



भारत सरकार GOVERNMENT OF INDIA  
रेलमंत्रालय MINISTRY OF RAILWAYS  
रेलवे बोर्ड RAILWAY BOARD

No.2025/I & Trans. Cell / Healthcare /2 / P  
E-office no: 3482216

New Delhi, Date: 05.05.2025

The General Manager DG, CTIs  
PCMDs, PHODs, CAO/C DG, RDSO  
All Indian Railways

**Subject:** IR Healthcare Policy on Cancer Treatment - reg.

**Ref. :**

- 1) Railway Board letter No. 2024/I & Trans. Cell / Healthcare/ P dt. 29.08.2024
- 2) Gol, Ministry of Health & FW, CGHS O.M. No. Z15025/19/2024/DIR/ CGHS / EHS (Comp No. 8281286) dated 28.06.2024.

Towards the policy aim of providing a comprehensive care, treatment and access in cancer cases, the following instructions are being issued for treatment at Tata Memorial Centre Hospital, Institutes of National Importance, Government Hospitals and Empanelled Hospitals.:

1. **Validity of Cancer Referrals** by the Railway Doctor shall be for a duration of 90 days and during the 90-day duration of the referral the patient may consult two more specialists i.e., up to a total of three specialists; i.e. a maximum of 6 consultations are allowed during the duration of 3 months; if recommended by the primary specialist at: (i) Tata Memorial Centre Hospital; (ii) Institutes of National Importance (INIs viz. 25 AIIMS, PGI-Chandigarh, PGI-Puducherry and NIMHANS-Bengaluru) in terms of Railway Board letter under ref.1; (iii) Empanelled HCOs of IR or CGHS; and (iv) Government Hospitals (GHs) in terms of CGHS' O.M. at ref. (2).
2. **Tata Memorial Centre Hospital (and its various Centres)** –is a Premier Institution for Cancer Treatment recognised by the Gol, Ministry of Health & FW.
  - A. No referral / permission / endorsement is required for initial Diagnostics / Tests / Consultation / Investigation at Preventive Oncology Branch or OPD in Tata Memorial Centre Hospital (TMCH). The medical reimbursement for such treatment at TMCH shall be as per rates stipulated in IR's MoU with TMCH or on actuals, whichever is lower, and may include cost of registration, consultation, initial Tests / Medication etc. in OPD.
  - B. For medically expedient cancer cases needing referral to TMCH on the basis of OPD/ Consultations / Investigations / Diagnostics /Tests as per para-2A above, the cancer patient may exercise the option of either taking referral from jurisdictional Railway Hospital (RH) (mentioned in patient's UMID) or take referral from either of IR's two nodal RHs for TMCH, namely Dr Babasaheb Ambedkar Memorial Railway Hospital, Central Railway and Jagjivan Ram Hospital, Western Railway.

*Pranav Kumar Mullick*  
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- C. Referral by Railway Doctor shall be inclusive of the in-house treatment (Consultation, Investigation, Chemotherapy, Radiotherapy, Surgery etc) within the validity of referral. During IPD treatment, the robotic / laparoscopic / implants / special surgery etc. as allowed under CGHS and including chemotherapy administered, radiation, medicines dispensed, Tests or other diagnostics done, would be covered in the expenses met during the treatment.
- D. Medicines, including post-operative protocol medicines and follow-up medicines, as prescribed shall be provided by the TMCH. In the event medicines are not provided by TMCH it will certify that the medicine was not provided to the patient and the same would be provided by the RH /HU w.r.t. patient's UMID.
3. **Institutes of National Importance (INIs viz. 25 AIIMS, PGI-Chandigarh, PGI-Puducherry and NIMHANS-Bengaluru in terms of Railway Board letter under ref. (1) and Government Hospitals (GHs) in terms of CGHS O.M. under ref. (2)**
- A. No referral / permission / endorsement is required for Cancer treatment including OPD/IPD/Consultations/ Investigations/ Diagnostics/ Tests in INIs and GHs.
- B. Reimbursement in such cases shall be as per actuals or city specific CGHS rates, whichever is lower and may include cost of registration, consultation, initial treatment / medication etc. in OPD.
- C. For cancer cases needing referral treatment / IPD on the basis of OPD/ Consultations / Investigations / Diagnostics / Tests as per instant para, the referral would be given by the jurisdictional RH as per patient's UMID.
- D. Referral / Treatment at these INIs and GH shall be inclusive as per para 2-C above.
- E. Medicines, including post-operative protocol medicines and follow-up medicines, as prescribed shall be provided by the INIs / GHs and in the event, it certifies that the medicine was not provided to the patient, the same shall be provided by the RH / HU w.r.t. patient's UMID.
4. **Empanelled Healthcare Organisations (HCOs) of IR and CGHS:**
- A. No referral / permission / endorsement is required for Cancer OPD / Consultations / Investigations/ Diagnostics/ Tests (except IPD) in Empanelled HCOs of IR / CGHS.
- B. Reimbursement in such cases shall be as per actuals or city specific CGHS rates, whichever is lower, and may include cost of registration, consultation, initial treatment / medication etc. in OPD.
- C. For, Cancer cases needing referral treatment /IPD on the basis of OPD/ Consultations / Investigations / Diagnostics /Tests as per instant para 4-A, the referral would be given by the jurisdictional RH as per patient's UMID.

*Pranav Kumar Mullik*  
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- D. Referral / Treatment at these Empanelled HCOs (EHs) shall be inclusive of the in-house treatment (Consultation, Investigation, Chemotherapy, Radiotherapy, Surgery etc) within the validity of referral. IPD treatment would be as per IR's MoU with the respective EH, and chemotherapy administered, radiation, medicines dispensed, Tests or other diagnostics done, would be covered in the expenses met during the treatment. Post-operative protocol/medicines, as prescribed shall be provided by the RH/HU w.r.t. patient's UMID.

**notes to para 2, 3 and 4 above:**

- i. Attention is drawn to Annexure-V - of the Railway Board letter under ref. (1) - on "Benefit of reimbursement of Medical Expense from two sources vide Railway Board letter No. 2009/H/6-4/Policy dated 09.04.2015" - which also has an illustration attached to it. While sanctioning medical reimbursement cases, this provision may be kept in view and the staff guided and encouraged / sensitized to avail of this benefit wherever feasible.
- ii. Reimbursement under para 4-B would be admissible only in confirmed cancer cases.
- iii. Cancer Medicines that are to be provided by the RH / HU, in terms of para 2-C, 3D and 4-D above, may be provided by the RH/HU, as per patient's request since UMID has already been granted pan-IR validity as per healthcare policy vide Railway Board letter under ref. (1)

**Footnote:**

Tata Memorial Centre Hospital (TMCH) refers to both – Tata Memorial Centre and/or Tata Memorial Hospital.

