

<b><u>CONTENTS</u></b>		
<b>TOPIC</b>	<b>PAGE</b>	
	FROM	TO
RETIRED EMPLOYEES LIBERALIZED HEALTH SCHEME [RELHS]	2	5
FIXED MEDICAL ALLOWANCES [FMA]	6	10
TREATMENT IN AN EMERGENCY	11	
REIMBURSEMENT	12	16
CHECK-LIST FOR REIMBURSEMENT	12	15
DELEGATION OF POWER TO DRMS, AGMS, AND GMS FOR SANCTION OF EXPENSES OF TREATMENT OF RAILWAY BENEFICIARIES.	15	
TREATMENT ENTITLEMENT	16	
POLICY ON REIMBURSEMENT OF MEDICAL EXPENSES WHERE PART PAYMENT HAS BEEN MADE THROUGH INSURANCE CLAIMS	17	18
OTHER SPECIALITY RAILWAY HOSPITALS	18	
LIST OF HOSPITALS, DIVISIONAL/SUB-DIVISIONAL HOSPITALS & HEALTH UNITS SOUTHERN RAILWAY	18	
NAMES OF THE NON- RAILWAY RECOGNIZED HOSPITALS & THEIR SPECIALTIES	19	
ENTITLEMENT OF HOSPITAL WARD FOR RELHS BENEFICIARIES IN RAILWAY EMPANELLED HOSPITALS	19	
LIST OF REFERRAL PRIVATE HOSPITAL	20	
CERTIFICATE "A" TO BE OBTAINED FOR ATTENDING NON RAILWAY INSTITUTION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES	21	
CERTIFICATE 'B' & 'C'	22	23
FORM OF APPLICATION TO BE SUBMITTED BY A RAILWAY EMPLOYEE FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES	24	26
PROFORMA FOR SUBMISSION OF CLAIM FOR REIMBURSEMENT OF MEDICAL EXPENSES INCURRED BY RAILWAY EMPLOYEES FOR TREATMENT IN PRIVATE HOSPITAL/NON-RECOGNIZED INSTITUTIONS	27	
IMPLEMENTATION OF HEALTH DELIVERY SYSTEM & EMERGENCY TREATMENT IN RAILWAY EMPANELLED PRIVATE HOSPITALS	28	29
CASHLESS TREATMENT SCHEME IN EMERGENCY (CTSE)	29	32
UMID CARD	33	

#### **DISCLAIMER:**

This handbook has the aim to guide Retired Railway Employees across the country about the medical facility they are entitled to from the Indian Railways. All attempts

have been made to include only authentic and updated information. Hope this compilation will prove to be useful for retired railway men and their family members

**RELHS**  
**RETIRED EMPLOYEES LIBERALIZED HEALTH SCHEME**  
**IRMM 2000, Sub-Section (11) Retired Employees Para**  
**612 A "Retires Employees Liberalized Health Scheme-**  
**1997 ('RELHS-1997")**

- 1) Retired Railway employees covered under RELHS-97 will be provided with **full medical facilities as admissible to serving employees** in respect of medical treatment, investigations, diet, and reimbursement of claims for treatment in Govt. or recognized non railway hospitals. They will also be eligible for
  - a) ambulance services
  - b) medical passes
  - c) home visits
  - d) medical attendance for first two pregnancies of married daughters at concessional rates and
  - e) Treatment of private servants as applicable to serving railway employees.
- 2) For the purpose of d) of subpara (1) above special identification cards will be issued duly affixing photographs of married daughters with clear instructions on the card which shall read " ONLY FOR CONFINEMENT AND TREATMENT DURING ANTE-NATAL AND POST NATAL PERIODS FOR THE FIRST TWO PREGNANCIES AT CONCESSIONAL RATES"
- 3) **Eligibility:** Minimum 20 years of qualifying service in the Railways will be necessary for joining the scheme and the following categories of persons will be eligible to join the same: Condition of minimum of 20 years of qualifying service for joining RELHS-97 is not applicable in the case of medically invalidated employees and the spouses of employees who die in harness. 13. 50% of the period from the date of 'Temporary Status' to the date of 'regularization' in respect of Ex-casual labors will be counted for the purpose of 20 years qualifying service for joining RELHS -97.
  - (i) All serving Railway employees desirous of joining the scheme will be eligible to join it in accordance with the procedure laid down herein under "Mode of Joining",
  - (ii) All retired Railway employees who were members of the old RELHS will automatically be included in the RELHS '97.
  - (iii) Spouse of the Railway employee who dies in harness. These orders are not applicable to those Railway servants who quit service by resignation.

- 4) Family/Dependents Definition of **'family'** for the purpose of this scheme will be the same as in respect of the serving Railway employees. The definition of "dependent" will be the same as in the Pass Rules.

**5) Rate of contribution**

- a) For joining RELHS '97, one time contribution equal to the last month's basic pay will have to be made at the time of retirement by those opting to join the scheme. The persons who are already members of the existing RELHS are not required to make any fresh payment. However, those who have joined the existing RELHS after 1.1.96 will have to pay the difference of one time contribution on account of introduction of 5th pay commission's revised pay scales i.e. 1.1.96. It will be the responsibility of the Railway Administration to realize the amount due from the concerned RELHS members.
- b) In respect of pre 96 retirees the basis for the one time contribution will be the revised pension drawn by the retired railway employee for joining the RELHS-97. The rate of contribution shall be calculated as under.
- i) For employees who retired before 1-1-96: Revised basic pension as on 1-1-96 including commuted value (Gross pension) multiplied by the figure of two.
  - ii) all those who retired prior to 1.1.96 and joined RELHS between 1.1.96 and 30.9.96 are required to pay a one time contribution equal to their last pay drawn
  - iii) For family pensioners: A sum equivalent to double the amount of their revised normal family pension as on 1-1-96
  - iv) For SRPF Optees : For those SRPF Optees or their widows for whom ex-gratia payment has been approved on the basis of the recommendations of the V CPC, a one time contribution at twice the ex-gratia monthly payment may be deposited. (Rly Bd's Letter NO2000/H/28/1(RELHS) dt 23-06-2000)
- 6) RELHS-97 is mandatory for all Railway employees retiring on or after 31-5-2012. Vide Rly. B. L. No.2011/H/28/1/RELHS/Court case Dt 24/11/2021
- 7) Mandatory Subscription deduction from DCRG Bill at the time of superannuation:
- Level 1-5** : Rs. 30,000/-,  
**Level 6** : Rs.54,000/-,  
**Level 7-11**: Rs. 78,000/- &  
**Level 12 & above**: Rs. 1,20,000/
- 8) The benefits under the scheme will be limited to **outdoor treatment of retired railway employee and his/her spouse in Railway hospitals/health units.**
- 9) The beneficiary may avail of the facilities from the hospital where he/she is registered irrespective of the railways he/she has retired from.

- 10) Free supply of medicines and drugs ordinarily stocked in Railway hospitals for the treatment of outpatients may be permitted by the railway doctor treating the case, who may also refer the case to the Hony. Consultant attached to the railway hospitals for which no separate charges will be levied. Routine examination of blood, urine and stool including blood sugar, blood cholesterol, blood urea examination and routine Chest x-ray P.A view and routine E.C.G may be done free.
- 11) The facility for outdoor treatment for chronic diseases like T.B., Leprosy, Cancer and Diabetes etc. are as available to serving railway employees may be extended.
- 12) In the event of death of the beneficiary /beneficiaries before the expiry of the term for which contributions have been paid, the contribution already paid is not refundable to their heirs.
- 13) **No reimbursement is allowed** in cases where the beneficiaries have to take medical treatment in places other than the railway hospitals. If referred to other railway hospitals for indoor treatment charges may be recovered by the treating hospitals.
- 14) **No medical pass can be issued**
- 15) Advance payment covering bed charges for 10 days as also other expected dues in full, subject to a minimum of Rs. 50/- is a precondition for admission of a beneficiary as an indoor patient. **Settlement of dues may be finalized at the time of discharge of the patient.**
- 16) **Availing Medical facilities without the card:**
  - i) No medical treatment facilities should be provided to a Railway beneficiary if the medical identity card/RELHS/RECHS/UMID card is not produced for the purpose
  - ii) Retired railway employees/their eligible family members can use attested copies of RELHS identity card when one of the family members moves out of station carrying RELHS card. Attested copy of the medical identity card will be considered a valid document, for availing outdoor medical facilities at Railway Hospitals and Health Units for short duration up to 10 days.
- 17) **Medical attendance and treatment- Special Wards in Govt. /Recognized Hospitals:** The revised list for entitlement of wards in private empanelled hospitals for Railway beneficiaries are as follows (Vide: Rly.Bd.L.No. 2016/H-1/11/69/Hospital Recognition Dt 08/05/2018)

Se No	Corresponding last pay drawn in the 7 <sup>th</sup> Pay Commission per month	Ward Entitlement
1	Up to Rs. 47,600/-	General Ward
2	Rs. 47,601- 63,100/-	Semi-private Ward
3	Beyond Rs. 63,101/-	Private Ward

18) **Diet Charges:** (Vide Rly.Bd. L. No. No. 2005/H/23/6 dt 13/06/2018)

- (I) Monetary ceiling limit of Rs. 44,900/- (after implementation of 7th CPC) of basic pay/pension/family pension for the purpose of providing free diet to railway medical beneficiaries;
- (II) Removal of provision of concessional diet charges contained in instructions dated 29.02.2010; and
- (III) Monetary ceiling s. 69,700/- of basic pay/pension/family pension for the purpose of providing free diet to railway medical beneficiaries suffering from Tuberculosis (TB) or mental disease.

