

DELHI URBAN SHELTER IMPROVEMENT BOARD  
GOVT. OF NCT OF DELHI  
(Administration Branch)

No K/18012/15/2016/Finance/D- 694

Dated: 12-8-2016

CIRCULAR

**Subject:-Formalities to be completed before submitting claim for medical reimbursement.**

It has been observed that serving and retired officials submit incomplete and irregular medical claims for both indoor and OPD treatment in respect of self and their family members for re-imburement. Concerned DDO and Establishment section also forward these claims of the pensioner and officer/officials drawing salary from HQ without proper scrutiny and checking of medical bills which leads to delay in settlement of their claims. Similarly, the claims of officers/officials working in the divisions have also not been found complete and proper during the audit. Hence, it is advised that the following steps should be followed by all (serving/pensioners) for submitting medical claim for reimbursement and claims must be scrutinised, checked and verified by the concerned DDO/Establishment Section before submitting the same to the Medical Section, at HQ.

**1. Medical Claims should be preferred in the prescribed pro forma. It has to be supported by**

**(A) In case of OPD Treatment (for serving employees and pensioner).**

- (i) Prescription of the doctor on printed Hospital OPD slip (in use of treatment at hospital) having, OPD registration number and date, or on regular printed letter-head of the doctor [not in small pieces of paper] and should bear the date. The name, age of the patient, treatment prescribed by Doctor with signature and stamp of the doctor should invariably be affixed on the prescription paper.
- (ii) Original bills / cash memo / vouchers etc relating to purchase of medicines, investigation, treatment and medical procedure, payment voucher, investigation/diagnostic report etc. , if any, dully signed by concerned serving employee/pensioner be enclosed.
- (iii) All the pages of the medical claim form, vouchers and investigation reports should bear the signatures of the official/pensioner with name

and designation of the individual claiming the medical reimbursement.

**(B) In case of Indoor Treatment. (for serving employees and pensioner).  
in addition to (A)(i) (ii) & (iii) above, claim should also be supported by**

- (i) Copy of the Discharge summary of the hospital along with above documents.
- (ii) Ambulance Certificate (original), if any;
- (iii) Break up of investigations from the hospital/diagnostic center /imaging center (details and rates of individual tests and exact number of tests, X-ray films, etc) as the reimbursable amount is calculated as per approved rates per test.
- (iv) In case of implants, invoice No., along with sticker, serial number of the implant to be attached.
- (v) In case of Coronary stents, outer pouch of stents is to be enclosed.
- (vi) In case of replacement of pacemaker/ICD etc., copy of the warranty certificate of earlier pacemaker/ICD be enclosed.
- (vii) Original bills / cash memo / vouchers etc dully signed by concerned serving employee/pensioner be enclosed.
- (viii) Breakup of Consultation fee paid, Medicines/Injections: Appliances: Room Rent: Charges for Nurse be enclosed with claim.

**(C) In case of Emergency Treatment. (for serving employees and pensioner).**

In case of emergency treatment, in addition to documents mentioned in A&B above, claim should also be supported by

- (i) Emergency Certificate from the treating doctor.
- (ii) Self explanatory letter from the beneficiary explaining the emergency circumstances.
- (iii) Letter addressed to sanctioning authority for Ex-post fact sanction in duplicate forwarding the claim.

2. Self attested copy of the Registration Certificate of the Hospital/Nursing Home/Diagnostic Centre issued by DHS, showing validity of the registration with stamp of the hospital must be attached with each medical claim.

3. All the serving employees and pensioners are advised either to submit valid registration certificate of the Hospital/Nursing Home/Diagnostic Centre alongwith their claim or take treatment in those Hospital/Nursing Home which are registered with D.H.S. or empanelled with DDA/CGHS/MCD in accordance with the instructions issued vide circular dated 23.02.2016. In case the validity



of the Registration of the hospital has expired, then the attested copy of the documents showing that Hospital/Nursing Home/Diagnostic Centre have applied for renewal of their registration must be attached with medical claim.

4. The details of family in Form no 3 (showing Date of Birth of each family member/dependent) as per service record of the employee and pensioner, dully countersigned by the DDO concerned / incharge Establishment branch with stamp bearing his name and designation should be attached, and it should be clearly mentioned that the details have been verified from the P/F & S/B of the official/pensioner concerned.

5. In case Form no 3 (detail of family) is not available in the service record of the employee/pensioner, the legal heir certificate in case of death of the govt servant along with an affidavit in Annexure-I as per specimen be enclosed.

6. In the cases of officer on deputation, Establishment branch will specifically certify that the officer has opted medical scheme of DUSIB, each time while forwarding their OPD, Chronic claims and indoor medical claim. If deputationists have opted for their own department medical policy, then they are not entitled for medical reimbursement from DUSIB.

7. Similarly non-employment certificate in case of spouse/pensioner dully countersigned by the DDO concerned / incharge Establishment branch/ office with stamp bearing his name and designation should be submitted and it should be clearly mentioned that the details have been verified from the P/F & Service Book of the official/pensioner concerned.

8. In case of loss of original documents, all photocopies of medical bills are required to be attested by the treating doctor/specialist alongwith an affidavit in Annexure-II as per specimen enclosed.

9. Reimbursement claim should be invariably preferred within one month in case of Medical advance availed cases and in other cases, six months from the date of completion of treatment. The cases in which the bills are submitted after six months from the date of completion of medical treatment/discharge of the patient from the hospital are required to be taken up for condonation. Such time barred cases should require the sanction of competent authority.

All the officer/official and Pensioners are hereby advised to submit their medical claims through the Office concerned where their service record is being maintained. Further misuse of DUSIB medical policy is a criminal offence. Penal action (disciplinary action) in case of wilful suppression of facts or

submission of false statements shall be taken in case of serving employees / pensioner.

This issue with the prior approval of the Member (Finance/Administration)



( V.P. Jha)  
Dy. Director (Admn.)

1. All concerned through Notice Board/Library.

Copy to:-

1. PS to CEO for information pl.
2. Member (Finance) Administration) for information pl.
3. Member (Engineering) for information pl.
4. Member (Power) for information pl.
5. All Pr. Directors.
6. Chief Engineer I & II.
7. FA/BFO
8. All Directors.
9. All Superintending Engineers.
10. All Executive Engineers.
11. DCA-I, II and III.
12. All Dy. Director's/ Dy. Director (IT) with the request to place it in the website.
13. ACA-I, II, III, IV & E&M.
15. A.O.(HQ)/Plan/PF/Internal Audit
16. Office copy

**Annexure-I**

**Affidavit on stamp paper for claiming medical reimbursement in case of  
Death of principal beneficiary ( Serving employee / Pensioner)**

I \_\_\_\_\_ husband /wife /son/Daughter of  
late \_\_\_\_\_ and  
resident of \_\_\_\_\_, hereby  
submit the medical reimbursement claim papers pertaining to treatment of my  
husband /wife / father / mother of late Shri / Smti  
\_\_\_\_\_ 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 object if the  
entire reimbursable amount is paid to me.

No objection certificate signed by other legal heirs on stamp paper is enclosed.

**Deponent**

**Verified by Notary Public**

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**Annexure-II**

**Affidavit for Duplicate Claim papers/bills on stamp paper**

I \_\_\_\_\_ Son/Wife/Daughter of \_\_\_\_\_ and resident of \_\_\_\_\_ have lost/misplaced the original paper of the same are not traceable. I hereby, give an undertaking that I have not received any payment against the 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 the original bills in future. I shall return the same to competent authority.

**Verified by Notary Public**

**Deponent**

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