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A/98717/POLICY/DGQA/ADM/RMD(US)

10 Apr 2023

All DGQA Establishments

**GUIDELINES FOR SUBMISSION/PROCESSING OF MEDICAL CLAIMS OF DGQA  
CIVILIAN EMPLOYEES**

1. The guidelines for submitting/processing medical claims have been issued from time to time based on the orders received from Ministry of Health & Family Welfare. The last guidelines were issued vide letter of even number dated 12 Dec 2007. Thereafter, MoH&FW vide OM No. H.11022/01/2014-MS dated 15 Jul 2014 and OM No. Z-15025/117/2017/DIR/CGHS/EHS dated 15 Jan 2018 and 10 Dec 2018 has further simplified the procedure for getting treatment either from CGHS hospitals or CGHS empanelled hospitals. If these MoH&FW orders are to be followed in its true letter and spirit then the medical claim will be reimbursed in very less span of time by the concerned Audit Authorities.

2. However, this HQ is receiving appreciable number of cases which are not in accordance with the MoH&FW OM's and thereby ex-post facto sanctions are being requested in order to reimburse the medical claims which can be avoided. It is also observed that Estts/Dtes are forwarding the bills **without restrictions as per CGHS rate lists**. It results in infructuous correspondence and delay in finalisation of the claims. In view of the above, the Estts/Dtes of DGQA HQ are hereby requested to adhere with the following salient points, inter-alia, while submitting cases of medical reimbursement to this office:

(a) **Time Bar Cases:** The following documents are required while submitting cases for Time Bar Sanction:-

(i) A **Statement of Case** from the Establishment/Dte giving detailed justification for delay in submission of the claim beyond the permissible time limit from the date of discharge. In case where an advance has been drawn by the claimant, the Estts will inform the claimant atleast 10 working days in advance of the tentative last date of submission to submit the medical claim in order to avoid time bar sanction.

(ii) **CPRO 811/53** duly completed.

(iii) **Self explanatory letter** from the beneficiary explaining the circumstances of delay which is beyond the control of the Govt. Servant.

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(iv) **An audit report (in original)** from the concerned CDA asking for a Time Bar Sanction of HOD.

(v) Documents, duly arranged in the sequence, as mentioned in **Check list** (Appx-A) and Essentiality Certificate- cum-Statement of Expenditure (in case of special medical cases as per MoH&FW guidelines).

(vi) **All original bills** duly restricted by the Estts as per CGHS rate lists in **consultation with audit authorities**, if required. An item wise separate calculation sheet reflecting the total amount claimed/restricted in the following format is also required to be attached :-

Sl.No.	Item	Claimed Amount	Restricted Amount as per CGHS rate lists
	Total		

(vii) **CTC of CGHS card** of the patient along with CGHS card of primary beneficiary. In case of CSMA beneficiary a dependent certificate from the Estts, after verification from the service records, is required in original with every medical claim.

(viii) **Discharge Summary, in original**, of the hospital, if admitted.

(ix) **Photocopies of claim papers**, arranged in same manner as discussed above and an affidavit on Stamp Paper, in case original paper have been lost. Legal heir certificate (in case of death of the Govt. servant) be forwarded with affidavit on stamp paper by claimant. No Objection Certificate from all other legal heir stamp paper and copy of death certificate may also be forwarded.

(b) **Emergency Treatment Cases:** The following documents are required to be submitted while submitting cases, in respect of emergency treatment, for grant of ex-post-facto sanction by the HOD (DG, DGQA):-

(i) **Emergency Certificate** from the concerned hospital clearly stating that the patient was admitted/treated on emergency basis with details of the condition of the patient at the time of admission thereby justifying the emergency admission.

(ii) **A Self-explanatory letter**, duly containing the address of the place of illness/accident of patient, from the beneficiary explaining the emergency circumstances, period of treatment and other complete details of the condition of the patient at the time of admission in the hospital (CGHS/Non CGHS empanelled).

(iii) **A statement of case** from the Estt duly confirming the status of the employee whether he was CGHS/CSMA beneficiary and the patient is dependent or not. It should be countersigned by the Head of Estts.

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(iv) Documents, duly arranged in the sequence, as mentioned in **Check list** (Appx-A) and Essentiality Certificate- cum-Statement of Expenditure (in case of special medical cases as per MoH&FW guidelines).

(v) **All original bills** duly restricted by the Estts as per CGHS rate lists in consultation with audit authorities, if required. An item wise calculation sheet reflecting the total amount claimed may please forwarded as under :-

Sl.No.	Item	Claimed Amount	Restricted Amount as per CGHS rate lists
	Total		

(vi) **CTC of CGHS card** of the patient along with CGHS card of primary beneficiary. In case of CSMA beneficiary a dependent certificate from the Estts, after verification from the service records, is required in original with every medical claim.

(vii) **Discharge Summary, in original**, of the hospital, if admitted.