(Ref:)

**References:**

- 1) Railway Board's letter No Health 86/H/6 -2/ dated 28 .09.1988
- 2) Railway Board's letter No. 94/H/28/2 dated 02.01.1995.
- 3) Railway Board's lettNo.66/H/6-2/21 Dated 12 .09.1995
- 4) Rly Board's letter No. 96/H/6-2/91 dated 22.03.1996
- 5) Rly Board's letter No. 97/H/28/1, dated 23.10.1997
- 6) Railway Board's letter No. 97/H/28/1 dated 21.03.2001
- 7) Railway Boards letter No. 2000/H/28/1/RELHS dated 04-05-2001
- 8) Railway Board's letter No. 2002/H/28/1/RELHS dated 21.05.2002
- 9) Railway Board's letter No.2003/H/28/I/RELHS dated 28.01.2005
- 10) Railway Board's letter No. 2004/H/28/1 RELHS/Card dated 22.03.2005
- 11) Railway Board's letter No. 2004/H/PNM/NFIR dated 03-06-2005
- 12) Railway Board's letter No.2003/H/28/1/RELHS dated 21.10.2005
- 13) Railway Board's letter No. 2005/H/28/1/RELHS dated 31-10-2005
- 14) Railway Board's letter No.2003/H/28/1/RELHS dated 30-12-2005
- 15) Railway Board's letter No. PC-V/2006/PNM/NFIR/3 dated 20-07-2006
- 16) Railway Board's letter No.2003/H/28/I/RELHS dated 10.05.2006
- 17) Railway Board's letter No. 2003/H/28/1/RELHS dated 10-01-2007
- 18) Railway Board's letter No. 99/H/6-4/Policy New Delhi, dated 11.04.2007
- 19) Railway Board's letter No. 2006/H/28/1/RELHS dated 18-05-2007
- 20) Rly Bd. L. No..200SIH16-1/Policy/I6 New Delhi, dated 07-02-2008
- 21) Railway Board's letter No. 2003/H/28/I/RELHS dated 16.03.2009
- 22) Railway Board's letter No. 2003/H/28/I/RELHS dated 08.04.2009
- 23) Railway Board Letter No: 2003/H/28/1/RELHS dated 08.07.2009
- 24) Railway Board's ltr. No. 2005/H/28/1/RELHS dated 31.08.2009
- 25) Railway Board's ltr. No. PC-V/2006/A/Med/1 dated 15.09.2009 [RBE No.168/09]
- 26) Railway Board's ltr. No. 2007/H/28/1/RELHS/Misc dated 30.11.2009
- 27) Railway Board's letter No. PC-V/2011/A/Med/1 dated 26.08.2011
- 28) Railway Board Letter No: 2011/H/28/1/RELHS/Court Case dated 31.05.2012
- 29) Rly.Bd.L.No. 2016/H-1/11/69/Hospital Recognition dated 08.05.2018

## **FIXED MEDICAL ALLOWANCE**

In terms of RBE No. 107/2002, the Railway pensioners/family pensioners eligible to opt for FMA had been provided, once in a life time, an opportunity to change their option to avail the benefit of FMA or otherwise on furnishing proof of change in residence. It has now been decided that the Railway pensioners/family pensioners residing beyond 2.5 kms from Railway Hospital/Health Unit and eligible for RELHS shall be allowed opportunity to avail change in option, once in a life time, from FMA to OPD or a vice versa without linkage to change in residence.

a) Pensioners/family pensioners who do not join RELHS are entitled for Fixed Medical Allowance. @ Rs.1000 per month – provided they are residing more than 2.5 Kms from the nearest Railway Hospital or Health Unit.

b) Pensioners/family pensioners who possess RELHS card but opt-out OPD facility are entitled for Fixed Medical Allowance provided they are residing more than 2.5 Kms from Rly. Hospital or H/ Unit.

c) Pensioners/family pensioners who have RELHS card & avail OPD facility are NOT entitled for Fixed Medical Allowance.(Ref: RB.L. No. **No. PC-V/2016/A/Med/I (FMA) (E) dt27/10/2022**)

### **CHRONIC DISEASES IN RELATION TO FIXED MEDICAL ALLOWANCE (FMA) FOR RAILWAY PENSIONERS**

**(Railway Board Letter No 2006/H/DC/JCM dated 12-10-2006)**

- 1) Railway Board, vide its letter dated 12-10-2006 had circulated a list of ten (10) chronic diseases which was given as an example and the definition of Chronic Diseases was mentioned as under: **“Any disease which persists for a period of approximately three months or more is defined** as chronic disease.

Some of the common illness, which are treated as chronic diseases are given below:

1. Arthritis and related conditions
2. Cardiovascular disease
3. Cancer of any part of body
4. Diabetes mellitus
5. Epilepsy disorders
6. Obesity / chronic weight loss
7. Tuberculosis

8. AIDS
9. Oral Health Problem
10. Chronic skin disorders

6/13

2408695/2022/O/oMD/RH/PER/SR

**SOUTHERN RAILWAY**

Office of the Medical Director,  
Railway Hospital, Perambur,  
Chennai – 600 023.

No.HQ/MD49/RTI/AK/22

Dated: 01.11.2022.

Addl. CMD/PIO/MAS  
SOUTHERN RAILWAY

Sub: Application under RTI/2005.

Ref: Letter no. SORLY/R/E/22/01152 dated 22.10.22.  
-----

1. The Cataract/Other type of Eye operations, viral fever admissions are not denied at RH/PER for the pensioners and their spouses/ dependants claiming FMA. The letter issued from the office of PCMD/SRIy is attached herewith.

2. The definition of the word Inpatient and the type of diseases for which inpatient treatment allowed is not given in IRMM 2000.

3. Pensioners receiving FMA are eligible for inpatient treatment irrespective of the diseases. The list of diseases for which inpatient treatment not eligible if FMA received are not mentioned in IRMM 2000.

4. The Railway Board's letter No. 2006/H/DC/JCM dated 12.10.2006 regarding "Chronic Diseases" is attached herewith.

**GANESAN  
KAVITHA**  
Digitally signed by GANESAN KAVITHA  
DN: cn=GANESAN KAVITHA, o=SOUTHERN RAILWAY, ou=MD/PER, email=GANESAN.KAVITHA@SOUTHERNRAILWAY.CO.IN, c=IN  
c=IN, o=SOUTHERN RAILWAY, ou=MD/PER, email=GANESAN.KAVITHA@SOUTHERNRAILWAY.CO.IN  
Date: 2022.11.01 14:13:40Z

**G. KAVITHA  
APIO & ACHD/RH/PER**



GOVERNMENT OF INDIA/भारत सरकार  
MINISTRY OF RAILWAYS/रेल मंत्रालय  
(Railway Board) रेलवे बोर्ड

S.No. PC-VII/200  
No. PC-V/2016/A/Med/1(FMA)(E)


RBE No. 137/2022  
New Delhi, dated 27-10-2022

The General Managers  
All Indian Railways and PUs,  
(as per mailing list)

Sub: Grant of Fixed Medical Allowance to Railway pensioners/family pensioners – change in option.

In terms of Railway Board's letter No. PC-V/98/1/7/1/1 dated 15-7-2002 (RBE No. 107/2002), the Railway pensioners/family pensioners eligible to opt for FMA had been provided, once in a life time, an opportunity to change their option to avail the benefit of FMA or otherwise on furnishing proof of change in residence. The issue of allowing this one time opportunity to change option for FMA/OPD facility had been under consideration with DoP&PW for quite some time. It has now been decided that the Railway pensioners/family pensioners residing beyond 2.5 kms from Railway Hospital/Health Unit and eligible for RELHS shall be allowed opportunity to avail change in option, once in a life time, from FMA to OPD or vice versa without linkage to change in residence.

