

DELHI URBAN SHELTER IMPROVEMENT BOARD  
GOVT. OF NCT OF DELHI  
(MEDICAL CELL)  
D-01, Vikas Kuteer, I.T.O., I.P. Estate, Delhi-110002

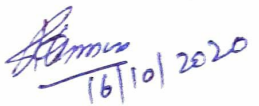
No. D/419/AO(M)/2020

Date: 16-10-2020

**CIRCULAR**

C.E.O.(DUSIB) vide order dt.07.09.2020 has accorded approval for attaching checklist with the Medical Claims (Chronic OPD/Indoor) on the analogy of DGEHS, so as to have speedy and prompt disposal in processing of the medical claims of the employees/pensioners and family pensioners of the department which kept pending sometimes for want of completion of formalities or any other reasons on the part of beneficiaries. As such, in the larger interest of the claimants, it is advised that in future all the chronic disease medical claims must be preferred for reimbursement along with checklist in the given Performa attached with this Circular.

Encl: As above.

  
A.O. (Medical)

**Distribution:-**

1. All concerned.
2. Dy. Director (System) with the request to upload the same on the Official website of DUSIB as well as notice board.
3. President (Pensioner Association) DUSIB, 145, Gagan Vihar, Delhi-110092.
4. Office Copy.

**DUSIB HEALTH SCHEME**  
**CHECK LIST FOR REIMBURSEMENT OF MEDICAL CASES**

1. DUSIB Card No. : .....
2. Validity of DUSIB Card : from ..... to .....
3. Ward Entitlement (If admitted in Hospital) : Pvt. / Semi Pvt. / General.
4. Full name of Employee/Beneficiary (Block letters) : .....
5. Designation : .....
6. The following documents are Attached (Please tick the relevant column)
 

a. Medical Form :	Yes/ No
b. Photocopy of DUSIB card showing validity:	Yes/ No
c. Original Bills :	Yes/ No
d. Copy of prescriptions for OPD cases/Discharge summary for indoor cases.	Yes/ No
e. Break-up for lab investigation :	Yes/ No
f. Break up for drugs prescribed :	Yes/ No
g. Emergency certificate from hospital empanelled/registered with Govt. in case of emergency admission:	Yes/ No
h. Self explanatory letter showing the need of emergency visit (in emergency case) :	Yes/ No
i. If original papers have been lost, the following documents are submitted (if applicable):	
(i) Photocopies of claim papers duly attested by the treating doctor/specialist:	Yes/ No
(ii) Affidavit on Stamp paper in prescribed format:	Yes/ No
j. In case of death of card holder, the following documents are submitted (if applicable):	
(i) Affidavit on stamp paper in prescribed format by claimant :	Yes/ No
(ii) No Objection from other legal heirs on Stamp paper:	Yes/ No
(iii) Copy of death certificate:	Yes/ No
k. Bills/vouchers must be signed/self verified by the claimant:	Yes/ No
l. Bills/vouchers of indoor medical claims must bear the stamp of Hospital	Yes/ No
7. Name of the Bank....., Account Number.....  
 Branch address..... Branch MICR Code .....  
 IFS Code ..... Tel. No. of Bank Branch.....

**Signature of DUSIB card holder**  
Tel./Mob. No.....

**Note:-**

1. Kindly provide photocopy of cancelled cheque for online transfer of money to the account of beneficiary.