(ix) **Photocopies of claim papers**, arranged in same manner as discussed above and an affidavit on Stamp Paper, in case original paper have been lost. Legal heir certificate (in case of death of the Govt. servant) be forwarded with affidavit on stamp paper by claimant. No Objection Certificate from all other legal heir stamp paper and copy of death certificate may also be forwarded.

(c) **In cases where medical insurance has been taken:** The medical bills in which part payment has been borne by the medical insurance company can also be reimbursed as per provisions of MoH&FW OM No. S.11011/4/2003-CGHS(P) dated 19 Feb 2009. The following documents are required to be submitted while submitting such cases for grant of ex-post-facto sanction by the HOD (DGQA):-

(i) **A certificate from Medical Insurance Company** clearly indicating the details of payment made to the hospital.

(ii) **A Self-explanatory letter**, duly containing the address of the place of illness/accident of patient, from the beneficiary explaining the emergency circumstances and full details of the condition of the patient at the time of admission in the hospital. Emergency Certificate, if any, from the concerned hospital clearly stating that the patient was admitted/treated on emergency basis with details of the condition of the patient at the time of admission justifying the emergency admission.

(iii) **A statement of case** from the Estt duly confirming the status of the employee whether he was CGHS/CSMA beneficiary and the patient is dependent or not. It should be countersigned by the Head of Estts.

(iv) Documents, duly arranged in the sequence, as mentioned in **Check list** (Appx-A) and Essentiality Certificate- cum-Statement of Expenditure (in case of special medical cases as per MoH&FW guidelines).

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(v) **All original bills** duly restricted by the Estts as per CGHS rate lists in consultation with audit authorities, if required. An item wise calculation sheet reflecting the total amount claimed may please forwarded as under :-

Sl.No.	Item	Claimed Amount	Restricted Amount as per CGHS rate lists
	Total		

(vi) **CTC of CGHS card** of the patient along with CGHS card of primary beneficiary. In case of CSMA beneficiary a dependent certificate from the Estts, after verification from the service records, is required in original with every medical claim.


(vii) **Discharge Summary, in original**, of the hospital, if admitted.

(viii) **Photocopies of claim papers**, arranged in same manner as discussed above and an affidavit on Stamp Paper, in case original paper have been lost. Legal heir certificate (in case of death of the Govt. servant) be forwarded with affidavit on stamp paper by claimant. No Objection Certificate from all other legal heir stamp paper and copy of death certificate may also be forwarded.

3. The special medical cases in which if ex-post facto sanction is required then **additional documents (as mentioned in Appx-'B') are also required** alongwith **audit report (in original)** stating the requirement of ex-post facto sanction from HOD and documents mentioned in checklist (Appx-'A').

4. It is again reiterated that in cases where an advance has been drawn by the claimant, **the Estts will remind the claimant atleast 10 working days in advance in writing under receipt**, from the tentative last date of submission of medical claim, to submit the medical claim in order to avoid time bar sanction. It is also the responsibility of the Estt to ensure no misuse of medical facility by the employees of their establishment. They should be properly sensitised about the procedure of the CGHS/CSMA to avail the medical facility hassle free.

5. The cases for ex-post facto sanction for reimbursement of medical claims are to be **forwarded by the concerned Estts to their Dte concerned**. The Dtes will then examine the medical claims to ensure, inter-alia, **that it has been restricted as per CGHS rates** and obtain the comments of AMC officer posted in DQA(Stores) justifying the treatment taken. Thereafter, the medical claims will be submitted to RMD/US for further necessary action.

  
(Chitrasen Yadav)  
Dy Director (US)  
For DGQA

Copy to:-

All Coord Sections of Tech Dtes,  
DIQA Bangalore  
LSS & SSS JCM-III  
SDCC

- For upload on DGQA Website.



**CHECK LIST**  
**For grant of Ex-Post Facto Sanction**

1. Name of the Claimant : \_\_\_\_\_
2. Unit/Estt/Dte of the Claimant : \_\_\_\_\_
3. CGHS or CS(MA) Beneficiary : \_\_\_\_\_
4. Hospital Name & Address : \_\_\_\_\_
5. CGHS empanelled or not : **Yes / No**
6. Medical Advance : ₹ \_\_\_\_\_
7. Medical claim should be arranged in the following sequence:

Sl.No.	Description	Action to ensure	Page No.
(a)	Check List	Duly filled & Signed	01
(b)	Statement of Case	Countersigned by HoE	
(c)	Self explanatory letter of the claimant	Countersigned by Reporting/Senior Officer	
(d)	MRC Form(for CGHS)/ Med-97 Form(for CSMA)	Date of Submission should be mentioned by the claimant	
(e)	Separate sheet of Restriction of medical claim as per CGHS rare list	Estts should restrict the medical bills as per CGHS rate lists	
(f)	Medical Bill	Bill should be in Original	
(g)	Emergency Certificate	In Original	
(h)	Discharge Summary	In Original	
(j)	Other relevant medical reports, if any		
(k)	CPRO 811/53 duly filled	In case of Time Bar Sanction	

8. Attached the duplicate copy of claim as per sequence in Serial No.7: Yes/No

Date:

(Signature of Claimant)

9. Medical Bill(s) has/have been checked and restricted as per CGHS rate lists. An item wise calculation sheet indicating amount claimed and amount restricted has also been enclosed.