3. This issues with the concurrence of Finance Directorate of Ministry of Railways.
4. This will come into effect from the date of issue of this letter.

  
(Sudha A Kujur)  
Deputy Director, Pay Commission  
Railway Board

No. PC-V/2016/A/Med/1(FMA)(E)

New Delhi, dated 27-10-2022

Copy (with 40 spares) forwarded to ADAI (Railways), New Delhi.

  
For Member Finance/Railway Board







## दक्षिण रेलवे/SOUTHERN RAILWAY

प्रधान मुख्य चिकित्सा निदेशक का कार्यालय  
Office of the Principal Chief Medical Director  
IV वाँ मंजिल, मूर मार्केट कॉम्प्लेक्स  
IV<sup>th</sup> Floor, Moore Market Complex,  
पार्क टाउन/Park Town, चेन्नै/Chennai-600003



No.MD.100/1

Date: 10/11/2022

PIO(Medical)/ Southern Railway

Sub: Request for information under RTI 2005

Ref: RTI Application of Shri. Abdul Khader

\*\*\*\*

With reference to RTI application cited above, the following details requested in RTI application of Shri. Abdul Khader is attached herewith.

Q.No.4.) The Approved List of Chronic Diseases - to be Supplied?

**Reply: The Railway Board's letter No.2006/H/DC/JCM dated 12.10.2006 regarding "Chronic Diseases" is attached herewith.**

Q.No.5.) The Latest List of Empanelled Hospitals in Southern Railway - for taking Private treatment in Emergency by using Umid Cards - to be supplied?

**Reply: The list of "Referral Private Hospitals" of Southern Railway, as on 10/11/2022 is attached herewith.**

Q.No.6.) The RB instructions or the Zonal Railway Instructions Allowing treatment from Empanelled Hospitals of other than the Registered Hospital territory, that is from all over India, while on Tour - Should be supplied?

**Reply: The eligible beneficiaries can get treatment in any of the Railway empanelled private Hospitals in emergency conditions, as per Railway Board letter No.2018/TransCell/Health/CGHS dated 16.06.2021 (copy enclosed).**

Perumal Dr  
Digitally signed  
by Perumal Dr  
Date: 2022.11.10  
20:54:30 +05'30'

(डॉ. यू.के.पेरूमल /Dr.U.K.Perumal)  
मुख्य स्वास्थ्य निदेशक /CHD  
कृते प्रधान मुख्य चिकित्सा निदेशक/ for PCMD

**SOUTHERN RAILWAY**  
**OPTION TO AVAIL OPD FACILITY IN PLACE OF FMA OR VICE-VERSA**  
**(Ref: PB Circular No: 216/2022 {RBE 137/2022})**

(To be submitted one copy into DUPLICATE by pensioners to his/her Pension Disbursing Authority(PDA) one copy to be retained by PDA and other copy to be furnished to Pension Sanctioning Authority by PDA)

1. I, ----- a retired employee/family [specify relation of Family pensioner with employee] **was** an employee of pensioner whose deceased Railway [Office address] declare that I am residing at [residential address indicated in PPO], which is beyond 2.5 Kms from the nearest Railway Hospital/HealthUnit ----- [Name of the Hospital/Health Unit as contained in Annexure III to Railway Board's Letter No.PCV/98/1II/1/1 dated 21.04.99).

2. Accordingly, I hereby opt to

(a) Claim Fixed Medical Allowance from this date as per the prescribed rates and also undertake that after making necessary changes in my UMID card, I will not avail of OPD facilities [except in cases of chronic diseases as-mentioned in Board's letter No.2006/H/DC/JCM dated 12.10.2006] at Railway hospitals /health units henceforth. I also understand that grant of Medical Allowance is subject to the terms and conditions specified in Board's letters No, PC- V/98/1II/1/1 dated 21.04.99 and 1.03.2004 and latest being. letter No. PC-V/2006/A/Med/1 dated 15.09.2009.

(b) To discontinue my monthly Fixed Medical Allowance which I was receiving till date and would like to avail treatment as OOT Door Patient to all eligible beneficiaries in the nearest Railway Hospital/Health Unit after making necessary changes in my **UMID card**.

**[Please strike one option either (a) or (b)]**

3. The above information furnished by me is correct to the best of my knowledge and belief. I also understand that, if at any stage, it is found that the undertaking submitted by me is incorrect or carries false information, my FMA is liable to be stopped with immediate effect and further suitable action could be taken to recover the excess amount paid to me.

PLACE:  
DATE:

Signature: -----  
Name in Full: -----  
Last designation held: -----  
PPO No:-----  
MOB No:-----

# **TREATMENT IN AN EMERGENCY**

Annexure-I

## **TREATMENT IN EMERGENCY**

The following ailments may be treated as emergency which is illustrative only and not exhaustive, depending on the condition of the patient:

- ❖ Acute Coronary Syndromes (Coronary Artery Bypass Graft/ Percutaneous, Transluminal Coronary Angioplasty) including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supra Ventricular Tachycardia, Cardiac Tamponade, Acute Left Ventricular Failure / Severe Congestive Cardiac Failure, Accelerated Hypertension, Complete Heart Block and Stroke/ Aortic Dissection.
- ❖ Acute Limb Ischemia, Rupture of Aneurysm, Medical and Surgical shock and peripheral circulatory failure.
- ❖ Cerebro-Vascular attack-Stroke, Sudden unconsciousness, Head injury, Respiratory failure, decompensated lung disease, Cerebro-Meningeal Infections, Convulsions, Acute Paralysis, Acute Visual loss.
- ❖ Acute Abdomen pain.
- ❖ Road Traffic Accidents / with injuries including fall.
- ❖ Severe Hemorrhage due to any cause.
- ❖ Acute poisoning.
- ❖ Acute Renal Failure.
- ❖ Acute abdomen pain in female including acute Obstetrical and Gynecological emergencies.
- ❖ Electric shock.
- ❖ Any other life threatening condition.



Page 4 of 4

## **REIMBURSEMENT**

Where, in an emergency, a Railway employee or his dependent has to go for treatment (including confinement) to a Government hospital or a recognized hospital or a dispensary run by a philanthropic organization, without prior consultation with the Authorized Medical Officer, reimbursement of the expenses incurred, to the extent otherwise admissible, will be permitted as detailed below. In such a case, before reimbursement is admitted, it will be necessary to obtain, in addition to other documents prescribed, **a certificate in the prescribed form as given in part C of certificate B** of Claim form from the Medical Superintendent of the hospital to the effect that the facilities provided were the minimum which were essential for the patient's treatment.

### **CLAIMS TO BE PREFERRED WITHIN SIX MONTHS:**

- All claims for reimbursement of medical charges should invariably be preferred within six months from the date of completion of treatment as shown in the essentiality certificate of the Authorized Medical Officer/Medical Officer concerned... A claim for reimbursement of medical charges not countersigned and not preferred within six months of the date of completion of treatment, should be subjected to investigation by the Accounts Officer and, where a special sanction is accorded on an application from the Railway employee for reimbursement of any charges in relaxation of the rules, that sanction will be deemed to be operative from the date of its issue and the period of six months for preferment of claim will count from that date
- Expenses incurred as outdoor patient: Reimbursement of medical expenses incurred as an 'outdoor' patient in a Railway hospital/health unit or at a Government and other recognized institution is permitted.

### **CHECK-LIST FOR REIMBURSEMENT**

1. Reimbursement Claim Form with application from the employee/claimant addressed to CMS/ as applicable.
2. Mandate Form Annexure-III-Certificate-A form for investigation only (for non-admitted cases) Annexure-III-Certificate-B for admitted cases only.
3. Essentiality Certificate, to be filled up by the treating doctor with his Regd. No., and seal.
4. All the treatment Bills, in original and signed by the treating doctor with his seal, discharge/death summary, bills, Annexure III, IV, V & VI, legal affidavit if applicant expired, Bonafide Certificate from school/college duly attested by the Gazetted Officer in case the patient is dependent son aged above 21 years to be submitted in 4 copies.
5. Total amount claimed has to be rightly mentioned in the appropriate columns in the different heads of expenditure
6. Photocopy of the RELHS/UMID Card duly self-attested
7. Photocopy of PAN card duly self-attested
8. All forms where ever signature of the Medical Officer is mentioned are to be signed by the Treating Doctor along with his name stamp without which no claim will

be entertained. Original bills should be verified by the Treating Doctor without which no claim will be entertained