5. IR's healthcare policy vide Railway Board letter under ref. (1) lays thrust on leveraging IR's digital healthcare Infra (HMIS linked with HRMS & IPAS), under which, inter-alia, UMID card with pan-IR validity and Digital Referral protocol has been stipulated. In pursuance thereof, following have been decided:-

- A. **Single-window Cancer-care:** The AGM (for HQrs Zonal RH) and DRMs (for Divisional RH) would nominate a railway doctor as a nodal authority for referral / reimbursement etc. in all cancer cases, including non-IR cancer patient load under PMJAY, Ayushman Bharat Yojana etc. and as nodal for participation /coordination with National Cancer Grid, National Cancer Registry Programme, Government Cancer Care Centres, NPCDCS, Community Awareness Cancer Screening and Awareness Programmes, ACTREC etc.

*Pranav Kumar Mallick*  
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**B. Simplified Referral Process for Cancer Treatment** e.g. OPD / IPD / Investigations / Diagnostics / Tests and including emergency / post-operative follow-up / referral for further course/s of an ongoing treatment of cancer:

- i. Dr Babasaheb Ambedkar Memorial Railway Hospital, Central Railway and Jagjivan Ram Hospital, Western Railway as the two nodal RHs on IR for TMCH, Mumbai, shall ensure that the MoU / Agreement with TMCH incorporates the latest provisions / features at par with the MoU /Agreement between TMCH and GoI, Ministry of Health & FW, CGHS. This would be the standard MoU / Agreement for IR and various other centres of TMC.
- ii. A designated railway doctor, not below SG, may be nominated by the GM/ AGM of concerned Railway where the TMH centre exists, as single window for TMCH for any co-ordination, guidance / help or paper authentication / authorisation / endorsement / verification etc. requested by the TMCH for any UMID / RELHS beneficiary w.r.t. referral issued by other RH / HU.
- iii. Serving Railway Employee and / or their dependent beneficiary, as well as railway pensioner and / or RELHS beneficiaries shall carry UMID Card. Entitlement of the beneficiary shall be indicated in the referral / UMID.
- iv. No repeat referral is required for a follow-up treatment w.r.t. on-going treatment (where previous referral has been given). Railway Patients may carry their UMID cards to directly visit TMCH / INIs / GHs /Empanelled HCOs.

6. In terms of Railway Board letter under ref. (1), Health Directorate (Director /Health Policy & Projects) Railway Board is the '**single point of contact**' (SPOC) for the instant Healthcare Policy and HMIS.

This issues with the approval of DG/RHS and the Railway Board (MF and CRB & CEO).

Please acknowledge receipt and ensure compliance.

  
05/05/2025

(Pranav Kumar Mallick)

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Director Health Policy & Projects

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No.2025/I & Trans. Cell / Healthcare /2 / P

New Delhi, Date: 05.05.2025

1. PFAs, All Indian Railways & Production Units.
2. The ADAI (Railways), New Delhi;
3. The Director of Audit, All Indian Railways

  
06/05/25

for Member Finance

Railway Board


Copy as per list enclosed:

No.2025/I & Trans. Cell / Healthcare /2 / P

New Delhi, Date: 05.05.2025

Copy for information to:

1. The Executive Director, Indian Railways Centre for Advanced Maintenance Technology, Gwalior.
2. The Registrar, Railway Claims Tribunal, Delhi.
3. The Chief Commissioner of Railway Safety, Lucknow.
4. The Secretary, Railway Rates Tribunal, Chennai.
5. The Chairman. Railway Recruitment Board, Ahmedabad. Ajmer, Allahabad, Bangalore, Bhopal, Bhubaneswar, Chandigarh, Chennai, Gorakhpur. Guwahati, Jammu & Srinagar, Kolkata, Malda, Mumbai, Muzaffarpur, Patna, Ranchi, Secunderabad and Trivendrum.

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New Delhi, Date: 05.05.2025

Copy to:

1. The Genl. Secy., AIRF, Room No. 253, & NFIR Room No. 256-E, Rail Bhavan
2. The Secy. Genl., IRPOF, Room No. 268. FROA, Room No. 256-A & AIRPFA, Room No. 256-D Rail Bhavan.
3. All Members of Departmental Council and National Council and Secretary, Staff Side, National Council, 13-C, Ferozshah Road, New Delhi.
4. The Secretary, RBSS Group 'A' Officers Association, Room No. 256-D, Rail Bhawan, New Delhi.
5. The Secretary, RBSS Group 'B' Officers Association, Rail Bhawan, New Delhi.
6. The Secretary, RBMSA, Rail Bhawan, New Delhi.
7. The Secretary, Railway Board Group 'D' Employees Association, Rail Bhawan, New Delhi.
8. The Secretary, Railway Board Promotee Officers Association, Room No. 341-C, Rail Bhawan, New Delhi.
9. The General Secretary, All India SC/ST Railway Employees Association, Room No.8, Ground Floor, Rail Bhawan, New Delhi.
10. General Secretary, Retired Railway Employees Welfare Association (Regd.), 490A/16, Gurudwara Road, Gurgaon.

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3. All DGs, Secretary/RB, All AMs, PEDs, All EDs, Railway Board.
4. IG/P&TS, Railway Board.
5. RBCC, Room No. 476 for uploading on the website.

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# Railway Board letter under reference (1)

Railway Board letter No. 2024/ I & Trans. Cell / Healthcare/ P dated  
29.08.2024



भारत सरकार GOVERNMENT OF INDIA  
रेल मंत्रालय MINISTRY OF RAILWAYS  
रेलवे बोर्ड RAILWAY BOARD

No.2024/I & Trans. Cell / Healthcare /P

New Delhi, Date: 29.08.2024

The General Manager      DG, CTIs  
PCMDs, PCPOs              DG, RDSO  
PHODs                        CMD, RailTel  
All Indian Railways

**Subject:** Railway Healthcare Policy Instructions - reg.

The issue of providing better railway healthcare has been a constant endeavour of the Railway Administration. Suggestions / references on the same have been under active consideration of the Railway Board and the following has been decided:

**1. Pan-IR UMID Card for Serving Staff, Pensioners and Dependent Beneficiaries:**

- i. **QR coded pan-IR UMID card** may be issued on request through HMIS @ Rs 100/- per card (Rs one hundred per card.)
- ii. **e-UMID:** All UMID Cards would be placed, as 'issued document', in Digi-Locker of the Primary Card Holder (i.e., IR's Serving Employee / Pensioner) and made available on beneficiary's profile on HMIS App.
- iii. **pan-IR validity:** for treatment at all Railway Hospitals / Health Units and for referral or emergency treatment at any of IR empanelled HCOs (Health Care Organisations like private hospitals, diagnostics, specialists etc.)

**2. Referral:**

- i. Referral shall not be in favour of any particular empanelled hospital by name. **All referrals shall only mention that the referral for treatment is valid for any IR empanelled HCO on IR.** (ref. GoI, Ministry of Health & FW, O.M. No. Z 15025 /105 /2017 /DIR /CGHS/EHS dt. 9th Nov. 2017).
- ii. Zonal Railway shall empanel HCOs **for all employees/ pensioners/ dependents on IR as entitled** to avail treatment /services. This shall be incorporated in all extant empanelled HCOs with immediate effect.
- iii. All **referrals would be valid for a period** of 30 (thirty) days or as further specified. Referral would be subject to revalidation, wherever required, by the same referring Railway Authority / Railway Doctor.
- iv. **Features** are at Annexure-I.
- v. Zonal Railways to ensure compliance at all extant/subsequent empanelled HCOs.

