

CHECK LIST FOR SANCTIONING OF REIMBURSEMENT OF
MEDICAL EXPENSES

[Each item should be tick marked in token of verifications,* EC-Essentiality Certificate]

Name of Applicant.....Designation.....

Unit.....Name of Patient.....

Relationship.....

CHECK THE FOLLOWING ITEMS IN THE APPLICATION

- | | | |
|-----------------------------|---|-----------|
| 1. Sl.No. 1 to 5 | Whether correct as per service records | Yes/No |
| 2. Sl.No. 6 to 7 | Whether the information is complete and declaration required is furnished | Yes/No/NA |
| 3. Sl.No. 8 | Whether attested copy of OP ticket/ discharge certificate in the case of out-patient/ in-patient respectively is enclosed | Yes/No |
| 4. Sl.No. 9 | Whether certificate from Authorized Medical Attendant counter signed by the concerned DMO is furnished in the case of treatment in notified private hospital | Yes/No/NA |
| 5. Sl.No.10 & 11 | Whether the information are complete & certificate from DHS produced | Yes/No/NA |
| 6. Sl.No.12 | Whether the date of submission of claim is within 30 days from the date of last treatment and cash bills for more than 30 days enclosed if on continuous treatment or whether the the last date of treatment if not on continuous treatment | Yes/No |
| 7. Sl.No.13 &14 | Whether all cash bills as per EC are enclosed and the amount under each item tallies with total amount claimed | Yes/No |
| 8. Sl.No.15 | Whether the enclosures are furnished as per list | Yes/No |
| 9. Sl.No.16, 17 (a) & 17(b) | Whether the declarations are properly filled and signed | Yes/No |
| 10. Sl. No.18(1) | Whether the date of submission of the claim is correct furnished | Yes/No |

11. Slo.No. 18(2) Whether the correct date of re-submission is noted Yes/No/NA

OTHER DETAILS

12. Whether the name of patient, period of treatment and name of disease are filled in the EC Yes/No

13. Whether the cash bills are recorded date-wise and relevant details relating to each bill are recorded in the EC Yes/No

14. Whether the total amount claimed in EC tally with the total amount as per cash bills attached Yes/No

15. Whether EC is signed by the Authorized Medical Attendant under his name and seal and Office Seal of Hospital is affixed Yes/No

16. Whether all the cash bills of medicines bear the certificate "administered to the patient" by the Medical Officer under his name and seal Yes/No

CERTIFICATE

Certified that every entry in this application has been checked with the check list and found correct

Rs.....(Rs.....only)
may be sanctioned.

Also certified that the following amounts have been paid to him in the entire service till date

- 1. Medical Allowance Rs.....
- 2. Medical Re-imbusement Rs.....
- 3. Medical Advance Rs.....
(Financial Assistance)

Signature
Name of Asst/Estt.Sn

Signature
Name of Supdt/Estt.Sn

Verified in audit and found admissible for Rs.....(Rs.....
.....only)

Also certified that the amount paid till date as noted above is correct

Signature
Name of Asst/Audit

Signature
Name of Supdt/Audit

Signature
Admn, Officer

Signature
Unit Officer