

OFFICE OF THE DIRECTOR OF HEALTH SERVICES MEGHALAYA SHILLONG
%%%%%%%%

NO.HSM/T/ST/28/2013/25753,

Dated Shillong the 9th Sept., 2014

From: The Director of Health Services (MI),
Meghalaya Shillong.

To, All Administrative Department.
All Heads of Department.

Director General of Police



Sub: - Check list with respect to Medical Treatment of State Government
Employees.

Ref No. Health. 267/2009/Pt.I/36, dated 27-08-2014.

Sir/Madam,

In inviting a reference to the subject matter above, I am to say that for this Directorate to speedily expedite the applications for approval and reimbursement claims and to avoid unnecessary delay due to non-submission of relevant documents at the time of submission of final bill, it is requested that all the relevant documents be submitted as per the check list enclosed, at the time of submission of proposal for Medical Treatment / Re-imbursement.

This is for kind information and necessary action from your end.

Yours faithfully,

[Signature]
Director of Health Services (MI),
Meghalaya Shillong

Check List “ for Application for Approval Order ”

- I (a) (1) All Applications for Approval should be forwarded by concerned Department of claimant. (This is as per Director of Health Services (MI) Meghalaya, Shillong Order No.HSM/T/ST/MISC/5/2002/1186-97,Dated 27th January 2009) Enclosed at Annexure Z
- (2) Referral OPD Ticket / Certificate in original
- (3) Xerox Copy of Recommendation of District / Hospital Head should be submitted.
- (4) Annexure II for treatment of Parent / Child vide OM Letter No. Health No.230/2000/247, dated 28-06-2006 at Point No. 6, duly filled up as applicable should be submitted. Enclosed at Annexure Y.

- I (b) **Applications for Approval for Medical Check up / review** are Mandatory, however often and can be submitted directly to Office of the Director of Health Services (MI) along with

- last Approval order,-
 - Advice from treating institution for check up
 - An attested copy of A G Pay Slip of claimant OR duly filled Annexure I showing Basic Pay and other particulars. (This is for studying entitlement of air journey in the absence of Advice from treating institution to travel by air for check up). Annexure I is enclosed at Annexure X.
- } As per OM letter No. Health.230/2000/247, dated 28/06/2006 at Point No.2b (Enclosed at Annexure W).

- I (c) **Applications for Approval for Inward Journey by Air**
Application for Inward Journey by Air should be submitted SEPARATELY from the final bill and should be accompanied by

- (i) Approval order pertaining to treatment for which journey was performed.
 - (ii) Advice from treating Institution to Travel by Air.
 - (iii) An attested copy of A G Pay Slip of claimant OR duly filled Annexure I showing Basic Pay and other particulars. (This is for studying entitlement of air journey in the absence of Advice from treating institution to travel by air).
- } As per Om letter No. Health.230/2000/247, dated 28/06/2006 at Point No.2b (Enclosed at Annexure W).

ALL APPROVAL ORDERS are to be collected from Office of the Director of Health Services (MI) by the claimant Applicant. On receipt of the Approval Order applied for, due Attention may kindly be given to the instruction given in the last para of the order.

Check List for Reimbursement Claims :

(Where Approval Order was issued by Director of Health Services (MI).

- (1) Copy of Approval Order pertaining to period of claim.
- (2) Annexure I duly filled up (Vide Memo letter No. Health 230/2000/247, dated 28-06-2006, at Point No. 5, enclosed at Annexure X).
- (3) Copies of Discharge Summary / Medical Report / Advice Slips or Prescriptions pertaining to each bill / Cashmemos submitted for claim.
- (4) Essentiality Certificate and Bills / Cashmemos in ORIGINAL should be duly signed by the treating institution.
- (5) Sanction order (For Government Employees of Health & Family Welfare Department only)
- (6) The claim should be forwarded to Director of Health Services (MI) through Concerned Department.

BILLS SHOULD BE COLLECTED by the Concerned Department from Office of The Director of Health Services (MI).

III CHECK LIST FOR EXPOST FACTO APPROVAL

- (1) Annexure I or I and II as applicable Vide Memo letter No. Health 230/2000/247, dated 28-06-2006 duly filled up. (Annexure II asked as proof of dependency).
Annexure I & II are enclosed as Annexures X & Y respectively.
- (2) Copies of Discharge Summary / Medical Report / Advice Slips OR Prescriptions pertaining to each bill / Cash memos submitted for claim.
- (3) Essentiality Certificate and bills / Cash memos IN ORIGINAL should be duly signed by the treating institution.
- (4) Residential Certificate OR Residency Address duly countersigned by Head of Office / Head of Department.
- (5) Referral Certificate by AMA (Authorized Medical Attendant).
- (6) Details of Laboratory Investigation.
- (7) Bills should be forwarded by Concerned Department.

ALL BILLS SHOULD BE COLLECTED BY CONCERNED DEPARTMENT from OFFICE OF THE DIRECTOR OF HEALTH SERVICES (MI).

The Administrative Heads / Heads of Departments/District Heads / Heads of Office are NOT to forward Applications for Approvals / Reimbursement claims of Children of claimants of the following Category: -

- (I) Sons who are earning or are above the age of 25 years (Sl.3g iv of the Amended MMA Rules).
- (II) Daughters who are married or are earning (Sl. 3g iii of the Amended MMA Rules).