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**3. Treatment at Institutes of National Importance (INIs) viz. PGIMER-Chandigarh, JIPMER-Puducherry, NIMHANS-Bengaluru and 25 AIIMS.**

- a) No referral / permission is required for Treatment (OPD/ Consultations/ IPD/ Indoor Treatment/ Investigations/ Diagnostics/ Tests) at the above-mentioned INIs.
- b) Medicines prescribed by these INIs shall be obtained from the Railway Hospital after initial treatment and medication in OPD / Emergency.
- c) With respect to the IPD treatment, till the time patient is admitted in these hospitals, medicines dispensed by these INIs, Tests and other diagnostics done at these INIs, would be covered in the expenses met during the treatment at these INIs.
- d) Medicines prescribed by these INIs, including the follow up medicines and other services shall be provided by the Railway Hospital / Health Unit.
- e) Reimbursement for treatment at these INIs shall be as per actuals or city specific CGHS Rates, whichever is lower.
- f) The above excludes dental implants and / or such treatments that are not allowed under extant instructions.
- g) Any addition to the list of INIs at para 3 would require prior approval of the Railway Board.

**4. Directory of IR empanelled HCOs** (showing location, specialization / services and rating).

- a. HMIS App would show live **Directory of IR's empanelled HCOs**. The Directory would have two Lists (sub-Directories): (i) Empanelled HCOs where cashless treatment facility is available on referral and emergency (ii) Empanelled HCOs with Non-cashless facility, categorized as '**CARE**'.
- b. HMIS App has been provided with a feature of rating by the Patient availing treatment at IR empanelled HCOs. Zonal Railways shall use this feature for performance assessment of empanelled HCOs and addressing issues resulting in poor ratings.
- c. **Explanatory illustration is at Annexure-II.**
- d. General instructions on HMIS Directory of IR empanelled HCOs are at **Annex-III.**

**5. Leveraging IR's Digital Health Infrastructure (HMIS):**

- a. For Serving Employees, (RELHS) Pensioners and Dependents: treatment at RH / HU and empanelled HCOs shall be, without exception, w.r.t. UMID.

[note: Those railway pensioners and/or their dependent beneficiaries, who are entitled to medical treatment / services / medicines at RH / HU but no UMID has been issued to them, shall not be denied medical treatment/ services/ medicines at RH / HU. Their UMID No. would be generated, at first opportunity, w.r.t. their PPO and Aadhar, whenever they approach RH / HU, to enable them to avail of entitled facility. Remaining details /fields in UMID card would be verified and filled up in HMIS Database.]

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- b. Indian Railway Medical Manual contains provision that **servants / attendants or non-dependents temporarily staying with the railway employee / pensioner, who are in need of medical attention, could avail medical treatment / services / medicines at RH / HU as private patients on payment:** It has been decided that the same may be availed w.r.t. Primary UMID Card on payment @ city specific CGHS Rates or as prescribed by Railways wherever CGHS rates are not available. In HMIS treatment of such non-dependents shall be limited to the jurisdiction of Railway Hospital / Health Unit where the railway employee resides. At all other RHs / HUs such usage is prohibited and would be system blocked in HMIS. In all cases where treatment is not being availed by the Primary Card-holder herself / himself, all transaction slips in HMIS w.r.t. such non-dependents as private patients shall capture Name, Relationship and Aadhar no. of the Patient availing treatment along with OTP based confirmation by Primary UMID Card-holder and payment. All such transactions would be reflected in HMIS profile of the Primary Card-holder.

**[note: Special Instructions:** Card is non-transferable. Primary Card-holder is required to keep the card in her / his safe custody and use scrupulously. Changes or up-dations are the responsibility of the Primary Card-holder who, when a fresh card is required to be issued due to changes / up-dations, shall block it in HMIS and request for a fresh card to be issued. Misuse shall be liable for proceedings under D&AR and/or civil/criminal proceedings. Loss / Theft to be immediately reported by the Primary Cardholder to the controlling officer and Medical Officer along with a copy of the FIR and Card to be blocked in HMIS.]

6. **On-line HMIS integrated payment gateway** for payments relating to treatment services including medicines at RH/HU has been provided in HMIS.
7. **Standardised format** of pan-IR UMID card for serving employees, pensioners and dependents is at Annexure-IV.
8. Health Directorate (ED/Health and / or Director /Health Policy & Projects) Railway Board is the **'single point of contact' (SPOC) for HMIS and coordination with RailTel / C-DAC** on issues regarding HMIS.

This issues with the approval of Railway Board (DG/RHS, DG/HR, MF and the CRB & CEO).

Kindly acknowledge receipt and ensure compliance. Hindi version would follow.

Enclosures: As above

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New Delhi, Date:29.08 .2024

1. PFAs, All Indian Railways & Production Units.
2. The ADAI (Railways), New Delhi;
3. The Director of Audit, All Indian Railways

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**for Member Finance**

Copy to:

- (i) CMD, RailTel – for ensuring HMIS in line with policy instructions (ii) As per list enclosed:

Copy for information to:

1. The Executive Director, Indian Railways Centre for Advanced Maintenance Technology, Gwalior.
2. The Registrar, Railway Claims Tribunal, Delhi.
3. The Chief Commissioner of Railway Safety, Lucknow.
4. The Secretary, Railway Rates Tribunal, Chennai.
5. The Chairman. Railway Recruitment Board, Ahmedabad. Ajmer, Allahabad, Bangalore, Bhopal, Bhubaneswar, Chandigarh, Chennai, Gorakhpur. Guwahati, Jammu & Srinagar, Kolkata, Malda, Mumbai, Muzaffarpur, Patna, Ranchi, Secunderabad and Trivendrum.

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2. PSOs/Sr.PPSs/PPSs to CRB & CEO, M/O&BD, MF, M/TRS, M/Infra
3. All DGs, Secretary/RB, All AMs, PEDs, All EDs, Railway Board.
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**Annexure-I  
Referral:**