9. One cancelled cheque

10. Two sets of the application to be forwarded by the HOD with contact number

11. Proforma (Annexure VI) column 1 to 20 to be filled in by the applicant if the claim amount is above Rs. 2 Lakhs.

<b>Type of Reimbursement</b>	<b>Ceiling Limit (Rs.)</b>	<b>Competent Authority</b>	<b>Remarks</b>
Special Pathological, Bacteriological, USG, Endoscopy, FNAC etc.	1,000 per test >1,000 per test up to 10,000 per test	MD/CMS/MS PCMD	Consultation with Pathologist, Physician /Surgeon. Tests should NOT be available in the Rly Hospital
BreastImplant/External Prosthesis after Mastectomy	5,000	Reimbursement once every 5 years	
Treatment in Govt Hospital in case of Emergency without proper referral by Authorized Medical Officer in emergent	Full amount	GM	
Treatment in recognized Hospital/Govt Hospital. in case of Emergency without proper referral by Authorized Medical Officer in emergent	Upton 50,000 each case (Without Annual Ceiling Limit) Full powers (No Limit)	DRM AGM, GM	Recognized Hospitals (strictly for the diseases for which such Hospitals has been recognized) and dispensaries run by philanthropic organizations circumstances
Treatment in Private/non-recognized Hospitals in case of Emergency without proper referral by Authorized Medical Officer (AMO) in emergent	Up to 25,000 ( Without Annual Ceiling Limit) 4,00,000 5,00,000 More than 5,00,000	DRM  AGM  GM Rly Bd.	Only in medical emergencies'. Power of DG,RHS: Enhanced to 5,00,000 per case.
CT Scan done in Govt., Recognized or Pvt.Hospital, when such facility is not present in Railway Hospitals nearby.	Up to 10,000 Up to 10,000	GM/PCMD alone MD/CMS/MS in consultation of 2 IRHS Doctors	
PET Scan done in Govt.,Recognized or Pvt.Hospital, when	NABL: 21,000	PCMD,CMS,MD,	This power will be exercised by the CMD/MD/CMS/MS or



such facility is not present in Railway Hospitals nearby	Non-NABL: 17,850  More than these values	MS  Rly Bd. After Financial concurrence	equivalent in Consultation with two or more senior doctors of different specialties with appropriately recorded procedure.
MRI done in Govt., Recognized or Pvt. Hospital, when such facility is not present in Railway Hospitals nearby	Up to 10,000	MD/CMS/MS in consultation of 2 IRHS Doctors	
Heart valves, Heart Pace Makers and Pulse Generators as well as the replacement of Pulse Generators,VVI	Up to 60,000 Above 60,000	PCMD Rly Bd	The administrative authority directly making the payment to the supplying agencies and not to the Railway employees concerned.
Intra-Ocular Lens and Surgery done in Govt Hospital	Full amount	Ophthalmologist	
Intra-Ocular Lens and Surgery done in PvtHospital	Cost or up to 12,000, whichever is less	Ophthalmologist	
Heart valves, Heart Pace Makers and Pulse Generators as well as the replacement of Pulse Generators	As per Policy	PCMD	the administrative authority directly making the payment to the supplying agencies and not to the Railway employeesconcerned
VVI Pacemakers	Up to 60,000 Greater than 60,000	PCMD Rly. Bd.	Referral to Rly Bd after Financial concurrence
Road Ambulance charges	Full amount	ADMO-PCMD, full power, CMP if no ADMO posted.	From Imprest, subject to non availability of Railway Vehicle
Transportation of dead bodies of Railwaybeneficiaries, who die in Railway Hospitals, in indigent cases	Up to 5,000 each case	PCMD, all HQ Officers, DRM, MD,CWM,CMS, MS	

**Note:** Note: The supply of artificial dentures is excluded from the scope of dental treatment. (Para 608R.I 1995 reprint and MOR's letters No.E57me5/85/Medical dt. 9/10/03/1961, and No.62/H/7/31 dt. 30/04/1962)

Advance Payment	Ceiling Limit (Rs.)	Competent Authority	Remarks
-----------------	---------------------	---------------------	---------

Govt. Hospitals/ Recognized Autonomous Bodies	50,000 each case	DRM	
Private/Non- recognized Hospital in case of emergency	4,00,000 5,00,000	AGM GM	Treatment is neither available at Railway Hospital nor at recognized hospitals
Govt. Hospitals/ Recognized Autonomous Bodies	Unlimited	AGM GM	
Renal Transplantation	5,00,000,	GM	provided it does not exceed CGHS rates at that city

**DELEGATION OF POWER TO DRMS, AGMS, AND GMS FOR  
SANCTION OF EXPENSES OF TREATMENT OF RAILWAY  
BENEFICIARIES.**

(No. 201 I/H/6-4/Policy I New Delhi, Date 11 .09.2013)

**MEDICAL ADVANCE**

<b>Authority</b>	<b>Delegated Powers</b>
DRMs-	To sanction referral in emergency to Govt. Hospitals including Autonomous body hospitals* and Medical Advance up to Rs.50,000/- in each case.
AGMs-	sanction referral of patients in emergency to private non recognized hospitals with sanction of advance up to Rs. 4 Lakhs in each case. II. Without any Financial ceiling limit if the patient is to be referred to a Government Hospital including Autonomous body* hospitals.
GMs-	Sanction referral of patients in emergency to private non recognized hospitals with sanction of advance up to Rs. 5 Lakhs in each case. II. Without any financial ceiling limit if the patient is to be referred to a Government Hospital including Autonomous body hospitals. Referral of patients for kidney transplant in Government /non recognized private hospitals with sanction of advance up to Rs. 5 lakhs in each case subject to the condition that the amount to be sanctioned should not exceed CGHS package rate applicable in the city where the hospital is located

**TREATMENT ENTITLEMENT**

BENEFICIARY	OPD TREATMENT	INDOOR TREATMENT	INVESTIGATI ONS	REIMBURSEMEN T
Retired Employee	Yes	Yes	Yes	Yes
Spouse of Retd Employee	Yes	Yes	Yes	Yes
Dependent Widow Mother/Step-Mother	Yes	Yes	Yes	Yes
Unmarried Daughter	Yes	Yes	Yes	Yes
Widow Daughter, Divorcee Daughter dependent on the Retd Employee	Yes	Yes	Yes	Yes
Dependent widow /Divorcee Sister when father is dead	Yes	Yes	Yes	Yes
Married daughter (First Two Confinements only)	Full Charges	40% of charges. OT Charge free Diet & Medicine full charge	40 % of charges	No
Son up to 21 yrs.	Yes	Yes	Yes	Yes
Step-sons, unmarried step daughters, legally adopted children	Yes	Yes	Yes	Yes
Unmarried son over 21 years of age without an upper age limit, fully dependent and living with the Retired employee	Yes	Yes	Yes	Yes
Unmarried, widow or divorced step sister fully dependent and living with the Retired employee	Yes	Yes	Yes	Yes
Ex Railway Employee who are Trade Union members	Yes	Yes	Yes	Yes
Private Servants	Free ( NOT chronic diseases)	40% Charges	40 % Charges	No
RRECHS Card Holders...Self and Spouse only, dependents chargeable	Yes	40 %	40%	No
Retired Employee on Re appointment	Yes	Yes	Yes	Yes

The words "**wholly dependent**" mean a person who does not have independent income more than 15% of the emoluments of the Railway servant concerned or Rs.9000/- plus dearness relief thereon, rounded off to the nearest ten rupee figure, whichever is more." (Authority Railway Board's letter NO. 2010/H-1/2/21 dated 07.6-2011)

## **POLICY ON REIMBURSEMENT OF MEDICAL EXPENSES** **WHERE PART PAYMENT HAS BEEN MADE THROUGH** **INSURANCE CLAIMS**

(RLY.BD.L.NO. NO. 2009/H/6.4/POLICY DT 26/2/2013)

1) Total reimbursable amount as per CGHS rate (-) Amount paid from Insurance = Amount payable to the beneficiary as reimbursement.

2) **DENTAL REIMBURSEMENT:** It has now been decided that at present reimbursement may be restricted to **CGHS approved dental procedures and rates only**. Further, zonal Railways may reimburse the expenditure incurred on other dental procedures which are not included in CGHS lists, if done at the nearest Government Dental College/Hospital as per the charges levied by such institutions. (Rly. Bd's L. No No.2012/H-1/12/1/Dental/Policy dt 3/8 /2013)

3) **LIVER TRANSPLANT:**

a) Package rate for Liver Transplantation Surgery **involving live Liver donor** shall be Rs.14,00,000/- (Rupees Fourteen Lakhs only). This would include Rs. 2,50,000/- (Rupees Two Lakhs Fifty Thousand only) for pre-transplant evaluation of the donor and the recipient and Rs. 11,50,000/- (Rupees Eleven Lakhs Fifty Thousand only) for transplant surgery.

b) Package rate for Liver Transplant Surgery **involving deceased donor** shall be Rs. 11,00,000/- (Rupees Eleven Lakhs only). The above package includes the cost of consumables during the organ retrieval and the cost of preservative solution etc.

