

REIMBURSEMENT CLAIM FORM

1 Name of the Railway/Retd.Employee _____
(in BLOCK letters)

2 Designation of the Railway/Retd.Employee: _____
(in BLOCK letters)

3 Office and Station of employment _____

4 Pay/Last Pay of the Railway/Retd.Employee _____
(Including Grade Pay)

5 Residential Address _____

6 UMID/MIC/RELHS No. and Issuing Authority _____

7 UMID/MIC/RELHS registered at HU/Hospital _____

I (A) Name and age of the Patient _____

II (B) Patient's relationship to the Railway/Retired Employee _____

III Details of Indoor/OPD Treatment at Non Railway Institute

A. Name of Hospital: _____

B. Date of Admission: _____

C. Date of Discharge: _____

D. Diagnosis: _____

E. Amount of Total Hospital Bill: _____
(Attach detailed bill)

F. Whether Treatment was taken in Emergency: _____

G. Are you a CTSE member (Yes/No): _____

IV Whether subscribing to any Health Insurance Policy or covered under any other health scheme (Yes/No): _____.

If yes, have you received any amount from Insurance Company for the treatment in question. Give details if any on separate sheet of paper.

V Total Amount Claimed : _____

VI Details of Bank account where Reimbursement amount is to be paid:

Name of Bank: _____ Account No.: _____

Branch MICR Code: _____ IFSC Code: _____

VII List to enclosures (Please Tick the documents attached and write additional documents)

A Photocopy of MIC/RELHS Card

B Essentiality cum Emergency Certificate by the Non Railway Hospital

C Discharge Summary

D Original Bills of Hospitals

E Original Cash Vouchers of Drugs/Consumables/Implants etc. if relevant

F Outer pouch of Stent, Pacemaker, Implants etc.

G Any other enclosures _____

(In case of many enclosures, write number of additional enclosures here and attach a separate sheet with details)

DECLARATION TO BE SIGNED BY THE RAILWAY EMPLOYEE

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me. I am aware that misuse of medical facilities or misrepresentation of any kind can attract penal action including cancellation of MIC/RELHS Card. I hereby declare that this is my final claim and I shall not make any claim in future to Railway or any other health scheme in respect to this treatment episode.

Date :

Place :

Signature of the Railway Employee

In case the beneficiary has medical insurance policy and intend to make claim for the treatment in question then he/she may make claim to insurance company first and then submit claim to Railway with documents, bills, etc, attested by insurance company.

SOUTHERN RAILWAY

MEDICAL DEPARTMENT

ESSENTIALITY cum EMERGENCY CERTIFICATE

I certify that Shri/Shrimati/Kumar/Kumari _____
wife/son/daughter/dependent relative of Shri/Shrimati _____
employed in Indian Railway as _____, has been
under my treatment for _____ disease
from _____ to _____ at the M/s _____
_____ hospital and the treatment as described in the attached
Discharge Card No. _____ and attached bills thereon were provided due to
an emergency situation, treatment for which could not have been delayed. I further certify
that the treatment provided was essentially required.

.....
Signature of the Medical Officer
In charge of the case at the Non-Railway Hospital
with Name and Stamp/Seal

.....
Signature of the Hospital In-Charge or
Authorized Signatory with Stamp/Seal

CHECK LIST FOR MEDICAL REIMBURSEMENT CASES

1	<u>Narrative Application</u> from the employee regarding emergency condition in which the patient was admitted in the private hospital. The Narrative Application should be descriptive, have details regarding nearest Govt/Railway facilities and why the patient could not be taken there for treatment. The employee has claimed the reimbursement within the stipulated period of 6 months from the date of completion of treatment. Whether delay has been condoned by the Controlling officer in case if delay in submitting the claim is more than 6 months. * Details regarding claims received from other sources including Insurance in any should be included and declared by the employee in its Narrative Application. * For serving employee application should be forwarded by Controlling Officer.
2	<u>Reimbursement Claim Form</u> - No blank columns are to be left. Strike out whatever is not applicable.
3	<u>UMID Card with self attestation</u> - Medical facilities, especially reimbursement facilities can be considered only for such of the family members whose name is available in the Medical ID card. Claims wherein Medical ID card was obtained after private treatment may be summarily rejected. The spelling of names should be verified in relation to this card in the discharge summary, bills & application etc.
4	<u>Emergency cum Essentiality Certificate:</u> The emergency nature of the patient for getting treatment in the private hospital should be justified with the emergency certificate obtained from the treating doctor.
5	If referred by Railway Doctor, hospital treatment details and certificate to the effect should be enclosed.
6	<u>Discharge Summary</u> from the private hospital should be produced in original with correct particulars of admission date and discharge date duly countersign by treating private doctor with Registration No & seal.
7	<u>Original bills duly countersign by treating private doctor with Regn. No. & Seal.</u> Detailed expenditure details as per bills enclosed Lab.OT/Room rent/Others. The application should tabulate these bills in proper format and the total amount claimed as per application and Annexure VI should tally with the tabulated statement enclosed. * The Patient name with the Initial in Hospital bills & Medical bills should be in same, this is in turn should tally with the medical ID card, Application, Reimbursement claim form, Bank pass book, etc.
8	Xerox copy of Salary Slip / Pension Pay Order with attestation.
9	Xerox copy of Bank Pass Book.
10	FIR Report with attestation (If accident cases).
11	Death, Legal Heir Certificate with attestation and NOC (If the employee is deceased).
12	Attestation is required where ever corrections are made
13	Contact Phone Number