- a. **Simplified (2-step) Referral process** has already been introduced vide para 1 of the Railway Board letter no. 2018/Trans Cell / Health / Medical Issues dated 24.01.2019. Representations are being received that the RH/HU are not following the said instructions. The administrative in-charge of the RH/HU and the DRM / AGM/ GM may ensure strict adherence to the same.
- b. **Referral shall not be made in favour of any particular vendor or empanelled private hospital or any other HCO by name.** In this regard the Regulation on Professional Conduct and Ethics as per Gazette Notification No. R-12013/01/2022/Ethics of 2<sup>nd</sup> August 2023 issued by the National Medical Mission is also to be kept in view. GoI, Ministry of Health & FW, CGHS instructions debar this specifically. Such instances could invite vigilance angle and in addition shall make the erring railway doctor liable for conduct rules violation.
- c. **All referrals shall only mention that the same is for any IR empanelled HCO anywhere on IR.** (ref. GoI, Ministry of Health & FW, O.M. No. Z 15025 /105 /2017 /DIR /CGHS/EHS dt. 9th Nov. 2017).
- d. Notwithstanding the fact as to which Zonal Railway has empanelled an HCO (Health Care Organisations like empanelled private hospitals, diagnostics, specialists etc.), **as a cross-approval policy approach, all empanelment are for IR and all employees/ pensioners/ beneficiaries are entitled** to avail treatment /services at any of the IR empanelled HCOs.
- e. **All referrals would be valid for a period of 30 days.** Referral would be subject to revalidation, wherever required, by the same referring Railway Authority / Railway Doctor
- f. **Choice would be exercised by the employee / pensioner / beneficiary** in writing, for the purposes of medical pass if required. If desired by the employee / pensioner / beneficiary, the RH / HU would be duty bound to render all assistance /guidance to the patient in making her /his decision about the choice from the list IR empanelled HCOs.
- g. In all Referral cases, a **referral authentication** token, along with a Digital Referral Letter, in HMIS would be generated by the RH / HU that has referred the patient. The empanelled HCO wherever the patient chooses to avail the referral treatment / facility would use its own (HCO specific login ID) to accept the referral token available against the UMID Card detail in HMIS App.
- h. In **emergency cases** [already laid down in the para 4 of the draft MoU stipulated vide Railway Board letter No. 2021/H-1/10/MoU dated 20.11.2023 – **copy enclosed**] the empanelled HCO would use its login ID to verify UMID card and tick on the 'red-flag'. An SMS (SOS) message in HMIS against that UMID would be sent to the concerned RH in-charge of the Unit of the Primary UMID Card-holder and Zonal Railway Hospital Administrator.

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## Annexure-II - Illustration

### Illustration A: Referral case

(referral by Railway Doctor for treatment at IR empanelled Hospital)

Patient A (UMID Card-holder) is issued a referral by Railway Doctor for treatment at IR empanelled Hospital anywhere on IR. Patient A looks up the live Directory in HMIS App and sees the location, rating and services/ specialization offered by various empanelled Hospitals on IR.

Patient A may choose cashless treatment facility at any one of the empanelled Hospital in List A of the Directory.

Alternatively, if Patient A finds that one Hospital in list B suits her / him better, in terms of location or specialization services, Patient A may avail treatment at her / his chosen Hospital in List B.

IR empanelled Hospital (either List A or List B) would have an OTP based (login) access to verify the Patient's UMID card and tick the unique referral token - shown against that UMID Card - to acknowledge the digital referral letter issued by the Railway Doctor.

If Patient A goes to chosen Hospital in List B, avails of the treatment as per railway referral and makes all payments herself / himself @ CGHS Rates, the Patient A, after getting a fit / discharge certificate and resuming railway duty (if serving employee) would submit bills for reimbursement (with all the records as required) to the designated jurisdictional RH/HU of the Primary Card-holder, for having availed of the treatment w.r.t. referral by Railways. The eligible reimbursement claim is credited within the prescribed time limit for reimbursement, in the salary account for serving employee and bank account indicated by the pensioner.

### Illustration B: Emergency Case.

Patient B is in need of (defined) emergency treatment. Patient B checks up the live HMIS Directory to choose an empanelled Hospital that suits her / him best (location-wise or rating-wise or service-wise). Empanelled Hospital could be in List A or List B of the Directory.

The empanelled Hospital uses OTP based (login) access to verify Patient B's UMID card and ticks the emergency treatment 'red flag' against the UMID. Systems (HMIS) triggered message (SMS-SOS) against that UMID is sent to the concerned RH in-charge of the jurisdictional unit of the Primary UMID Card-holder and Zonal Railway Central Hospital.

Patient B, after availing treatment submits bills to jurisdictional RH / HU for reimbursement with all the records for having availed of the treatment w.r.t. emergency treatment. The eligible reimbursement claim is credited within the prescribed time limit for reimbursement, in the salary account for serving employee and bank account indicated by the pensioner.

**Benefit of reimbursement of Medical Expense from two sources:** Patient B is encouraged to avail of the benefit of reimbursement of medical expense from two sources (i.e., Total Bill less claim paid by Insurance, is reimbursable up to the admissible amount @ CGHS rates) vide **Railway Board letter No. 2009/H/6-4/Policy dated 09.04.2015 which also has an illustration attached to it. (copy enclosed as Annex. -V).**

### Illustration C:

Patient C avails of certain treatment / services at the List B of the Directory but has neither any prior referral nor is in need as an emergency. Though Patient B avails benefit of treatment / services at the List B empanelled Hospital @ CGHS rates, expenditure incurred by Patient C is not eligible for reimbursement.

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Mallick

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## Annexure-III – Live Directory of Empaneled Health Care Organisations (HCOs)

[Health Care Organizations like Private Hospitals, Diagnostic Centers, Specialists etc.]

Live Directory (in HMIS App) of all empanelled HCOs on IR												
Category	Features											
<p style="text-align: center;">List A:</p> <p>Directory of Empanelled HCOs with <b>Cashless Treatment Facility</b> in case of Referral and Emergency</p>	<p>(a) MoA / MoU by Zonal Railways shall unambiguously provide that all railway employees, pensioners and their dependent beneficiaries carrying their UMID card would be entitled for treatment.</p> <p>(b) Cases of referral by Railway Doctor or Emergency - UMID card-holder entitled for cashless treatment at IR empanelled private Hospitals as per HMIS Directory.</p>											
<p style="text-align: center;">List B:</p> <p>Directory of Empanelled HCOs with <b>on-payment facility</b> categorized as '<b>CARE</b>' (CGHS' empanelled HCOs Access to Railway Employees)</p> <p><b>Note:</b></p> <p>(i) Health Directorate, Railway Board, as a single window would enter into MoA / MoU with CGHS empanelled HCOs on identical Terms &amp; Conditions and Rates as between that HCO and GoI, Ministry of Health &amp; FW (CGHS), but without any cashless / credit facility and therefore without any stipulation of PBG or EMD. Special emphasis in MoA/MoU would be on providing prompt and required medical attention /treatment to Railway beneficiaries carrying UMID.</p> <p>(ii) Health Directorate, Railway Board shall sync / update this Database w.r.t. CGHS' list of empanelled HCOs as and when CGHS revises its list.</p> <p>(iii) Treatment / services availed would be on payment basis by the railway employee /pensioner /dependent beneficiary @ CGHS Rates.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Treatment / Services availed at List B: 'CARE'</th><th>Mode</th><th>Reimbursable as per extant procedure @ CGHS Rates.</th></tr> </thead> <tbody> <tr> <td>Referral by Railway Doctor</td><td rowspan="3">On-payment by UMID cardholder</td><td>Yes</td></tr> <tr> <td>Emergency</td><td>Yes</td></tr> <tr> <td>Walk-in-facility (non-reimbursable)</td><td>no</td></tr> </tbody> </table>	Treatment / Services availed at List B: 'CARE'	Mode	Reimbursable as per extant procedure @ CGHS Rates.	Referral by Railway Doctor	On-payment by UMID cardholder	Yes	Emergency	Yes	Walk-in-facility (non-reimbursable)	no	<p>(a) UMID Card may be used for treatment on payment (by patient) at empanelled Hospitals under ListB (CARE) in HMIS Directory.</p> <p>(b) In these empanelled Hospitals ('CARE') - Referral by Railway Doctor and / or Emergency cases shall be eligible for reimbursement.</p> <p>(c) Railway employees, pensioners and dependent beneficiaries would avail treatment / services w.r.t. UMID card and Aadhar, both to be captured in every transaction slip issued by the empanelled HCO.</p> <p>(d) All efforts would be made to credit the Reimbursable amount (referral and emergency cases only) at the earliest within the time limit prescribed for reimbursement through salary bill in salary account of serving railway employee and bank account indicated by the pensioner.</p> <p>(e) Walk-in-facility would be on prior payment by the patient (UMID card-holder) at CGHS Rates / charges as per the MoA. <u>This is, however, not reimbursable.</u></p>	
Treatment / Services availed at List B: 'CARE'	Mode	Reimbursable as per extant procedure @ CGHS Rates.										
Referral by Railway Doctor	On-payment by UMID cardholder	Yes										
Emergency		Yes										
Walk-in-facility (non-reimbursable)		no										