The package charges also include the following:-

(i) 30 days stay of the recipient and 15 days for the donor starting one day prior to the transplant surgery.

(ii) Charges for Medical and Surgical Consumables, surgical and procedure charges, Operation theatre charges, Anaesthesia Charges, Pharmacy charges etc.

(iii) Investigations and in-house doctor consultation for both donor and recipient during the above period of stay.

(iv) All post-operative investigations and procedures during the above mentioned period.

c) The package shall exclude the following: Charges for drugs like Basiliximab/Daclizumab, HBIG, and peg interferon. - Cross Matching charges for Blood and Blood products.

4) **HEARING AIDS:** (Rly. Bd.'s L. No. 2005/H/6-4/Policy dt 22/2/2022): The beneficiaries covered under Railway Medical Attendance rules/RELHS shall be eligible to get reimbursement of purchase of hearing aids. **The procurement of hearing aid for Railway beneficiaries by Railway Hospitals is dis-continued henceforth.** The ENT Specialist of Railway/Government hospital, on being referred, shall

recommend a hearing aid on basis of Audiometric and Audiological assessment, specifying the type of Hearing Aids most suited for the beneficiary. Recommendation shall be as per the categories approved under CGHS and NOT as per any Brand name.

**5) NUCLEUS 7 SOUND PROCESSOR KIT:**

(Rly.Bd.L.No.2021/H/6-4/02dt 20/6/2022)

The Ceiling rate for cochlear implant shall be **Rs. 5,35,000/-** for reimbursement of the cost of cochlear implant with 12 channels/24 electrodes with behind the ear speech processor.

**Age group 1-5 yrs:** 100% reimbursement up to ceiling limit

**Age group 5-10 yrs:** 80% reimbursement up to ceiling limit

**Age group 10-16 yrs:** 50% reimbursement up to ceiling limit

50% of the cost of the wearable (Cochlear implant/ microphone, etc.) can be reimbursed after 3 years for the purpose of wear and tear/up gradation. Prior permission has to be obtained for Cochlear Surgery.

## **OTHER SPECIALITY RAILWAY HOSPITALS**

<b>Name of Hospital</b>	<b>Railway</b>	<b>Specialty</b>	<b>Phone Number</b>
Southern Railway HQ	S Rly, Perumbur	Cardio-thoracic Surg	044-26749024
B.R.Singh Hospital	E Rly, Sealdah	Advance Cardiac center	033-23504075
Central Hospital	SE Rly, Garden Reach	Plastic Surgery	033-24397828
Baba Sahib Ambedkar	C Rly, Bycullah	Cancer, Tata Memorial	022-67452901
Jagjivan Ram Hospital	W Rly, Mumbai	Gastro-enterology	022-67643333

### **LIST OF HOSPITALS, DIVISIONAL/SUB-DIVISIONAL HOSPITALS & HEALTH UNITS**

#### **SOUTHERN RAILWAY**

<b>Head Quarters Hospital:(1)</b>	Southern Railway Head Quarters Hospital/Aynavaram, Chennai -23
<b>DIVISIONAL HOSPITALS : (5)</b>	Arakkonam ,Golden Rock (Trichy), Madurai , Palghat ,Trivandrum
<b>SUB – DIVISIONAL HOSPITALS : (4)</b>	Villupuram, Erode ,Podanur, Shoranur
<b>HEALTH UNITS: (42)</b>	<b>Trichirappali Division (8)</b> Trichirappalli Junction, Trichy Fort, Srirangam, Virudhachalam, Tiruvannamalai, Mayiladuthurai, Tiruvarur & Tanjore <b>Madurai Division (9)</b> Dindugul, Mandapam, Palani, Karaikudi, Sengottai, Tuticorin, Manamadurai, Tirunelveli & Virudhunagar <b>Madras Division (11)</b> Jolarpettai, Katpadi, Haffieldpet, Avadi, New General Office, Madras Egmore, Tondiarpet, Royapuram, Tambaram, Chenglepet & Sullurpet <b>Salem Division (4):</b> Salem, Mettupalayam, Karur & Coonoor <b>Palghat Division (4):</b> Mangalore, Cannore, Calicut & Pollachi <b>Trivandrum Division (6):</b> Ernakulam, Quilon, Kottayam, Nagercoil, Trichur & Alleppey
<b>NAMES OF THE NON- RAILWAY RECOGNIZED HOSPITALS &amp; THEIR SPECIALTIES</b>	

- 1) The Voluntary Health Services Multi Speciality Hospital & Research Institute, Chennai - 600113 - Neuro Surgery
- 2) Medical Research Foundation (Sankara Nethralaya ), Chennai – 6 Ophthalmology
- 3) The Guest Hospital, Chennai - 600 010 - Renal Transplantation
- 4) Kaliappa Renal Centre Pvt Ltd, Chennai - 600 028 - Renal Transplantation
- 5) Dr. Rai Memorial Hospital, Chennai - 600 018 – Radiotherapy
- 6) Dr, Kamakshi Memorial Hospital, Chennai - 600 100 - Radiotherapy
- 7) Paterson Cancer Centre, Chennai - 600 026 – Radiotherapy
- 8) Regional Cancer Centre, Thiruvananthapuram - 695 011- Cancer cases
- 9) GVN Hospital Cancer Cure Centre, Trichy - 620 002 - Cancer cases
- 10) Vijaya Kumara Menon Hospital, Tripunthura -682 301- For treating Emergency cases
- 11) Trichur Heart Hospital, Trissur- 681001- For treating Emergency cases
- 12) Vinayaga Mission Hospital, Salem - For treating Emergency cases
- 13) Shanmuga Hospital - Salem - For treating Emergency cases
- 14) Govt Wenlock Hospital - Mangalore - For treating Emergency cases

**NOTE:**

- 1) in emergency, if possible choose any one of the nearest **EMPANELLED HOSPITAL** for easy payment of bills. but, if time is very short and condition is critical, get admitted in any **NON EMPANELLED HOSPITAL** nearby to your residence.
- 2) if admitted in **EMPANELLED HOSPITAL**, the hospital will intimate all instances of patients admitted as emergencies (without prior permission) to the railway authorities, at the earliest and within 24 hours and railway will revert within next 24 hours, otherwise it will be treated as deemed approval. the empanelled hospital will clearly mention/certify the emergency condition as per mou.
- 3) if admitted in **NON EMPANELLED HOSPITAL**, information to be given to the RH by pensioner or by any person by oral or letter. doctors will speak with to the hospital and confirm the condition and necessity of operation or any major checkups. if not so emergency, patient may be shifted to the **EMPANELLED HOSPITAL**. patient has to bear the expenses of the treatment, tests and operation. then after informing the rh formally, all bills have to be submitted to RH.

**ENTITLEMENT OF HOSPITAL WARD FOR RELHS BENEFICIARIES IN RAILWAY EMPANELLED HOSPITALS**

( RB LETTER NO: 2016/H-1/11/69/Hospital Recognition Dated 08.05.2018)

S.NO	CORRESPONDING BASIC PAY DRAWN BY THE OFFICER IN 7 <sup>TH</sup> CPC PER MONTH	ENTITLEMENT
1	UPTO Rs 47,600	GENERAL WARD
2	Rs 47,601 TO Rs 63,100	SEMI-PRIVATE WARD
3	Rs 63,101 AND ABOVE	PRIVATE WARD



The list of Referral Private Hospitals of Southern Railway, as on 10/11/2022 for emergency treatment using UMID card is as follow:

