOOR TREATMENT FOR SINP EMPLOYEES AND THEIR DEPENDENTS/ PENSIONERS/FAMILY PENSIONERS AND THEIR DEPENDENTS :

The following documents should be submitted along with completely filled up “Application for Reimbursement of Medical Bills” to the Medical Unit of our Institute. *Otherwise the incomplete application/s for reimbursement of medical bills will not be processed in time.*

1. Support your claims with all the prescribed certificates.
2. The prescription by the treating Doctor/s must contain the signature, qualification/s and the registration no. of the Doctor by the concerned Medical Council.
3. Separate claim is to be preferred for each spell of illness or an entirely new disease.
4. Name of the disease/ailment should clearly be mentioned in the prescription by the treating Doctor.
5. The treatment period (no. of days & time of advised medicine) should clearly be mentioned in the prescription by the treating Doctor.
6. Patient name should clearly be mentioned in the prescription by the treating Doctor.
7. The Money Receipt of the treating Doctor for consultation fees/professional fees etc. must contain the serial no., patient name and address, date with signature.
8. Purchase of Allopathic medicines and drugs can be made from any chemist/druggist licensed under the Drugs & Cosmetics Act and rules framed thereafter. Purchase of Ayurvedic medicines can be made only from approved pharmacies.
9. The Cash Memo for medicines etc. must contain the serial no., date with signature, vendors name, license number with validity time and phone number of the issuing authority.
10. Doctors’ registration number is not necessary for the claim of reimbursement of medical bills against the prescription of Govt./Semi-Govt./Municipality/Cantonment/Missionary’s and our Empanelled Hospitals/ Nursing Homes/Clinic Centers/Pathological/ Radiological Laboratories.
11. The application for reimbursement of Medical Bill/s along with all supporting documents should be furnished within **3 (three) months** from the date of the **first visit** for all regular members and their dependents.

12. The application for reimbursement of Medical Bill/s along with all supporting documents should be furnished within **6 (six) months** from the date of the **first visit** for all retired employees and their dependents.
13. All photocopies should be verified by the personnel of Medical Unit after showing original documents before submission of their application for reimbursement of medical bill/s.
14. The **essentiality certificate** for Outdoor and Indoor medical treatment should be furnished correctly, filled by either the treating Doctor or the Superintendent of the concerned Hospitals/Nursing Homes (except our empanelled Hospitals/Nursing Homes etc.).
15. Photocopy of the previous prescription in the same disease/ailment should be furnished in the application for reimbursement of medical bill/s.
16. Every **column** of the application for reimbursement of medical bill/s should be filled up by the concerned employee/s/pensioners/family pensioners.
17. Medical ID cards for the regular members and their dependents should be produced at the time of OPD/INDOOR treatment in our empanelled Hospitals/Nursing Homes/Radio & Path. Laboratories/Clinic Centers.
18. Authorization certificate for INDOOR cases of regular members and their dependents should be submitted to the concerned Hospitals/Nursing Homes within 72 hours from the admission time of patient.
19. Before leaving the Hospital/Nursing Home after treatment, get the hospital bills, receipts, vouchers, essentiality certificates, etc. duly signed or countersigned by the treating Doctor or by the Medical Officer-in-Charge/Superintendent of the Hospital/Nursing Home, as the case may be, for claiming reimbursement.
20. During the overlap treatment for same disease, doctor should mention on the prescription **“previous medicine to be continued”**. Otherwise previous continued treatment for the same disease would not be taken into account for reimbursement.
21. Doctor should mention on the prescription that how many no. of tubes, no. of file for drops and no. of cartridge of insulin in the prescription, otherwise only one to be sanctioned for one month.
22. Reimbursement for the full treatment period will be made for medicines purchased on or before the 4th day (counting date of prescription as day one) from the date of the advice. Medicines purchased after that period will accordingly be reimbursed for the treatment period less the number of days after which the medicines were purchased. (CMBS Rule 15.4).
23. In case of syrup or liquid medicine, content in ml. to be mention on the medicine bill, otherwise one file will be sanctioned for one month.
24. Cost of spectacles for correcting eyesight will be reimbursed only once in three years. Cost of lens may be reimbursed once in a year (CMBS Rule 7.2). The rates of Spectacle (Lens & Frame) is Rs. 1000/- once in three years & Lens is Rs. 400/- once in a year.
25. Cost of Phaco Surgery and Intra Ocular Lens (IOL) will be reimbursed under CGHS rates.
26. Cost of artificial appliances will be reimbursed under CSMA/CGHS rates. Purchase of Artificial appliances can be made only from authorized dealer or manufacturer of Orthopedic/Physical Medicine Appliances shops with their license no.

27. Medical Advance may be made by producing necessary documents from the Doctor for indoor treatment in a recognized Hospitals/Nursing Homes (except the treatment of our empanelled Hospitals/Nursing Homes).
28. Medical Advance may be made by producing necessary documents for the OPD treatment of TB, Cancer, Acute Myeloid Leukemia and Chronic Active Hepatitis 'B', 'C' & 'D' at the consulting room of the Doctor, at the residence of the employee and their dependents (except for the treatment of our empanelled Hospitals/Nursing Homes).
29. Cost of vaccines in general will be inadmissible, except Hepatitis B, Influenza and Leprovac vaccines for high risk individual is recommended by specialist with justification and countersigned by HOD of concerned specialist of Hospital etc.
30. Chronic/prolonged treatment should be clinically reviewed by a **specialist** at least **every six months** and the photocopies of their reports should be furnished in the application of reimbursement of medical bill/s.

N.B. : The guidelines will be changed by MAC from time to time as and when necessary.

(Pulak Ray)
Chairperson, Medical Advisory Committee

Circulation to : All Heads of Groups/Divisions/Sections/Units/
Chairman/Chairpersons/of different Committees/
Central Facilities of SINP, Kolkata - With a request for
Circulation to all
CMBS members.

All Pensioners and Family Pensioners - For information