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Pranav Kumar Mallick

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## Annexure-IV – standard format of pan-IR UMID Card

### For Dependent of Serving Employees

	<b>Government of India Ministry of Railways Indian Railways</b>	
UMID No.	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
Type of Card	Self / Dependent	
Name of the Card-holder	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
masked Aadhar	xxxx-xxxx-____	
Validity	Upto ____/____/____	

Valid at all Railway Hospitals (RHs) / Health Units (HUs) on IR.

**Instructions:** (please refer to instructions formally issued on the matter)

- Primary Card-holder / Dependents:** Referral or Emergency cases entitled to cashless treatment at any IR empanelled Hospitals shown in HMIS Directory. At Institutes of National Importance viz. AIIMS /PGIMER- Chandigarh /JIPMER-Puducherry /NIMHANS-Bengaluru - no referral required and is reimbursable as eligible.




प्राधिकार/ Issuing Authority

Details of Primary Card Holder	
Primary UMID Card-holders' Name :	• xxxxxxxxxxxxxxxxxxxx
Primary UMID Card No.:	• xxxxxxxxxxxxxxxxxxxx
Designation:	• xxxxxxxx
Station/Unit and HQ of employee:	• xxxxxxxx
HRMS ID	• xxxxxxxx
masked Cell No.	• xxxxxx
Jurisdictional RH /HU	• ____/____/____ (Division ____ / Railway ____)

**Special Instructions:** Card is non-transferable. Primary Card-holder is required to keep the card in her / his safe custody and use scrupulously. Changes or up-dations are the responsibility of the Primary Card-holder who, when a fresh card is required to be issued due to changes / up-dations, shall block it in HMIS and request for a fresh card to be issued. Misuse shall be liable for proceedings under D&AR and/or civil/criminal proceedings. Loss / Theft to be immediately reported by the Primary Cardholder to the controlling officer and Medical Officer along with a copy of the FIR and Card to be blocked in HMIS.

प्राधिकार/ Issuing Authority

### For Serving Employee

	<b>Government of India Ministry of Railways Indian Railways</b>	
UMID No.	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
Type of Card	Self / Dependent	
Name of the Card-holder	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
masked Aadhar	xxxx-xxxx-____	
Validity	Upto ____/____/____	

Valid at all Railway Hospitals (RHs) / Health Units (HUs) on IR.

**Instructions:** (please refer to instructions formally issued on the matter)

- Primary Card-holder / Dependents:** Referral or Emergency cases entitled to cashless treatment at any of the IR empanelled Hospitals shown in HMIS Directory. At Institutes of National Importance viz. AIIMS /PGIMER- Chandigarh /JIPMER-Puducherry /NIMHANS-Bengaluru - no referral required and is reimbursable as eligible.
- Servant / Attendant or non-dependents:** temporarily staying with Primary UMID Card-holder and in need of medical attention may avail of medical treatment / services / medicines at RH / HU as private patients on payment @ city specific CGHS Rates or as prescribed. Such usage to be strictly limited at the RH / HU where Primary Card holder resides. All transactions secured and captured w.r.t. HMIS profile of Primary Card-holder.




प्राधिकार/ Issuing Authority

Details of Primary Card Holder	
Primary UMID Card-holders' Name :	• xxxxxxxxxxxxxxxxxxxx
Primary UMID Card No.:	• xxxxxxxxxxxxxxxxxxxx
Designation:	• xxxxxxxx
Station/Unit and HQ of employee:	• xxxxxxxx
HRMS ID	• xxxxxxxx
masked Cell No.	• xxxxxx
Jurisdictional RH /HU	• ____/____/____ (Division ____ / Railway ____)

**Special Instructions:** Card is non-transferable. Primary Card-holder is required to keep the card in her / his safe custody and use scrupulously. Changes or up-dations are the responsibility of the Primary Card-holder who, when a fresh card is required to be issued due to changes / up-dations, shall block it in HMIS and request for a fresh card to be issued. Misuse shall be liable for proceedings under D&AR and/or civil/criminal proceedings. Loss / Theft to be immediately reported by the Primary Cardholder to the controlling officer and Medical Officer along with a copy of the FIR and Card to be blocked in HMIS.

प्राधिकार/ Issuing Authority

### For Pensioner's Dependent

	<b>Government of India Ministry of Railways Indian Railways</b>	
UMID No.	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
Type of Card	Self / Dependent	
Name of the Card-holder	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
masked Aadhar	xxxx-xxxx-____	
Validity	Upto ____/____/____	

Valid at all Railway Hospitals (RHs) / Health Units (HUs) on IR.

**Instructions:** (please refer to instructions formally issued on the matter)

- Primary Card-holder / Dependents:** Referral or Emergency cases entitled to cashless treatment at any IR empanelled Hospitals shown in HMIS Directory. At Institutes of National Importance viz. AIIMS /PGIMER- Chandigarh /JIPMER-Puducherry /NIMHANS-Bengaluru - no referral required and is reimbursable as eligible.




प्राधिकार/ Issuing Authority

Details of Primary Card Holder	
Pensioner UMID Card-holders' Name :	• xxxxxxxxxxxxxxxxxxxx
Pensioner UMID Card No.:	• xxxxxxxxxxxxxxxxxxxx
Designation at the time of retirement:	• xxxxxxxx
Station/Unit and HQ of employee from where retired:	• xxxxxxxx
HRMS ID	• xxxxxxxx
masked Cell No.	• xxxxxxxx
PPO No.	• xxxxxx
Jurisdictional RH /HU	• ____/____/____ (Div. ____ / Rly ____)

**Special Instructions:** Card is non-transferable. Primary Card-holder is required to keep the card in her / his safe custody and use scrupulously. Changes or up-dations are the responsibility of the Primary Card-holder who, when a fresh card is required to be issued due to changes / up-dations, shall block it in HMIS and request for a fresh card to be issued. Misuse shall be liable for proceedings under D&AR and/or civil/criminal proceedings. Loss / Theft to be immediately reported by the Primary Cardholder to the controlling officer and Medical Officer along with a copy of the FIR and Card to be blocked in HMIS.

