

**SOUTH CENTRAL RAILWAY
VIJAYAWADA DIVISION**

Divisional Office,
Personnel Branch,
Vijayawada.
Dt. 10.05.2022.

No. SCR/P-BZA/641/Medical Reimbursement

JOINT PROCEDURAL ORDER

Sub: Reimbursement of Medical expenses - Reg.

Railway Employees are taken care of by the Railway administration in extending benefits through various Welfare measures. Medical reimbursement is one among these. In order to facilitate quick and transparent processing for reimbursement of medical expenses, the following Joint Procedure is issued.

- 1) All Medical Reimbursement claims are to be processed as per provisions under Chapter-VI of Indian Railway Medical Manual.
- 2) Medical Reimbursement claim in standard format filled completely with date and station to be submitted. (Para 653) (Annex. IV).
- 3) Claim should be made within 6 months of treatment. If failed, delay should be condoned by the Accounts Officer (para-652 of IRMM) duly forwarded by officer in-charge in which the employee is working/medical officer where the UMID Card is registered in case of retired employees.
- 4) Claim should be forwarded by Officer in charge of the office in which the employee is working in case of serving employee. In case of retired employees, the case file should be forwarded by the Medical officer of the Medical Health unit (HU) at which the UMID card is registered.
- 5) Emergency established to be certified by Authorized Medical Officer along with the claim with date and details of the emergency.
- 6) Medical Reimbursement claims of self/family members/dependent relatives can be claimed. However, family members and dependent relatives are to be reckoned as per pass rules (SC No.36/2018) to be followed.
- 7) Claim should be submitted along with following necessary supporting documents.
(i) Hospital Bills and invoices, (ii) Admissions/Discharge/Death summary, (iii) UMID Card of self and the beneficiary in favour of whom the claim is being made, (iv) Salary slip of the recent month of the employee, v) PPO copy in case of Retired employees. List of documents to be submitted should include Receipt of the bill issued by the Hospital, Essentiality cum emergency certificate, original cash vouchers as listed in the Para-vii of New Reimbursement claim form.
- 8) 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. In this context, self declaration is to be submitted by the employee as to whether he/she is covered under Medical Insurance or not. It should be ensured by the CMS that RELHS has been recovered/paid by the retired employee when claim is claimed by the dependents and the same to be certified else service certificate of the retired person to be enclosed.
- 9) Accounts officer under whose jurisdiction the Hospital where medical card of the employee/pensioner is registered falls will scrutinize the proposal and concur irrespective of the place of working/last working of the employee. The passing of the claims will however, be done by Accounts Officer in whose jurisdiction the employee is working or where the settlement file of the pensioner is maintained. Hence, this reimbursement arrangement is confined to employees/pensioners as per the instructions laid down in the FA&CAO's Lr.No.AEN/M05, dated 30.02.2018.


Sr.DPO/BZA 10-5-22


Sr.DFM/BZA


CMS/BZA

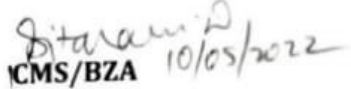
Contd....(2)

(2)

- 10) The sanctioning powers of the medical reimbursement claims are governed by item No.5(b)(i) of part B Medical matters of Model SOP 2018.
- 11) The proposals are to be processed as per the CGHS tariff rates.
- 12) All the proposals are to be attached with a Top Sheet for ready reference as per the enclosure.
- 13) A Registration Slip as per the enclosed format is to be issued to the employee at the time of submission of the Medical Reimbursement Claim form.
- 14) Employee has to quote the Registration No. to know the status of his claim while enquiring at CMS/BZA, Sr.DFM/BZA or Sr.DPO/BZA offices.
- 15) CMS certification is must before sending to DRM for approval/sanction.


Sr.DPO/BZA 10-5-22


Sr.DFM/BZA


Sr.DFM/BZA 10/05/2022

Enclosed:

*Flow chart in regard to process of
Medical Reimbursement Claim of
the Serving/ Retired Employees.*

**FLOW CHART SHOWING THE PROCESS OF MEDICAL REIMBURSEMENT CLAIM
OF THE SERVING/RETIRED EMPLOYEES**

Employee prepares the Medical Reimbursement claim form in standard format signed with date & location with necessary enclosures and submit the same in the Office of CMS/BZA through proper channel.

CMS/BZA verifies the proposal within 15 days with respect to the correctness of the claim and documents submitted. If the Claim is found correct, working sheet to be prepared and forwarded to Accounts Department duly recommending the admissible amounts as per CGHS Tariff.

The claim to be verified in all respects by Sr.DFM/BZA and if found correct, signify the finance concurrence within 10 days and forward the same to CMS/BZA. If any problem is there, the proposal to be returned to CMS/BZA.

CMS/BZA should process for obtaining the Sanction as mentioned in the Finance concurrence from Competent Authority as per extant rules/MSOP within a week.

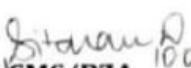
Claim papers duly approved by Competent Authority to be forwarded to OS/Welfare Section of Sr.DPO/O/BZA for preparing Memorandum within a week.

OS/Welfare Section has to prepare the Memorandum and forward the same to concerned Bill clerks to include the amount of Medical reimbursement in the Salary bill. For retired employees, the Memorandum to be forwarded to Settlement section for arranging reimbursement within a week.

The claim is passed by the office of Sr.DFM/BZA


Sr.DPO/BZA 10-5-22


Sr.DFM/BZA


Sr.DFM/BZA 10.05.2022