

CENTRAL GOVERNMENT HEALTH SCHEME

MEDICAL REIMBURSEMENT CLAIM FORM

(To be filled by the Principal Card holder/Claimant in **BLOCK LETTERS**)

1. (a) Name of the Principal CGHS Card Holder :
(b) CGHS Ben ID No. :
(c) CGHS Wellness Center to which the card is attached :
(d) Validity of CGHS Card :
(e) Ward Entitlement – Pvt./Semi-Pvt./General :
(f) Full Address :

(g) Mobile telephone No. and e-mail address, if any :
2. (a) Patient's Name :
(b) Patient's CGHS Ben ID No. :
(c) Relationship with the Principal CGHS card holder :
3. Category of pensioner beneficiary - please specify :
(Central Govt. Pensioner/Pensioner of Autonomous/Statutory body/Ex- MP/ Ex-Governor/ Former Judge of Supreme Court/ Former Judge of High Court/Freedom Fighter/Legal Heir/Others)
4. Name & address of the hospital / diagnostic center / imaging center where treatment is taken or tests done:
5. Whether the hospital/diagnostic/imaging center is empanelled under CGHS : Yes/No
6. Treatment for which reimbursement claimed :
(a) OPD/Test & investigations :
(b) Indoor Treatment :
7. Whether credit facility was availed. If not, reasons thereof (clarification may be attached) :
8. Whether treatment was taken in emergency : Yes/No
9. Whether prior permission was taken for the treatment : Yes/No
10. Whether subscribing to any health/medical insurance scheme, If yes, amount claimed/received : Yes/No
11. **Total amount claimed** :
(a) OPD Treatment :
(b) Indoor Treatment :
(c) Tests/Investigation :
12. Name of the Bank :..... SB A/c No.:.....
Branch MICR Code:..... IFSC Code.....

DECLARATION

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me. I am a CGHS beneficiary and the CGHS card was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Date:

Place:

Signature of the Principal CGHS card holder / Claimant

Documents to be attached

1. Photo copy of the CGHS card of the principal card holder along with the patient's CGHS Card.
2. Copy of permission letter, if any.
3. Emergency certificate (original), in case of emergency.
4. Copy of the discharge summary.
5. Ambulance Certificate (original), if any.
6. Original bills /cash memo / vouchers etc. for the reimbursement amount claimed.

IMPORTANT

Kindly ensure to provide the following information / documents, wherever applicable:

- a) Obtain Break up of Investigations from the hospital/diagnostic center/imaging center (details and rates of individual tests and the exact number of tests, X-ray films, etc.) as the reimbursable amount is calculated as per approved rates per test.
- b) In case of loss of original papers, Affidavits as per Annexure I to be submitted. All photocopies of the bills to be attested by the treating doctor/specialist.
- c) In case of death of the card holder, Affidavit as per Annexure II to be filled and attached to claim reimbursement.
- c) In case of implants, Invoice No. along with sticker with serial number of the implant to be attached.
- d) In case of Coronary Stents, outer pouch of stents is to be enclosed.
- e) In case of replacement of pacemaker / ICD etc., copy of the warranty certificate of earlier pacemaker /ICD may be enclosed.

Note: *Misuse of CGHS facilities is a criminal offence. Penal action including cancellation of CGHS card may be taken in case of willful suppression of facts or submission of false claims / statements.*

Annexure –I

Draft for Affidavit for Duplicate Claim Papers/bills on stamp Paper

I, son / wife / daughter of.....and resident of
.....have lost / misplaced the original paper or
the same are not traceable. I hereby give an undertaking that I have not received any payment
against the original bills/claim papers from any source and that if the original papers are traced, I
shall not stake claim against original bills in future and that in the event, I receive any cheque
against the original bills in future, I shall return the same to competent authority.

Deponent

Verified by Notary Public

Annexure – II

**Draft for Affidavit on Stamp Paper for claiming medical reimbursement
IN CASE OF DEATH of a CGHS Card Holder**

I,.....husband / wife / son / daughter of Late..... and resident of, hereby submit the medical reimbursement claim papers pertaining to treatment of my husband / wife / father / mother Late Shri/ Smt.....who has expired on (*copy of Death Certificate is enclosed*).