Sl. No	Name of Division/Central Hosp	Empanelled hospital in Railway for emergency treatment using UMID cards.
01	Trichy	1.M/s.Sri Kauvery Medical care (India), Trichy 2.M/s.KMC Speciality Hospital (India) Ltd. Trichy
02	Madurai	1.M/s. Aravind Hospital, Madurai 2.M/s.Guru Hospital, Madurai. 3.M/s.Apollo Secialty Hospital, Madurai 4.M/s.Dr.Agarwals' Eye Hospital, Tirunelveli 5.M/s.Vadamalaiyan Hospital, Pvt. Ltd., Dindigul
03	Palakkad	1. M/s.EMS Memorial Co-operative Hospital & Research Centre, Perinthalmanna, Kerala 2.M/s.Moulana Hospital, Perinthalmanna, Kerala 3.M/s.Valluvanadu Hospital, Ottappalam 4.M/s.P.K.Das Institute of Medical Sciences, Ottappalam 5.M/s. KMC Hospital, Mangaluru. 6. PVS Hospital, Calicut 7.M/s.Lakshmi Hospital, Palakkad 8.M/s.Paalana Institute of Medical Sciences, Palakkad 9.M/s.MVR Cancer Center and Research institute Care Foundation Kozhikode 10.M/s.Father Muller Road, Mangalure 11..M/s.AKG Memorial Co-operative Hospital Kannur
04	Salem	1.M/s.Shanmuga Hospital & Salem Cancer Institute, Salem 2.M/s.Vinnayka Mission Hospital, Salem- 3.M/s.Sri Gokulam Hospital, Salem 4.M/s.Sri Abhirami Hospital Pvt. Ltd., Coimbatore 5.M/s.Dr.G.C. Hospital, Karur 6.M/s.Revathi Medical Centre, Tiruppur 7. M/s.Universal Hospital, Salem 8. M/s.Abirami Kidney care Hospital, Erode 9. M/s.Muthus Hospital, Coimbatore 10.M/s.KG Hospital, Coimbatore
05	Perambur	1.M/s.Sri Ramachandra Medical Centre, Chennai 2.M/s.Kauvery Medical Care India Ltd., Chennai 3.M/s.Agarwals' Eye Hospital, Chennai. 4.M/s.Udhi Eye Hospital, Chennai 5.M/s.Y.R.Gaitonde Medical Educational & Research Foundation,Chennai. 6.M/s.Dr.Rimo Multi Specialty Dental Clinic, Chennai 7.M/s.Melmaruvattur Hospital, CGL 8.M/s.Chennai Nobel Hospital, Chennai 9.M/s.Forties Malar Hospital, Chennai 10.M/s.Forties Vadapalani, Chennai 11.M/s.Medway Hospital, Chennai 12.M/s.Prime Indian Hospital, Chennai 13.M/s.Sree Balji Medical College & Hospital, Chennai 14.M/s.Vasan Eye Care Hospital, Chennai 15.M/s. Sri Ni Hospital, Chennai 16.M/s. SRM Medical College, Chenni
06	Thiruvananthapuram	1.M/s. S.K. Hospital, Thiruvananthapuram 2.M/s. NS. Memorial Hospital, Quilon 3. M/s. Lakshmi Hospital, Ernakulam 4.M/s. Joseph Sahayam Hospital, Nagercoil 5.M/s. Regional Cancer Centre, Thiruvananthapuram 6.M/s.Valluvanad Hospital, Kanniyampuram.

Perumal Dr

Digitally signed by Perumal Dr  
Date: 2022.11.10 20:55:32  
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(डॉ. यू.के.पेरूमल /Dr.U.K.Perumal)

मुख्य स्वास्थ्य निदेशक /CHD

कृते प्रधान मुख्य चिकित्सा निदेशक/ for PCMD

**CERTIFICATE TO BE OBTAINED FOR ATTENDING NON-RAILWAY  
INSTITUTION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES**  
**CERTIFICATE 'A'**

(To be completed in the case of patients who are not admitted to hospital for treatment)

1	Name and designation of the Railway employee(in BLOCK letters)	
2	Office in which employed	
3	Pay of the Railway employee	
4	Place of duty	
5	Actual residential address	
6	Name of the patient and his/her relation to the Railway employees Note: In the case of children, state age also	
7	Place at which the patient fell ill	
8	Nature of illness and its duration (a)that the injections administered were not for immunizing or prophylactic, purposes.  (b) that the patient has been under treatment at .....Hospital/dispensary and that the under mentioned medicines prescribed by me in this connection were essential for the Recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the ..... (name of hospital/dispensary) for supply to private patientsand do not include proprietary preparation for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.	
9	Name of medicines	Price
10	(a) that the patient is/was suffering from ..... and is/was under my treatment from..... to (b) that the patient was given pre-natal or post-natal treatment. (c)that the X-ray, laboratory tests, etc. for which an expenditure of Rs ..... was incurredwere necessary and were undertaken on my advice at .....(Name of hospital or laboratory). (d)that I referred the patient to Dr..... for specialist consultation and that the necessary approval of the ..... (Name of the principal Medical Officer) as required under the rules was obtained (e) that the patient did not require hospitalization	
11	Date:	
12	Place:(to which attached)	
13	Signature and designation of the Medical Officer Name of the hospital/dispensary	

Note: Certificates not applicable should be struck off. Essentiality certificate as given in (b) as above is compulsory and must be filled in by the Medical Officer in all cases.

**CERTIFICATE 'B'**

**(To be completed in the case of patients who are admitted to hospital for treatment)**

**PART A**

I, Dr..... hereby certify:

- (a) that the patient was admitted to hospital on my advice/on the advice of ..... (Name of Medical Officer).
- (b) That the patient has been under treatment at ..... and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the (name of the hospital)..... for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.
- Name of medicines Price
- a) .....  
.....
- b) .....  
.....
- c) .....  
.....
- d) .....  
.....
- e) .....  
.....
- (c) that the injections administered were not for immunizing or prophylactic purposes.
- (d) that the patient was suffering from ..... and was under my treatment from ..... to .....
- (e) that the X-ray, laboratory tests, etc. for which an expenditure of Rs..... was incurred were necessary and were undertaken on my advice at ..... (Name of hospital or laboratory).
- (f) that I called in Dr..... for specialist consultation and that the necessary approval of the ..... (Name of the principal Medical Officer), as required under the rules was obtained.
- (g) .....

Date .....

Signature and designation of the

Place ..... Medical Officer in charge of the case at the hospital

### **PART B**

I certify that the patients have been under treatment at the .....  
hospital and that the services of the special nurses, for which an expenditure of  
Rs..... was incurred vide bills and receipts attached, were  
essential for the recovery/prevention of serious deterioration in the condition of  
the ..... patient.

Date.....

Place .....

Signature and designation of the  
Medical Officer in charge of the at the hospital.

Countersigned .....

Principal Medical Officer

### **PART C**

I certify that Shri/Shrimati/Kumari.....  
wife/son/daughter.....of.....  
..... employed in the ..... has been  
under treatment for ..... disease from  
..... to ..... at the  
..... hospital and that the facilities provided  
were the minimum which were essential for the patient's treatment.

Date.....

Place.....

Medical Department

.....Hospital

Note: Certificates not applicable should be struck off. The Essentiality Certificate  
as given in Part A (b) above is compulsory and must be filled in by the Medical  
Officer in all cases.

**ANNEXURE IV**  
**FORM OF APPLICATION TO BE SUBMITTED BY A RAILWAY EMPLOYEE**  
**FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES**

(Note: Separate form should be used for each patient)

1	Name and designation of the Railway employee (in BLOCK letters)	
2	Office in which employed	
3	Pay of the Railway employee	
4	Place of duty	
5	Actual residential address	
6	Name of the patient and his/her relationship to the Railway employee In the case of children, state age also	
7	Place at which the patient fell ill	
8	Nature of illness and its duration	
9	Details of the amount claimed	

**I. Medical Attendance:**

**(i) Fees for consultation indicating**

- (a) the same and designation of the Medical Officer consulted and ..... the hospital or dispensary to which attached..
- (b) the number and dates of consultations and the fee paid for each .....consultation.
- (c) the number and dates of injections and the fee paid for each .....Injection.
- (d) whether consultations and/or injections were had at the hospital, ..... at the consulting room of the Medical Officer or at the residence of the patient.

**(ii) Charges for pathological, bacteriological, radiological or other .....similar tests undertaken during diagnosis, indicating:**

- (a) the name of the hospital or laboratory where the tests were .....undertaken.
- (b) whether the tests were undertaken on the advice of the .....Authorized Medical Officer. If so, a certificate to that effect should be attached.
- (c) Cost of medicines purchased from the market (List of .....medicines, cash memo and the essentiality certificates should be attached).

**II. Hospital Treatment:**

Charges or hospital treatment, indicating separately the charges for:

- i) Accommodation ..... (State whether it was according to the status or pay of the Railway employee and in

- cases where the accommodation is higher than the status of the Railway employee, a certificate should be attached to the effect that the accommodation to which he was entitled was not available).
- ii) Diet .....
  - iii) Surgical operation or medical treatment .....
  - iv) Pathological, bacteriological, radiological or other similar tests indicating:
    - (a) the name of the hospital or laboratory at which undertaken .....
    - (b) and whether undertaken on the advice of the Medical Officer ..... in charge of the case at the hospital.
 If so, a certificate to that effect should be attached.
  - v) Medicines .....
  - vi) Special medicines .....  
(List of medicines, cash memo and the essentiality certificate should be attached).
  - vii) Ordinary nursing. ....
  - viii) Special nursing i.e., nurses special engaged for the patient  
(State whether they were employed on the advice of the Medical Officer in charge of the case at the hospital or at the request of the Railway employee or patient. In the former case, a certificate from the Medical Officer in charge of the case and countersigned by the Medical Superintendent of the hospital should be attached).
  - (ix) Ambulance charges .....  
(State the journey – to and from – undertaken)
  - (x) Any other charges e.g., charges for electric light, fan, heater, ..... air-conditioning, etc.  
(State also whether the facilities referred to are a part of the facilities normally provided to all patients and no choice was left to the patient).

