

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

No. 2005/H/6-4/Policy-I

New Delhi, Dated: 20.09.2017

General Manager
All Indian Railways.
(Including PUs and RDSO)

Sub: Clarification regarding addition of OPD-reg.
Ref: This office letter of even number dated 01.06.2017.

The Para III of reimbursement claim form (Copy enclosed) may be read as under:-

“Para III: Details of Indoor/OPD Treatment at Non-Railway Institute”



(R.S.Shukla) (आर. एस. शुक्ल)

Joint Director/Health (सं. नि. /स्वा.)

Railway Board (रेलवे बोर्ड)

Copy to:-

- I. Chief Medical Directors/ Chief Medical Officers of Indian Railways (including PUs and RDSO).
- II. FA & COs, All Indian Railways (including PUs and RDSO).
- III. Senior Professor/ Medical National Academy Indian Railways (NAIR), Baroda, Gujarat.

etc.


22/09/2017

No.2005/H/6-4/Policy-I

New Delhi, Dated:-20.09.2017

Copy to:-

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


For Secretary, Railway Board

Copy To:- PSO to CRB, FC, MS, ME, MT, ML, MM Railway Board.

REIMBURSEMENT CLAIM FORM

- 1. Name of the Railway/Retd. Employee (in BLOCK letters)
- 2. Designation of the Railway/Retd. Employee (in BLOCK letters)
- 3. Office and Station of employment
- 4. Pay/Last Pay of the Railway/Retd. Employee including garde pay
- 5. Residential address
- 6. MIC/RELHS no. and issuing Authority
- 7. MIC/RELHS registered at H Unit/Hospital

- I (A) Name and age of the patient
- II (B) Patient's relationship to the Rly/Retd. Employee

III Details of Indoor/OPD Treatment at Non-Railway Institute

- A. Name of Hospital:
- B. Date of Admission:
- C. Date of Discharge:
- D. Diagnosis:
- E. Amount of Total Hospital Bill (Attach detailed bill):
- F. Whether Treatment was taken in Emergency:
- G. Are you a CISE member (Y/N)

IV. Whether subscribing to any Health Insurance Policy¹ or covered under any other health scheme:

If yes, have you received any amount from insurance company for the treatment in question Give details if any on separate sheet of paper.

V. Total Amount Claimed:

VI Details of Bank account where Reimbursement amount is to be paid:

- a. Name of the Bank
- b. Account No.
- c. Branch MICR Code
- d. IFSC Code

VII List of enclosures (Please tick the documents attached and write additional documents)

- A. Photocopy of MIC/RELHS card
 - B. Essentiality cum Emergency Certificate by the Non Rly Hospital
 - C. Discharge Summary
 - D. Original Bills of Hospital
 - E. Original Cash vouchers of Drugs/consumables/implants etc. if relevant
 - F. Outer pouch of Stent, pacemaker, Implants etc.
 - G. Any other enclosure
- (In case of many enclosures, write number of additional enclosures here and attach a separate sheet with details)

DECLARATION TO BE SIGNED BY THE RAILWAY EMPLOYEE

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me. I am aware that misuse of medical facilities or misrepresentation of any kind can attract penal action including cancellation of MIC/RELHS Card. I hereby declare that this is my final claim and I shall not make any claim in future to Rly or any other health scheme in respect to this treatment episode.

Date

Place

Signature of the Railway employee

¹In case the beneficiary has medical insurance policy and intend to make claim for the treatment in question then he/she may make claim to insurance company first and then submit claim to Rly with documents, bills etc. attested by insurance company.