

BSNL CORPORATE OFFICE
L&A SECTION

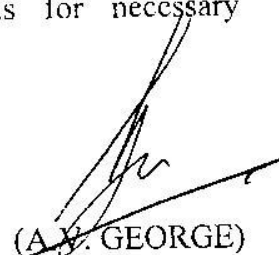
No.17-368/2011-L&A

Dated 4th October 2011

To facilitate expeditious settlement of claims pertaining to Outdoor medical reimbursement, indoor treatment, TA on tour, transfer, LTC etc., it has been decided to streamline the existing procedure/guidelines for preferring the above claims. Accordingly, a check list has been prepared head-wise and enclosed herewith for strict compliance by all officers/ officials while preferring their claim. It has also been decided to make payment against all claims along with monthly salary. In absence of check list duly signed by the claimant, it may not be feasible to settle the claim.

It is requested to make note of above and it should be brought to the notice of all officers/officials working under your respective branches /sections for necessary compliance.

Encl: As above.


(A. V. GEORGE)
ASSTT.GENL.MANAGER(L&A)

Copy to:

- 1) PPS to C MD,BSNL
- 2) PPS to all Directors, BSNL Board/CVO,BSNL.
- 3) ES to all Executive Directors, BSNL
- 4) All PGM s/ Sr. GMs/ GM

Check list for reimbursement of outdoor medical treatment to be attached with the claim form

S. No	Description	Mark(√) if Yes
1	Whether Medical reimbursement claims Form (Annexure-C) duly filled in all columns including <u>HRMS No.</u> is attached in duplicate with the claim?	
2	Whether claim is submitted in following order:- 1. Original copy of Annex-C, 2. Prescription slip, 3. Receipt of consultation fee, 4. Medicines bills, 5. Receipt of Lab Tests, 6. Receipt of Appliances (if any), 7. Receipt of Physiotherapy charges, 8. Receipt of Yoga etc, 9. Receipt of any other charges, 10. Duplicate copy of Annexure-C? All the documents should be given Sr. No.	
3	Whether prescription (Original/ Photo copy) & Cash memos for medicines purchased, tests, consultation fee & other documents are attached in original?	
4	Whether medicines and tests match with those prescribed on the prescription slip?	
5	Whether the Doctor for long-term diseases like Hypertension(BP), thyroid or diabetes etc. has mentioned on the prescription that the treatment is of long term nature and mentioned the period for which the medicines has to be taken?	
6	Whether the details of last claims submitted is given in case of long-term treatment on Claim Form (Annexure-C)?	
7	Whether the contact No., Bank A/c No., Name of Bank & branch address, IFSC code of the bank provided, in case of retired employee? If No, a copy of blank cheque duly cancelled may be submitted along with the claim (one time exercise)	
8	Whether Revalidation of BSNLMRS facility undertaking & copy of PAN card submitted in the month of April for the year for which claim relate to? (To be submitted by the retired employees)	
9	Whether all documents attached with the claim are self-attested?	
10	Any other document attached with the claim	

Note:- This check list must be attached with each reimbursement claim.

(Name & Signature of Employee)
Phone No. _____

**Check list for reimbursement of In-door medical bill to be attached
alongwith the Hospital bill**

S. No	Description	Mark(√) if Yes
1	Whether the bill is submitted in original along with a duplicate copy of the bill?	
2	Whether Discharge certificate/summary/card submitted in original?	
3	Whether permission letter issued by BSNL & copy of visit report are attached with the bill?	
4	Whether the photograph of the patient affixed on the Medical card of BSNL's employee is attested by the concerned Doctor providing treatment and enclosed with the bill?	
5	Whether Form D-I or Form-B duly completed and signed by the Doctor providing treatment is attached?	
6	Whether the details breakup of room rent, consultation charges, treatment given, Lab tests, charges of medicines / consumable items etc enclosed along with CGHS code No and rates provided along with the bill?	
7	Whether the contact No. of the Relation Officer of the hospital , Bank A/c No., Name of Bank & branch address, IFSC code of the bank of the hospital provided for making payment online?	
8	Whether 'Emergency Certificate' is attached along with bill in case the patient admitted in emergency in the non-empanelled hospital?	
9	In case the treatment is Day Care then full payment may be collected from the patient (except cataract surgery (IOC)	
10	Whether the copy of Identity Card of BSNL employee attached with the bill?	
11	Any other document attached with the claim	

Note:- This check list must be attached with each bill.

(Signature of authorized representative of Hospital)
Phone No. _____