**Note:**

- (1) If the treatment was received by the Railway employee at his residence under Para 634, give particulars of such treatment and attach a certificate from the Authorized Medical Officer as required.
- (2) If the treatment was received at a hospital other than a Government, recognized hospital, necessary details And the certificate of the Authorized Medical Officer that the requisite treatment was not available in any nearest Government/recognized hospital should be furnished.

**III. Consultation with a specialist:**

Fees paid to a specialist or a Medical Officer other than the Authorized Medical Officer, indicating:



<p>(a) the name and designation of the specialist Medical Officer ..... consulted and the hospital to which attached.</p> <p>(b) number and dates of consultations and the fee charged for ..... each consultation.</p> <p>(c) whether consultation was had at the hospital, at the consulting ..... room of the specialist or Medical Officer, or at the residence of the patient</p> <p>(d) whether the specialist or Medical Officer was consulted on the ..... advice of the Authorized Medical Officer and the priorapproval of the Chief Medical Director of the Railway wasobtained. If so, a certificate to that effect should be attached.</p>		
10	Total amount claimed	
11	List of enclosures	

#### **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.

Date.....  
Place .....

Signature of the Railway employee.

**ANNEXURE VI**  
**(See Para 648)**

(vide Rly. Bd's. L. No.2005/H/6-4 /Policy I dt. 9/11/2015)

**Proforma for submission of claim for reimbursement of medical expenses incurred by Railway Employees for treatment in Private Hospital/Non-Recognized Institutions**

1	Name of the patient	
2	Age	
3	(a) Relationship with Railway Employee	
	(b) Name of the employee	
4	Designation	
5	Pay	
6	Name of the Institution where taken for treatment	
7	Date of admission	
8	Date of discharge	
9	Date of admission of claim	
10	Reasons for delay, if delayed for more than 3 months	
11	Total period of stay as Indoor patient	
12	Reasons for long stay ( if stayed for more than 48 Hrs)	
13	Type of medical emergency	
14	Was there no Railway/Govt. facility available to deal with it	
15	Distance of the nearest Govt. Hospital and whether facilities available there	
16	Distance of the nearest Railway hospital and whether facilities available there. If not how far is the Railway hospital with the facilities available.	
17	Distance of the private hospital, where facilities availed, from residence/place of illness	
18	When the Railway Medical Officer was informed about such admission	
19	Did the patient take any treatment before or after the present sickness (if this existed and if YES when.....)	
20	Total amount claimed ( with break-up charges)	

21	Item wise break of expenditure had the treatment taken place in Govt. Hospital.	
22	Verbatim views of C.M.D	
23	Verbatim views of F.A & C.A.O	

### **IMPLEMENTATION OF HEALTH DELIVERY SYSTEM & EMERGENCY TREATMENT IN RAILWAY EMPANELLED PRIVATE HOSPITALS**

(RB LETTER No. 2018/TransCell/CGHS dated 28.12.2020 & 2018/Trans.Cell/Health/CGHS Dated: 15.06.2021)

In order to improve the health delivery system and emergency treatment in railway empanelled private hospitals, Board had approved a policy vide letter at Reference (i) above. Thereafter, a number of suggestions have been received. Based on these suggestions, Board (Member Finance and Chairman & CEO) have approved the followings:

1. Railway medical beneficiaries (serving/retired) under emergency condition can get admission in any railway empanelled hospital without any prior referral. The empanelled hospital should not insist on referral from railway hospitals or demand advance in emergency conditions and the hospital will provide cashless/Credit medical facilities to patients.
2. The emergency conditions are defined in Memorandum of Understanding between CGHS empanelled hospitals and Government of India (CGHS Authorities) (Annexure-I) or as amended by CGHS from time to time and same will be applicable in Indian Railways.
3. The valid UMID Card/CTSE Card issued will be treated as identification as Railway Medical Beneficiary. Railways have to make sure that these cards are accepted in the empanelled hospital under the jurisdiction/empanelment.
4. Para 4 of letter dated 28.12.2020 has been modified as under :  
**Situation may arise where Railway hospital, after scrutinizing admission report submitted by empanelled hospital, finds that the patient is not suffering from an emergency. In such cases, the hospital bills upto the stage of such determination, shall be paid by Railway directly to Hospital. However, the patient can continue to avail treatment at the empanelled hospital, if so desired, by paying CGHS rates or hospital rates, whichever is less on the patient's cost, thereafter.**
5. The nature and appropriateness of the emergency is subject to verification, which may be verified, inspected or medically audited by the nominated authority on random basis at its own discretion.
6. The Hospital will intimate all instances of patients admitted as emergencies (without prior permission) to the Railway authorities, at the earliest and within 24 hours and Railway will revert within next 24 hours, otherwise it will be treated as deemed approval. The empanelled hospital will clearly mention/certify the emergency condition as per MoU.

7. Railway Hospital as well as empanelled hospital will share the contact number and email address for communication for this purpose and will ensure to put on the website of Railways as well as of the hospital. The documents and approvals will be shared on the email to save the time and difficulties faced by the patients. The empanelled Hospital will not insist to patients to get the approval of referral/extension from the Railway Hospital. Same will be coordinated and approved on the contact number and email by the empanelled Hospital and Railway Hospital.
  8. Railway hospitals shall refer to the empanelled hospital for appropriate duration as per the package. In case of additional stay for treatment, same procedure will be followed as per para 6 & 7 above.
  9. Also, the empanelled hospitals will provide the necessary treatment in OPD or otherwise to valid Railway Medical Beneficiary at the CGHS approved rates or hospital rates, whichever is less for the treatment in non-referral and non-emergency case at Railway Medical Beneficiary's cost.
  10. Zonal Railways shall include provisions for conditions given from 4.1 to 4.9 above, in their MoU with the referral hospitals and also include that refusal to provide treatment to bonafide railway medical beneficiaries in emergency cases without valid ground would attract disqualification for continuation of empanelment. Also, MoU to be updated including removal of ambiguities accordingly.
  11. Additional Para 11 has been added to letter dated 28.12.2020 as under :-  
**The Zonal Railways shall keep above provisions in view, while projecting budget requirement under relevant head. Since expenditure is to be borne by Railways, the bills shall be paid by the Railway Unit which had empanelled the hospital, without making any reference or debit etc. to the Railway Unit to which beneficiary may belong.**
  12. Additional Para 12 has been added to letter dated 28.12.2020 as under :-  
**Proper accountal & record of such payments may be maintained by Health Department to facilitate audit of such expenditure.**
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## **CTSE**

### **(CASHLESS TREATMENT SCHEME IN EMERGENCY)**

(Rly.Bd. L. No.2016/H-1/11/58/Policy dt 21/06/2018)(w.e.f 31.03.2019)

Railway provides Comprehensive Health Care Facilities to its beneficiaries through its health Institutions along with referrals to recognized hospitals whenever necessary. The beneficiaries, among others, include retired employees and their dependent family members. Large no. of retired beneficiaries live in the newly developed suburbs of various cities throughout India. These parts of the city are often far away from the established Railway Health Institutions. In this scenario the RELHS beneficiaries coming to Railway Health Institutions in routine is acceptable, however in emergency situations, precious time is lost in travel to the railway hospital. To overcome this problem, Railway Board has decided to roll out a "Cashless Treatment Scheme in empanelled hospitals for retired employees and their dependent family members in emergency situations" (CTSE). The empanelled hospital shall give necessary treatment in emergencies and raise the bill directly to Railway authorities; provided the identity and eligibility of the

patient is established as CTSE beneficiary and emergency is certified by designated Railway Medical Authority (RMA).