प्राधिकार/ Issuing Authority

### For Pensioner

	<b>Government of India Ministry of Railways Indian Railways</b>	
UMID No.	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
Type of Card	Self / Dependent	
Name of the Card-holder	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
masked Aadhar	xxxx-xxxx-____	
Validity	Upto ____/____/____	

Valid at all Railway Hospitals (RHs) / Health Units (HUs) on IR.

**Instructions:** (please refer to instructions formally issued on the matter)

- Primary Card-holder / Dependents:** Referral or Emergency cases entitled to cashless treatment at any IR empanelled Hospitals shown in HMIS Directory. At Institutes of National Importance viz. AIIMS /PGIMER- Chandigarh /JIPMER-Puducherry /NIMHANS-Bengaluru - no referral required and is reimbursable as eligible.
- Servant / Attendant or non-dependents:** temporarily staying with Primary UMID Card-holder and in need of medical attention may avail of medical treatment / services / medicines at RH / HU as private patients on payment @ city specific CGHS Rates or as prescribed. Such usage to be strictly limited at the RH / HU where Primary Card holder resides. All transactions secured and captured w.r.t. HMIS profile of Primary Card-holder.

प्राधिकार/ Issuing Authority

Details of Primary Card Holder	
Pensioner UMID Card-holders' Name :	• xxxxxxxxxxxxxxxxxxxx
Pensioner UMID Card No.:	• xxxxxxxxxxxxxxxxxxxx
Designation at the time of retirement:	• xxxxxxxx
Station/Unit and HQ of employee from where retired:	• xxxxxxxx
HRMS ID	• xxxxxxxx
masked Cell No.	• xxxxxxxx
PPO No.	• xxxxxx
Jurisdictional RH /HU	• ____/____/____ (Div. ____ / Rly ____)

**Special Instructions:** Card is non-transferable. Primary Card-holder is required to keep the card in her / his safe custody and use scrupulously. Changes or up-dations are the responsibility of the Primary Card-holder who, when a fresh card is required to be issued due to changes / up-dations, shall block it in HMIS and request for a fresh card to be issued. Misuse shall be liable for proceedings under D&AR and/or civil/criminal proceedings. Loss / Theft to be immediately reported by the Primary Cardholder to the controlling officer and Medical Officer along with a copy of the FIR and Card to be blocked in HMIS.

प्राधिकार/ Issuing Authority

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**AVNINDER SINGH BHASIN**

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Date: 2024.08.30 14:41:30  
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**Pranav Kumar Mallick**  
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Pranav Kumar Mallick  
Date: 2024.08.29  
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## Annexure-V

**Benefit of reimbursement of Medical Expense from two sources vide Railway Board letter No. 2009/H/6-4/Policy dated 09.04.2015 which also has an illustration attached to it.**

ACS-1/2015

GOVERNMENT OF INDIA (भारत सरकार)  
MINISTRY OF RAILWAYS (रेल मंत्रालय)  
(RAILWAY BOARD)

No. 2009/H /6-4/Policy

Dated: 09.04.2015

General Manager,  
All Indian Railways,  
New Delhi,

GM/CAO/DG  
All Production Unit including RDSO

**Sub:** Policy on reimbursement of medical expenses by Railways where part payment has been received by the beneficiary through medical insurance claim.

**Ref:** Railway Board's letter no. 2009/H/6-4/Policy, dated 28.02.2013.

Railway Board has been receiving representations from various quarters for modifying the extant policy on reimbursement of medical expenses where part payment has been made through insurance claims. After due consideration, in supercession of the above referred letter, the following instructions are issued:

Railway beneficiaries, both serving employees and retired employees (members of RELHS scheme) who have subscribed to Medical Insurance Policies, may be allowed to claim reimbursement both from the insurance company as well as Railways subject to the condition that the total amount of reimbursement from both the sources should not exceed the total expenditure incurred by the beneficiary for the treatment. The beneficiary will make the first claim to the insurance company and thereafter to the Railway concerned, wherever necessary, as per the procedure explained below.

1. The medical claim against the original vouchers/bills would be raised by the beneficiary first to the insurance company, which would issue a certificate, addressed to the concerned CMS/MD indicating the amount reimbursed. The insurance company will retain the original vouchers/bills in such cases and issue photocopies of bills/vouchers duly certified in ink along with stamp of the insurance company.
2. The beneficiary would thereafter prefer his/her medical claim along with photocopies of vouchers/bills duly certified, in ink, along with stamp of the insurance company to the concerned MD/CMS through the Health Unit/Hospital where the Medical I card is registered.
3. Medical Department shall scrutinize the claim as per the extant rules of Railway, ignoring the amount already reimbursed by insurance company, and the amount

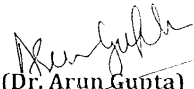


found admissible, as per Railway approved rates, will be processed for reimbursement.

4. Reimbursement from Railway will however be limited to the difference between actual amount spent by beneficiary and the amount already reimbursed by insurance company "or" the amount found admissible as per Railway Rules, whichever is lower. (Illustrative examples are enclosed as annexure 1)
5. The fact that the claim has been accepted and processed by an Insurance Company does not confer any validity/legality to the claim as far as reimbursement from Railways is concerned. Reimbursement from Railways shall be done only if the claim is admissible as per the extant rules of Railways. Just like any other reimbursement claim, it can be rejected at any stage.

These instructions take effect from the date of issue of letter. Past cases shall not be reopened.

DA: One


  
(Dr. Arun Gupta)  
Dir. (H&FW)  
Railway Board

No. 2009/H /6-4/Policy

Dated: 09.04.2015

Copy forwarded to:-

1. CMDs, All Indian Railways.
2. CMOs, All Production Units including RDSO
3. FA&CAO, All Indian Railways including PUs & RDSO
4. Sr. Professor Health Management, NAIR, Vadodara

  
(Dr. Arun Gupta)  
Dir. (H&FW)  
Railway Board

No. 2009/H /6-4/Policy

Dated: 09.04.2015

Copy Forwarded to:-

1. The Principal Director of Audit, All Indian Railways.
2. The Dy. Comptroller & Auditor General of India (Railways), Room No. 224, Rail Bhavan, New Delhi.

  
For Financial Commissioner Railways

Copy to F(E) Spl. Branch and Health-1 Branch, Railway Board.

Annexure to Board's letter No.2009/H/6-4/Policy dated 09.04.2015

**Illustration No. I**

- |   |                 |
|---|-----------------|
| A. Total Medical Expenditure incurred by the Rly beneficiary  | : Rs.1,00,000/- |
| B. Amount reimbursed by Insurance Company out of (A)  | : Rs.40,000/-   |
| C. Amount out of (A) which is reimbursable as per Rly approved rates/rules.                           | : Rs.70,000/-   |
| D. Maximum amount that can be reimbursed by Railways will be either (A-B) OR (C) whichever is lesser. | : Rs.60,000/-   |

**Illustration No. II**

- |   |                 |
|---|-----------------|
| A. Total Medical Expenditure incurred by the Rly beneficiary  | : Rs.1,00,000/- |
| B. Amount reimbursed by Insurance Company out of (A)  | : Rs.20,000/-   |
| C. Amount out of (A) which is reimbursable as per Rly approved rates/rules.                           | : Rs.70,000/-   |
| D. Maximum amount that can be reimbursed by Railways will be either (A-B) OR (C) whichever is lesser. | : Rs.70,000/-   |

## Gol, MoH&FW O.M under reference (2)

Gol, Ministry of Health &FW, CGHS O.M No.

