

MEDICAL REIMBURSEMENT : GUIDELINES FOR THE STAFF

1. Please fill in all the details like Full name, Medical Ref. No., Name/s of Patient/s, Relationship, etc. in the form to facilitate expeditious processing.
2. Always give cost-wise break-up together with prescription by the treating Doctor for Consultation, Medicine, Pathological test, etc. and if the amount claimed under any head is clubbed for more than one item, please give separate details on another sheet.
3. Enclose Photo copies of doctor's prescriptions in case you want the originals to be retained by you. However the reimbursement of consultation charges written on prescription would be made only against originals, which will not be returned under any circumstances. Validity of the doctor's prescription will be valid for one year from the date of the prescription.
4. Please claim only that amount which is reimbursable per the Schedule of Medical Charges already with you. Please ensure before submitting the same to us that claim is complete in all respects.
5. Please submit your claims within two months from the date the treatment is over. In case of continuous treatment, the first claim should be submitted within two months and thereafter, at monthly intervals. The bills received after two months would be rejected being "Time barred".
6. Claims should be submitted alongwith –
 - i. the treating Doctor's prescription/bills/receipted bills showing name of the patient, names(s) of medicine(s), nature of illness, period of treatment, number and type of visits, number and type of medicines, etc., and
 - ii. relevant cash memos with the name of Doctor, name of the patient and names of medicines

Doctor's prescriptions/bills/receipted bills, etc. must be on the letterhead with name, qualifications, address and registration number. If they are given on a plain paper, there should be a rubber-stamp impression giving information similar to the one on letterhead. To avoid necessary return of claims, it is desirable that prescriptions, bills, receipts, receipted bills, cash memos, etc. are legibly written and that the member, while submitting a claim should also give full details of medicines purchased, tests carried out with their charges, etc. legibly.

7. In case bills are returned by the Medical Department for some clarification, these should be re-submitted within 15 days to avoid abnormal delay.
8. Prescriptions should normally not carry the receipt for payment of consultation fee.
9. Bills for hospitalization should have separate details of each charge like room rent, Doctor's consultation/visit with dates, Operation charges, Operation Theatre Charges, Anaesthesia charges, Medicines administered with name and cost, tests with charges for each test, etc.
10. To submit discharge Card with all hospitalization claims.
11. Staff should take due care while submitting claims that the cash memos submitted by him for medicines purchased are supported by Doctor's prescriptions. Once deduction is made on account of medicines not prescribed by the Doctor it may be possible to reconsider that claim provided staff submits the Doctor's prescription within 15 days. This also applies to tests undertaken by the Staff which are not covered by Doctor's prescriptions.
12. In case, under special circumstances substitute medicines have been purchased, this should be indicated as a substitute either on the chemist bill or on the Doctor's prescription.
13. In case of optical claims, Xerox of eye test report must be attached with the claim.
14. To avail of tax exemption on hospitalization claim(s), a copy of the Notification regarding exemption from the Income Tax, under Section 17(2) of the Income Tax Act 1961 should be submitted with the claim.