#### **IMPLEMENTATION OF THE CTSE SCHEME:**

- M/s. UTIITSL will develop an application to enable RELHS beneficiary to apply for new 'CTSE Card' at the website. All RELHS beneficiaries may apply online for CTSE.
- After filling up the form, the print out of the completed form will be submitted by the retired Railway employee to the concerned Personnel Department (Division/Zone/PU/Other Units) along with Self attested photocopy of Aadhar Card, RELHS Card, PPO and any other documentary proof on the claims made in application form.
- The fee, to join CTSE per family (comprising of all eligible members as per RELHS Card) shall be as follows:
  - Those entitled to Pvt Ward - Rs.30,000/-
  - Those entitled to Semi-Pvt Ward - Rs.15,000/-
  - Those entitled to General Ward -Rs.6,000/-
- Ward entitlement is dependent upon last salary drawn and shall be displayed at the website while filling the form.
- All the existing facilities are even otherwise available to the RELHS beneficiaries. However to avail cashless treatment in recognized hospital (the new facility), they will have to get the new CTSE Card. One card to each beneficiary will be issued on payment of Rs.200/-. The CTSE Card shall also serve the purpose of RELHS Identity card, for these beneficiaries; however the vice versa will not be true.
- The Personnel Department will authenticate the bonafide of the beneficiaries (from the RELHS Card etc.) Personnel Department shall duly authenticate application and authorize M/s.UTIITSL to make "CTSE Photo-identity Card" which will be issued to the beneficiary. M/s UTIITSL shall use the updated database at ARPAN/UTI website for printing the new CTSE card. This way there will be 100% conformity between the data base and the new CTSE Card
- Medical Department of zonal railways will empanel private hospitals (located in its geographical limits) recognized by CGHS at the same rates (CGHS empanelled hospitals which are not lying in the jurisdiction of any Zone/PU shall be empanelled by the zone which has jurisdiction in some part of that district/state).
- Information about any railway patient admitted to an empanelled hospital will be communicated by the empanelled hospital to the RailwayHealth Institution (through its designated Railway medical Officers) based on clinical parameters communicated by the hospital within 24 hrs. The communication will be normally through the website/SMS, however if the situation demands other means of communication may also be employed.
- If the authorization is not forthcoming from the designated doctor within 24 hours period then at the end of 24 hours period the concerned MD/CMS/CMO shall automatically receive an alert, to make a decision and communicate it to hospital. Likewise there will be an automatic alert to the

concerned CMD at 36 hrs and AGM at 47 hours period. If Railway fails to respond within 48 hrs, then that case shall be considered as emergency and the cost of entire treatment shall be borne by Railway. List of all cases, in which no decision could be made about emergency within 48 hrs period, despite private hospital submitting all the details, shall be put up to GM every month.

- If emergency authorization is declined the patient shall be apprised through sms by the system and the patient will be transported to Railway Hospital by the empanelled hospital in its own ambulance or the patient maybe asked to report to Railway hospital for treatment at convenient hour. The Railway will bear the expenses till the emergency authorization is declined by a positive act. If the patient or his/her representative refuses Railway Medical Services and opts to continue treatment in the non-railway facility, the cost of such treatment will be borne by the patient or his / her representative without any further reimbursement from Railway.
- In line with provisions of MoA signed between MoHFW and CGHS empanelled hospitals, such bills by the hospital shall however be at CGHS rates as per terms and condition of Railway MoA with the hospital and payments will be made by the patient or his representative. Railway Beneficiaries shall be required to give an undertaking to this effect at the time of applying for CTSE Card and for such balance treatment Railway will not be liable for payment in any way and the entire liability will be borne by the patient or his/her representative. 11) The hospital shall raise the bill online to M/s.UTIITSL (within 7 days of discharge of the patient) which will exercise checks and get it corrected from concerned hospital, if required. Thereafter a physical copy of the corrected bill shall be submitted by the hospital to M/s UTIITSL.
- M/s.UTIITSL shall process the bill as per the extant rules and applicable rates as per MoA, and thereafter submit it to MD/CMS/CMO office both online and offline (within 15 days of submission of corrected bills by the hospital).
- After approval of MD/CMS/CMO, the office shall submit the bill to Associate Accounts Department (within 15 days of submission of corrected bills by M/s.UTIITSL). Accounts Department will pass the bills and make the payment to the hospital and M/s.UTIITSL (within 15 days of submission of approved bills).
- M/s.UTIITSL fee is 2% of the amount of the bill raised by the hospital subject to a minimum of Rs. 12.50 and a maximum of Rs. 750) plus Re.1/- for the SMS service. The M/s.UTIITSL fee is not in addition to the hospital bill, rather this amount shall be subtracted from the hospital bill money.
- In case the patient belongs to some other Railway Zone, then the debit shall be raised to the concerned zone at a later stage as per the extant codal provisions, but the bill shall be passed by the local accounts only.

#### **ENTITLEMENTS FOR VARIOUS TYPES OF WARDS:**

CTSE beneficiaries are entitled to facilities of private, semi-private or general ward depending on their pay drawn in pay band/pension. These entitlements are



amended from time to time and the latest order in this regards needs to be followed.

The entitlement at present as per 7th CPC Basic Pay drawn is as follows:

1. Basic Pay upto Rs.47,600/- - General Ward
2. Basic Pay from Rs.47,601/- to 63,100/- - Semi-Private Ward
3. Basic Pay Rs.63,101/- and above - Private Ward

The CTSE Identity Card will have the entitlement of the patient endorsed. The website shall also be indicating the entitlement at the time of reporting the admission to the Railway and M/s.UTIITSL.

a. Private ward is defined as a hospital room where single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have furnishings like wardrobe, dressing table, bed-side table, sofa set, carpet, etc. as well as a bed for attendant. The room has to be air conditioned.

b. Semi Private Ward is defined as a hospital room where two to three patients are accommodated and which has attached toilet facilities and necessary furnishings.

c. General ward is defined as a hall that accommodates four to ten patients.

#### **MODE OF PAYMENT FOR TREATMENT OF BENEFICIARIES**

There shall be three classes of patients: -

-CTSE Beneficiaries reporting to Hospital directly

- Railway Beneficiaries referred by Railway Hospitals to the empanelled hospital.

-Railway Beneficiaries (other than CTSE members) reporting to Hospital directly

In respect of the CTSE beneficiaries for emergency authorized or otherwise treatment / procedures the services shall be undertaken / provided on credit: No payment shall be sought from them (except for the initial deposit as advised by the Railway time to time) and the bills should be submitted to the BCA (Bill Clearing Agency) and Office of the CMS/MS in-charge/MD/CMO of the concerned city.

For the railway beneficiaries referred by Railway Hospitals to the empanelled hospital the bill shall be processed through M/s.UTIITSL only, only the online identification and 'online authorization' shall not be required. Railway Beneficiaries (other than CTSE members) reporting to Hospital directly, without any referral letter from Railway, shall be clearing their bills with the hospital themselves; Railway shall not be liable in any way for these bills. However, the hospital agrees and undertakes to make the bill as per CGHS rate or hospital rate, whichever is lower. Webportal:[www.railctse.utiitsl.com](http://www.railctse.utiitsl.com) – For Online registration, to download Offline Forms, to view CTSE Policy letters, Hospital List, etc.

As per the directives of the Railway Board, Southern Railway has formed a separate cell for Cashless Treatment Scheme in Emergency (CTSE) for Retired Railway Employees at the Southern Railway Headquarters at Chennai. The CTSE Cell in the Staff Facilitation Centre located at the Ground Floor of the Southern Railway Headquarters will start functioning from tomorrow, 2nd January 2019. The CTSE Cell for Retired Railway Employees will be manned by Welfare

Inspectors from 10.00 hrs to 17.00 hrs on all working days. All the Retired Railway Pensioners and Railway Family Pensioners may contact the CTSE Cell for any guidance and clarification regarding the CTSE Scheme either in person or through cell number 9940550649.

## **UMID CARD**

### **1) Benefits of UMID**

- Ease and convenience in accessing health services of Railway hospitals.
- Physical card independent identification of health units.
- Identification at any health unit at any point of time.
- Ease to update beneficiaries and their particulars.
- Built-in validation for automatic invalidation for conditional eligibility.
- Smart card features to ensure automatic authentication.
- Intelligent Hospital interface to generate OPD slips automatically through kiosk.
- Helps in initiating Debits & Credits between Health units.
- Multiple sources of identity along with system based validation create convenience for all stakeholders

### **2) How to Register and Apply for Smart Medical Card?**

- Web Application URL: [digitalir.in/umid](http://digitalir.in/umid)
- Mobile application @ (Google Play Store)

### **3) Registration:.**

1. Choose Type of Beneficiaries (Employee/ Pensioner/ Other's).
2. Identity Particulars (PAN, Date of Birth and PF number).
3. Mobile Number Registration.

### **4. Initiate Application:**

1. Login through OTP.
2. Initiate New Application.
3. Fill up details of Self and Family Members.
4. Upload Relevant Documents (as per checklist) and submit.
  - a) Photograph of Employee & all the dependants
  - b) Signature of the Employee
  - c) Old Medical Card of the Employee
  - d) ID Proof of the individual Dependants.
  - e) For Physically/ Mentally challenged dependants Railway Doctor certified Medical Certificate.