Z15025/19/2024/DIR/CGHS/EHS (Comp No. 8281286) dated 28.06.2024

Nirman Bhawan, New Delhi  
Dated the 28-06-2024

## OFFICE MEMORANDUM

**Subject: Revised guidelines for Referral Process in CGHS-reg.**

In partial modification of MoHFW OM No. Z.15025/117/DIR/CGHS/EHSS dated 15.01.2018 and 10.12.2018, the undersigned is directed to convey approval of the Competent Authority for issue of revised guidelines for referral procedures for Consultation, Investigations and Treatment in Government and Private hospitals (empanelled with CGHS), as per details given below:

**A. In continuation of OM No Z.15025/18/2020 dated the 09.10.2020 the term "Government hospital", shall also include all AIIMSs, Institutions of National Importance (INIs), North East Institutions, Tata Memorial Hospital and all other medical institutions under central government. No referral/permission/endorsement shall be required for undergoing consultation/investigation/treatment procedure including unlisted investigations/procedures.**

### **B. Treatment at Private empanelled hospital(s):**

- i. **Single referral for Specialist Consultation:** A referral issued by any Medical Officer of a CGHS Wellness Centre will be valid for three months. During this period, the beneficiary may consult two more specialists i.e. up to total of three specialists, if recommended by the primary specialist. A maximum 6 consultations shall be allowed during this validity period of 3 months.
- ii. **Investigation and treatment Procedures advised by specialist of empanelled private hospital after referral by CGHS:** No further endorsement from CGHS shall be required for undergoing routine listed investigations and minor procedures, not requiring admission in the hospital, as advised by the specialist, within the validity period of 3 months from the date of issue of the initial referral. However, Referral/endorsement from CGHS shall be required for special investigations like CT Scan, MRI Scan, PET Scan and any other investigation costing over Rs. 3,000/- and the referral will be valid for 3 months.
- iii. Correspondingly, referral/ endorsement would be required from Medical Officer of CGHS for any procedure requiring admission in the hospital, which would be valid for 3 month.
- iv. **Unlisted Investigation(s) and treatment procedures advised by the Specialist of CGHS empaneled hospital:** Permission for undergoing



such investigations and treatment procedures shall be considered as per the delegated powers vide OM Z.15025/14/2023/ DIR/CGHS dated 27.12.2023 in case of pensioners and OM No. S 12020/4/97-CGHS(P) dated 07.04.1999 in case of serving employees. i.e.

- a. CGHS (Additional Director/ Director) in case of Pensioner beneficiaries.
  - b. Head of the Department/ Office (HOD/HOO) in case of serving employee(s)
- v. In partial modification of O.M. No. Z15025/35/2019/ DIR/CGHS/CGHS(P) dated 29.05.2019, the special provision for CGHS beneficiaries to avail Consultation/investigations/treatment procedures shall hereinafter apply to CGHS beneficiaries aged 70 years and above, as against 75 years prescribed in OM as mentioned above dated 29.05.2019. The other conditions shall remain unchanged. The beneficiaries can also avail of the services through tele-consultation facility available through e-Sanjeevani 2.0 (<https://esanjeevani.mohfw.gov.in/>).
- vi. In case of **treatment under emergency** and **post-operative follow-up treatment**, the instructions shall remain as per extant rules. Reference Instructions:
- a. O.M. No. S.1101/29/2019-EHS dated 13.09.2019.
  - b. O.M. No. Z15025/35/2019/DIR/CGHS/CGHS(P) dated 29.05.2019 (regarding post-operative follow-up treatment).

Signed by

Hemlata Singh

Date: 20.06.2024 14:28:11

Under Secretary to the Government of India  
Tel 011-23061778.

To

1. All Ministries and Departments of the Government of India through the CGHS website
2. Addl. Director, CGHS(HQ)/ Addl. DDG(CGHS)/ Addl. Directors, CGHS of Cities / Zone.
3. All CGHS Wellness Centres through concerned AD, CGHS
4. MCTC, CGHS with the directions to upload the document on CGHS Website ([www.cghs.gov.in](http://www.cghs.gov.in)).
5. All HCOs empanelled under CGHS through CGHS website.
6. Director, AIIMS as per list; JIPMER, Puducherry; PGIMER, Chandigarh;
7. DDG NIC Health with the request to modify the CGHS application.
8. Sh. Jitendra Singh, CDAC, Noida
9. CEO & MD NHA with the request to kindly inform the Claim Processing Doctors regarding the referral process.
10. LACs/ ZACs through Addl. Directors, CGHS.
11. Sanctioning Authorities in CGHS.
12. CMO Hospital Cell, CGHS HQ.
13. All CGHS empanelled private hospitals through Additional Director of concerned city

Copy of Information to:

1. PPS to Secretary (H&FW), MoHFW
2. PPS to Secretary (Personnel), DoPT, MoPPG&P
3. PPS to Secretary(DARPG &DoPPW), MoPPG&P
4. PPS to AS & DG CGHS
5. PPS to JS (MoHFW), CGHS

*Hemlata Singh*  
*28/06/24*

(Hemlata Singh)  
Under Secretary to the Government of India  
Tel 011-23061778

MoU between CGHS & TMCH Dated 22.04.2025  
(Referred at para 5.B.i.)





महाराष्ट्र MAHARASHTRA

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प्रधान मुद्रांक कार्यालय, मुंबई  
प.मु.वि.क्र. ८००००९०  
- 8 APR 2025  
सक्षम अधिकारी

### MEMORANDUM OF UNDERSTANDING

For providing treatment for serving beneficiaries & credit facilities to CGHS Pensioners and Staff in the Tata Memorial Centre, Mumbai

This Agreement made at Mumbai on this Day \_\_\_\_ of \_\_\_\_ of between **THE PRESIDENT OF INDIA** acting through **ADDITIONAL DIRECTOR, Central Government Health Scheme, MINISTRY OF HEALTH & FAMILY WELFARE, GOVERNMENT OF INDIA** having its office at **OFFICE OF THE ADDITIONAL DIRECTOR, CENTRAL GOVERNMENT HEALTH SCHEME, MUMBAI, OLD CGO BUILDING (PRATISTHA BHAVAN), GROUND FLOOR SOUTH WING, 101, M.K. ROAD, NEW MARINE LINES, MUMBAI 400020** (Hereinafter called as "CGHS" for short, which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include its successors and assign) of the **First Part**.

