



कार्यालय रक्षा लेखा नियंत्रक
Office of the Controller of Defence Accounts

राजेन्द्र पथ, पटना- 800019

Rajendra Path, Patna- 800019

फैक्स सं. 0612 (2321594)

ई मेल: anvmedical.dad@hub.nic.in



Through website

No -AN/Pay/Med/Patna/Vol-II

Date: 08/10/2021

To,

The Officer-In-Charge

All section M.O CDA Patna

All sub offices

Sub: Guidelines for Medical reimbursement claim and Permission cases.

During the processing of claims submitted to this section, it has been observed/noticed that in some cases CGHS/CS(MA) Rules are not being followed resulting in rejection of bills/unactioned correspondence at audit level. Non compliance with the audit Observations raised by this office and resubmission of the claim without compliance or partial complying with observations raised lead to unwarranted correspondence on the claims. Accordingly, list of the documents are numerated below for information and compliance so that reimbursement cases are smoothly processed within the stipulated timelines.

1) Submission of Medical Claims with enclosing following documents:-

- MED-97 form in respect of CSMA beneficiaries or, MRC(S)/MED-2004 form in respect of CGHS beneficiary is to be duly filled and signed by the beneficiary.
- Referral Memo of the CGHS for CGHS beneficiary may clearly mention on the prescription as to type of treatment/OPD consultation audited to be taken at empanelled hospital.
- Certificate 'A' is required in case of OPD treatment taken at AMA.
- In OPD case, Prescription slip of treating doctor clearly indicating Medicines description and Pathology test is to be enclosed with the claim.
- Details/ Bifurcation of all medicines, lab tests, investigations, no. of consultation etc are to be included in IPD/OPD bills.
- In case of treatment taken as per CS (MA) rule, all original bills should be verified by the treating doctor with his stamp.
- Photocopy of CGHS card for CGHS beneficiary.
- Legal heir certificate in case of death of the Govt. servant.
- Discharge Summary of the hospital in case of inpatient treatment.
- **In case of Emergency treatment obtained:**

In addition to the above documents, the following documents should also be submitted:

- a) Emergency certificate (Original) from the hospital.
- b) Letter from the beneficiary highlighting the emergency circumstances.

2) Submission of request for Permission from the Head of the Department involving TA with enclosing the following documents:

- Referral letter from the CGHS dispensary/Govt. Hospital and prescription slip of the treating doctor may clearly indicate about treatment to be taken. CGHS referral memo may indicate on the referral memo that the said treatment is not available at the station.

3) The claims for advance should have the following documents:

- Reference letter from CGHS/AMA for taking treatment.
- Estimate of Medical expenditure with break-up details from the hospital authorities and date with probable period of inpatient treatment.
- In case of emergency, emergency certificate from the hospital.
- A copy of CGHS card/list of dependent family member.
- Letter from the beneficiary/dependent family member for requisition of advance.

4) Implants: Tax Invoices in Original along with outer pouch and stickers is required for reimbursement of the claims. In case of bulk purchase by any hospital, a certificate certifying the same needs to be enclosed.

5) Time period of Submission: 6 month from the date of treatment/Discharge (in case of non- advance cases) and within 1 month from the date of treatment/Discharge (in case of advance cases.)

6) All Medical Re-imburement claims may be sent in duplicate Copy and all the enclosed documents may be self-attested by the individual.

Ashish

Ashish Kumar Verma, IDAS
Dy.CDA

Copy to:-

IT&S (local): with request to upload on CDA Patna website.

sd/-

Accounts Officer
AN Pay Medical