GOVERNMENT OF MEGHALAYA
OFFICE OF THE DIRECTOR OF HEALTH SERVICES (M.I)
MEGHALAYA SHILLONG

No.HSM/T/ST/MISC/5/2002/ 1186-97

Dated Shillong the, 27.01.2009.

From Dr. A.S.Kynjing,
Director of Health Services (M.I)
Meghalaya, Shillong.

To The District Medical & Health Officer, East Khasi Hills, Shillong.
Jaintia Hills, Jowai/ Ri-Bhoi District, Nongpoh / West Khasi Hills,
Nongstoin / West Garo Hills, Tura / East Garo Hills, Williamnagar /
South Garo Hills, Baghmara.

The Joint Director of Health Services, (SS) Civil Hospital, Shillong.
The Medical Superintendent (Joint Director of Health Services)
Ganesh Das Hospital, Shillong.
The Superintendent Jowai Civil Hospital, Jowai.
The Superintendent, Tura Civil Hospital, West Garo Hills, Tura.

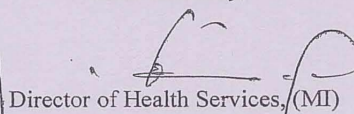
Sub **Medical Investigation and Treatment of State Government Employees/
Family Member Inside/ Outside the State for Specialized Treatment.**

Sir/ Madam,

As the present system of Addressing the Referral Cases from Referral Centers directly to the Director of Health Services, (MI) Meghalaya, Shillong without being routed through the Department where the patient or claimant is actually Serving it had been observed that in several occasion created unwanted atmosphere to the Department responsible for sanction and resulted inconvenient situation to settle the issue by the undersigned.

However, after evaluation of the issue, it has been decided that henceforth all Referral cases recommended for specialized treatment inside or outside the State should in the first instant be addressed to their respective Department whose in turn after scrutiny will forward the same to this Directorate for needful.

Yours faithfully,


Director of Health Services, (MI)
Meghalaya, Shillong.

Annexure — 1

TO

The _____

Subject Final Medical re-imburement bill for Medical Treatment.

Sir

I am to submit herewith a Medical re-imburement claim/refund in connection with
Medical Treatment of Shri/Smt _____ at
_____ (Name of Hospital) as per the particulars given below.

1. Full Name of Claimant: _____
- 2 (A) In case of servant Govt. Employee: _____
 - (i) Designation and address of Office where employed _____
 - (ii) Basic Pay and Pay scale Rs. _____
- (B) In case of Pensioner.
 - (i) Pension Payment order (P.P.O) Number _____
 - (ii) Amount of Basic Pension per month Rs. _____
- 3 (a) Relationship of Patient with the applicant, if the applicant is not the Patient. _____
 - (b) Name of the patient: _____
 - (c) Age of the patient: _____
- 4 Letter no. and date conveying approval for Medical Treatment (copy to be enclosed):

- 5 Details of all Medical Advances drawn; due to be regularized:
 - (i) Amount drawn & date of drawal Rs. _____
 - (ii) Office from which drawn: _____
 - (iii) Amount already refunded, if any Rs. _____
- 6 Also enclosed are the following:
 - (i) Essential certificate duly certified by Authorized Medical Attendant.
 - (ii) Bills/Cash memos duly listed showing.
 - (a) Serial number (b) Bill/Cash memo number & date.
 - (c) Particulars (d) Amount _____ Nos.
 - (iii) Total amount Rs. _____
- 7 Claim/refund Rs. _____

Place _____

Date _____

Your's faithfully

(Applicant)

ANNEXURE- II

DECLARATION

REGARDING PARTICULARS OF A PATIENT BEING PARENTS OR CHILDREN OF A CLAIMANT WITH REFERENCE TO THE MEGHALAYA MEDICAL ATTENDANCE RULE 3 (g) i to viii AS APPLICABLE.

(IN CASE OF PARENTS – INCLUDING STEP-PARENTS)

I declare that Shri/Smti _____
who is my Father/Mother ordinarily resides with me at (complete address) _____
and is wholly dependent on me financially.

(IN CASE OF CHILDREN INCLUDING THOSE ADOPTED ACCORDING TO ANY LAW OR CUSTOM)

I declare that Shri/Smti. _____
who is my Son/Daughter was born in the year _____ and that
he/she is married/unmarried and that he/she has no income of his/her own.

Place _____
Date _____

Signature of Declarant.

Full Name:
Designation:
Office employed:

In case of Pensioner only { Pension Payment Order (PPO) No. _____
Amount of Basic Pension: ₹ _____

- a) That, the final cost of treatment does not exceed the recommended amount for treatment.
 - ✓ b) That, the mode of travel should be as per the eligibility, or as recommended by Health Department for onward journey and by Referral Hospital for return journey.
 - c) That, the number of escorts should not be more than recommendation by Health Department.
 - d) That, the items of treatment in the final bill should conform to the admissible list.
3. The referral cases to the Hospitals not recognized by the Health Department will require prior approval of Health Department.
4. In cases where treatment in a recognized Hospital has taken place without prior approval because of a medical emergency, ex-post facto approval of Health Department will be obtained for which justification necessitating emergency treatment would need to be spelt out.
- ✓ 5. The final bill of treatment is required to be presented alongwith duly filled format at Annexure - I.
- ✓ 6. The employee seeking reference for treatment of his/her parent/child is required to submit a declaration as per format in Annexure-II to the Medical Specialist concerned.
7. The aforesaid provisions will apply to all referral cases of all Government employees both within and outside the State.