Date:

(Signature of AO/SAO/Jt Controller/Controller)



**CHECK LIST FOR ADDITIONAL DOCUMENTS FOR SPECIAL CASES**

Please also enclose self attested documents in the sequence given below along with page number

1. **If original bill lost (as per Medical Claim Form (S))**
  - (a) Affidavit on non-judicial stamp paper CLEARLY MENTIONING details of the lost document as per Annexure I of MRC Form.
  - (b) Photocopies of all the above claim papers duly verified by treating specialist.
2. **For cases where partial credit is given**
  - (a) Complete final bill of hospital with break up
  - (b) Break up bill from the hospital for items for which credit was not given
3. **In case of death of the card holder**
  - (a) Affidavit on non judicial stamp paper by the claimant (as per Annexure II of MRC Form)
  - (b) NOC from all the legal heirs separately for each individual.
  - (c) Death certificate.
  - (d) Copy of death summary from the hospital.
  - (e) ID proof of claimant with name of father in cases where both main card holder and spouse have expired
  - (f) Succession certificate issued by court wherever required (see above)
4. **In cataract surgery with Intra Ocular Lens (IOL) claims**
  - (a) Original sticker of IOL with batch number of IOL, duly signed and stamped by the surgeon of private empanelled hospital
  - (b) Bill of IOL showing type of IOL used and IOL batch no. in case of surgery in private empanelled hospital
  - (c) Discharge summary/prescription to mention:
    - (i) Type of IOL (Hydrophobic Foldable/Hydrophilic Acrylic/Scleral Fixated/PMMA (AC/PC)) used
    - (ii) Type of cataract surgery done
5. **For Cardiac/Vascular Stents**
  - (a) Outer pouch of the stent with sticker on it with batch no. and other details.
  - (b) Invoice of the stent from the private empanelled hospital with batch number and details of stent
  - (c) Certificate from empanelled hospital that they have not charged the beneficiary more than the rate at which the stent has been procured by the hospital
  - (d) Angiography report (for opinion of Government specialist)
  - (e) CD of angiography & PTCA (for opinion of Government specialist)



6. **For Pacemaker, Combo Device, Defibrillator, Rotablator**

- (a) Sticker of device having batch number
- (b) Copy of terms of warranty
- (c) ECG and Holter report
- (d) ECHO cardiography report
- (e) In case of replacement, copy of warranty of earlier device to be submitted

7. **Ambulance used**

Ambulance is allowed only for going to the hospital in emergency. It is not allowed after discharge.

- (a) Certificate from the treating doctor for justification stating the following – “The ambulance was essential as it was an emergency, and any other mode of transport would have aggravated the patient’s condition or endangered his life. Ambulance has been used within the city limits”

8. **Knee & Hip Implants**

- (a) Cost of knee implant component-wise along with brand name, name of manufacturer/importer/batch number/specifications and other details, if any to be mentioned in the final bill/invoice

9. **For special Nurse/Aya/attendant**

Permitted only Govt. Hospital for in patients or private recognized hospital where treatment has been taken with prior permission. No reimbursement of domiciliary nurse/aya/attendant.

- (a) Certificate from treating doctor that services of special nurse/aya/attendant were essential for recovery/prevention of serious deterioration in the patient.

10. **For Domiciliary Physiotherapy**

- (a) Prescription from PMT specialist/Ortho/Neuro/Neurosurgery/ENT specialist for home-based rehabilitation programme which should include the following descriptive specifics:

- (i) The therapy to be used
  - (aa) Electrotherapy
  - (ab) Active Exercise Therapy
  - (ac) ADL Training
  - (ad) Speech Therapy
  - (ae) Gait Training; and
  - (af) Passive Exercises
- (ii) The technical person required to institute the therapy
- (iii) The frequency of the therapy required by the patient.
- (iv) Duration of the therapy programme.

- (b) Receipt in original for payment made with stamp and designation of person who has given therapy

- (c) In case of locomotor disability, certificate showing >80% disability or 2 Govt specialists to certify that patient is totally dependent on care giver.

11. **For Nebulizer**

- (a) Advise by Government specialist
- (b) Undertaking that nebulizer has not been procured at Govt. expense in the last 5 years and that cost of maintenance will be borne by beneficiary
- (c) Receipt of purchase

12. **Hearing Aid reimbursement**

- (a) Empty carton/box with label showing details of the hearing aids supplied
- (b) Bill/Receipt in original for hearing aid bearing details of the hearing aid seller