**TATA MEMORIAL CENTRE, Dr Ernest Borges Marg, Parel, Mumbai- 400 012** and its subsidiary **Advanced Centre for Treatment, Research and Education in Cancer (ACTREC) Sector 22, Utsav Chowk-cisf road, owe camp, Kharghar, Navi Mumbai, Maharashtra 410210** (Hereinafter referred to as "the Centre" for short, which expression shall, where the context so admits, include its succession & Assigns) of the **SECOND PART**. NOW, THEREFORE, IT IS HEREBY AGREED between the Parties as follows:





1. The CGHS Pensioners and staff will be treated in General/Semi Private/Private wards category corresponding to the C, B, A of Tata rates respectively, as authorised as per their entitlement.

2. With reference to **Office memorandum Z15025/19/2024/DIR/CGHS/EHS (Comp No. 8281286) I/3687286/2024 dated 28/6/2024 & in continuation of the OM no. Z15025/18/2020 dated 9/10/2020, the term "Government hospital" shall also include Tata Memorial Hospital, and no referral/permission/endorsement shall be required for undergoing consultation/ investigation/ treatment procedures, including the unlisted investigations/ procedures.**

3. The Centre shall **raise credit bills of CGHS Pensioners and CGHS staff** to The Office of Additional Director CGHS Mumbai and payment shall be made to the TATA MEMORIAL CENTRE, Dr. Ernest Borges Marg, Parel, Mumbai-400 012 or ACTREC, KHARGHAR, as per the bill raised.

4. The CGHS beneficiaries and their dependents taking treatment from Tata Memorial Centre will be charged as per the Tata rates in force and amended from time to time for various treatments. **The schedule of charges is revised every three years.**

5. Only bills will be forwarded for payment. Memos relating to drugs will be given to patient only as per policy of Tata Memorial Centre. CGHS will make the payment within 30 days of receipt of the bills from the Centre. For the sake of uniformity, bills will be raised by 10th of every month and period for payment will be 9th of the following month.

6. IN-HOUSE TREATMENT OF THE PATIENT Any liability on account of default or negligence on the part of the Centre in providing or performing the medical services arises, the Centre shall alone be responsible for such deficiency of service and CGHS will not be responsible for the same.

7. All the medicines prescribed by Tata Memorial Centre's doctors will be supplied to the patients by the Centre as per the procedure in force from time to time. If medicines are unavailable in TMC's dispensary, patients will have the option to procure from CGHS as per the rules. In such circumstances, the Medical Superintendent, TMH, will certify that the medicine was not available in the TMC dispensary, and CGHS will provide the same to the patient.

8. Identification of patients will be the responsibility of the CGHS & not the Tata Memorial Centre Mumbai Authority.

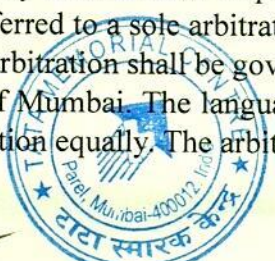
9. The agreement shall remain in force for 3 YEARS from the date signed by both parties.

10. In case of any breach of the terms of this agreement, either party, by giving one month's Notice (Clear 30 days to be counted from the receipt of the Notice) in writing to the other, can terminate this contract. Such Notice will have to be sent by Registered A.D. on the specific address of the parties given as under:

A) ADDITIONAL DIRECTOR, CENTRAL GOVERNMENT HEALTH SCHEME, OFFICE OF THE ADDITIONAL DIRECTOR, CENTRAL GOVERNMENT HEALTH SCHEME, MUMBAI, OLD CGO BUILDING (PRATISHTHA BHAVAN), GROUND FLOOR, SOUTH WING, 101, M.K. ROAD, NEW MARINE LINES, MUMBAI 400020

B) DIRECTOR, TATA MEMORIAL CENTRE, Dr. Ernest Borges Marg, Parel, Mumbai 400012.

11. In the event difference disputes arising between the parties in respect of any matter arising out of and relating to this SOP/MOU, such dispute/ difference shall, in the first instance, be resolved amicably by mutual consultation within 30 days of the reference of disputes by either party. If amicable settlement is not reached between the parties, then such unresolved dispute or difference of opinion concerning or arising from the SOP/MOU and its implementation, breach or termination whatsoever, including any difference or dispute as to the interpretation of any of the terms of the SOP/MOU, shall be referred to a sole arbitrator appointed by the parties. The arbitrator shall give reasoned award. Then arbitration shall be governed by Arbitration and conciliation ACT 1996 and conducted in the city of Mumbai. The language of arbitration shall be English. The parties shall share the cost of arbitration equally. The arbitration award shall be binding on both parties.





12. This SOP/MOU may otherwise be terminated upon a) Material breach of any of the terms of this SOP/MOU, provided however that the Party who alleges material breach shall serve on the other Party a written notice to rectify the breach within thirty (30) days, failure of which this SOP/MOU shall stand terminated; or b) Parties mutually agreeing for termination.

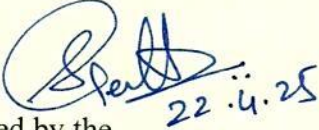
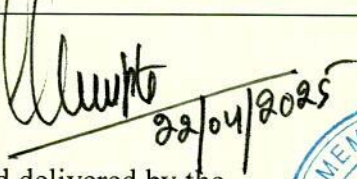
13. Two originals of this Agreement are made on Non-judicial Stamp Papers of Rs 500/- each; one will be kept at the Office of the Additional Director CGHS, Mumbai and the other will be retained in the Office of the Centre.

14. Treatment such as Bone Marrow Transplant facility, Proton Therapy and CAR-T Cell Therapy shall be done under credit facility, the bills for the same will be settled within one month after receiving the bills

15.. Above all clauses apply to all units of Tata Memorial Centres in Mumbai.

IN WITNESS WHEREOF the parties hereunto have put their respective hands on the day and year first hereinabove written.

Dated:

 Signed and delivered by the within named ----- Party of the ONE PART	 Signed and delivered by the within the named Hospital, The party of the OTHER PART Through the Director, Tata Memorial Centre
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Annexure-I

**Standard terms and conditions for availing the facility (credit for pensioners) & serving by any eligible organisation**

1. Every patient is required to produce a valid CGHS card/DIGI APP/CGHS App.
2. Bills will be generated monthly and sent to CGHS for prompt settlement. In case the amount remains unpaid for more than three months, the hospital shall have the option of discontinuance of the credit facility.
3. Please also note that no priority / preferential treatment will be accorded for the patients unless clinically indicated.
4. The Hospital will provide comprehensive drug details, for in-patient cases, these details are incorporated in the bills, and for out-patient cases, a memo containing the drug information is issued at the time of medicine dispensation hence not a part of regular bills; however, any additional details of OPD medicines/ bills will be provided on request
5. Credit facility will not be extended to pensioners and CGHS staff who opt for treatment in a higher category than the one he/she is entitled to.
6. The referral agency should have a centralized point on all matters related to MOU
7. Memos for drugs issued are handed over to the patient concerned and the same may be submitted to CGHS in case of any query regarding drugs.
8. The payment may be made by NEFT /RTGS as per bank details provided by TMH
9. All serving CGHS Beneficiaries will be entitled to treatment at TMH as per their entitlement (General/Semi-Private/Private wards category corresponding to the C, B, and A categories respectively of TMH rates) on payment.

  
22.4.25