MUNICIPAL ADMINISTRATION DEPARTMENT

Office of the Commissioner & Director of Municipal Administration, Telangana, Hyderabad

CIRCULAR

Roc.No.1038/2015-M1

Dated:18.02.2015

- Sub:- Estt Medical Reimbursement Check List prescribed to accord administrative sanction to the Medical Claim Instructions Issued.
- Ref:- 1.G.O.Ms.No.68 Health, Medical & Family Welf (K1) Dept., Dated:28.03.2011. 2.This office Circular Roc.No.16886/2011-J3, Dated:24.02.2012.

* * *

The attention of all the Commissioners of Municipalities and Municipal Corporations (except GHMC) in the State are invited to the subject and references cited.

2. In the reference 2nd cited, certain instructions were issued to all the ULBs to sanction the Medical reimbursement claim of the employees / pensioners of ULBs in the State.

3. Therefore, while re-iterating the same instructions all the Municipal Commissioners of ULBs in the State are instructed to sanction the Medical reimbursement amounts below Rs.50,000/- at their level by getting approval from the District Health authorities and for the amount above Rs.50,000/- to send the medical bills directly to the Director of Medical Education, Telangana State, Hyderabad and get the bills scrutinized as per Government orders issued vide reference 1st cited. After obtaining the Scrutiny Certificate the original Scrutiny Certificate along with checklist enclosed to this Circular shall be send to this office for sanctioning the amount as per rules in force.

4. Further it is directed that, all the Municipal Commissioners of ULBs in the State shall certify that the individual is a regular employee of the Municipality / Municipal Corporation drawing salary from head of account 010 and shall furnish attested identity certificate which is inclusive of employee / pensioner ID No.

Encl:- (Check list)

for Commissioner & Director

То

- All the Municipal Commissioner of Municipalities and Municipal Corporation in the State (Except GHMC).
- The Chairpersons and Mayors of all Municipalities and Municipal Corporations in the State (Except GHMC).
- The Regional Director-cum-Appellate Commissioners of Municipal Administration of Warangal and Hyderabad.

Copy to All the Superintendents of this office.

Copy to all the Joint Directors of this office.

Copy to the Additional Director

Copy to the table of C&DMA

Copy to the Director of Treasuries & Accounts, Government of Telangana, Hyderabad. Copy to the Director of Medical Education, Government of Telangana, Hyderabad.

CHECK LIST FOR MEDICAL REIMBURSEMENT

2 M 3 Ag	ame of the Employee Iedical reimbursement is for self / dependent. ge of the patient
3 Ag	ge of the patient
4 Na	and of the Heavited
	ame of the Hospital
5 W	/hether the hospital is recognized.
6 Da	ate of joining in the Hospital
7 Na	ature of the disease
re	/hether the treatment allowed based on eferral letter of teaching hospital or the isease is in the exempted category
an pa	/hether reimbursement are allowed without ny ceiling and admissible as per the CGHS ackage rates (for NIMS reimbursement will be lowed as per the package rates of NIMS).
ea dis	/hether any advance is sanctioned for the armarked diseases and for treatment of any iseases which was referred by teaching ospital.
	/hether the present proposal relates to other
	nan emergency and earmarked diseases.
fro	/hether the claim is made within 6 months om the last date of treatment (otherwise 15% ut will be imposed after Government sanction)
13 W ce	/hether cash memos. and essentiality ertificate are countersigned by Medical Officer uthorized to do so.
th	/hether treatment simultaneously under both ne modern and indigenous systems is done (if o not admissible)
illı	/hether the period of treatment and nature of ness is clearly indicated in the essentially ertified by AMO.
	ny exemption is required in this case. If so etails.
	/hether any information is received regarding ouble claims / bogus claims.
18 W	/hether medical reimbursement is ecommended or not.

Signature of Drawing / Disbursing Officer