Late Shri/Smt.....has left behind the following other legal heirs, none of whom have any objection if the entire reimbursable amount is paid to me.

No Objection Certificate signed by other legal heirs on Stamp paper is enclosed.

Deponent

Attested by Notary Public

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Draft for No Objection Certificate on Stamp Paper.

We (i)..... S/o D/o Late Shri.....
(ii)..... S/o D/o Late Shri.....
(iii)..... S/o D/o Late Shri.....
(--)
(--)
(--)

being the legal heirs of Late Shri/Smt.....have no objection if the entire amount reimbursable pertaining to the treatment of late Shri / Smtis paid to Shri / Smt

(i) (Signature)
Name:
Address:

(ii) (Signature)
Name
Address:

(iii) (Signature)
Name:
Address

(iv).....

(v).....

(vi).....

Verified by Notary Public

Documents to be attached with Medical Reimbursement Claim

- 1) Self-Explanatory Letter addressed to the Addl. Director, CGHS Pune, stating that the facts for direct admission without consultation of CGHS doctor.
- 2) MRC-P form / claim form
- 3) Original bills of Hospital along with **Break up/Details** of pathology, radiology & other items; cash memos of medicines copies of **investigation reports** of various tests done at hospital or outside hospital etc. Purchase vouchers for implants(in Orthopedic cases)
- 4) A consolidated list of cash memos / receipts of medicines with total (columns-cash memo no., date & net amount) purchased by patient(other than supplied by hospital)
- 5) Xerox copy of CGHS card-both sides.
- 6) Discharge card of Hospital (original).
- 7) Emergency certificate of treating doctor of the hospital.
- 8) A Xerox copy of CGHS case paper or paper of notebook of CGHS Wellness Center as a proof for admission, if admission is through CGHS Wellness Center.
- 9) Xerox copy of Bank passbook/statement showing MICR Code, Saving Account No. of bank and Name of the claimant or blank cancelled cheque. (**compulsory**)
- 10) **For ANGIOPLASTY/BYPASS SURGERY Claim** (in addition to the above documents)
 - (a) Copy of Angiography Report
 - (b) Purchase invoice of stent, sticker & other pouch etc.
- 11) **IN CASE of CGHS CARDHOLDER HAS EXPIRED:**
 - (a) the claim may be made in the name of wife / husband & MRC-P Form should be signed by her / him along with an affidavit from notary on stamp paper of Rs.100/- & No objection certificate from daughter & son including all above document which are essential for normal claim.
 - (b) In the case both pensioners are expired, legal heir should submit the claim in his/her name along with an affidavit from notary on stamp paper of Rs.100/- & No objection certificate from other brother & sister including all above document which are essential for normal claim.
- 12) **FOR HEARING AID CLAIM:**

STEP-I: (a) Sanction Letter for purchase of Hearing Aid to be obtained from Addl Director,
Prior to purchase of H. Aid. For obtaining Sanction Letter - submit following documents-
(I) Reference letter from Wellness Centre. (II) Advice letter for H. Aid specify type of H. Aid from Ent Specialist of Govt. Hospital along with stamp. (III) Copy of Audiogram
(IV) Xerox copy of CGHS card.

STEP – II: (b) Submission –(I) MRC-P Form / claim form. (II) Reference letter from Dispensary (III) Advice letter for necessity of H/Aid from ENT specialist of Govt. Hospital (Not from Audiologist). (IV) Audiometry report (V) Receipt of purchase of H/Aid with signature & stamp. (VI) Xerox copy of CGHS card (Both Sides). (VII) An undertaking stating that the beneficiary has not got any reimbursement for the cost of Hearing Aid in the preceding five years. (VIII) Sanction Letter from Addl Dir. (IX) RCI / MCI No. with Signature & Stamp from purchasing company. (X) Empty hearing aid box. (XI) Warranty Certificate Xerox copy.

 - **Medical claim is to be submitted within the three months from the date of Discharge.**
 - **Within three months from the date of advice of ENT specialist for H/Aid claim.**
 - **All claim papers are to be submitted in TWO SETS – One ORIGINAL & One XEROX.**
 - **Timing for submission :- 11 am To 1 pm - Monday To Friday only.**
 - **Completed MRC Form can be submitted at wellness center where beneficiary is registered.**