

भारत सरकार GOVERNMENT OF INDIA
रेल मंत्रालय/MINISTRY OF RAILWAYS
रेलवे बोर्ड /Railway Board

File No. 2019/ERB-III/1(9)/3

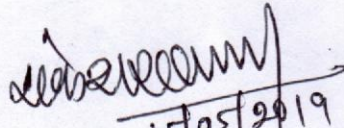
Date : 15.05.19

CIRCULAR

While examining the Medical Reimbursement cases of the employees working in this Ministry, it is observed that Dr. Lal Path Lab is regularly overcharging ₹1200/- against the CGHS prescribed rate of ₹600/- for Dengue Serology test, even though the employee has valid CGHS prescription.

2. The matter was taken up with Ministry of Health & Family Welfare and as per their advice, it has been decided that a data of employees, who have paid an overcharged amount to Dr. Lal Path Lab against Dengue serology test, would be prepared and sent to Dr. Lal Path Labs to process the refund of excess charges levied against the said test.

3. It is hereby advised that employee, who has paid ₹1200/- against Dengue IgG (₹600/-) and Dengue IgM (₹600/-) tests conducted from Dr. Lal Path Labs, may approach ERB-III branch within 30 days from date of issue of this letter along with **copies of enlisted documents** and required information in prescribed proforma attached herewith, to process his/her refund case. The requests of refund shall not be entertained afterwards and the employee will have to approach directly to Dr. Lal Path labs for the same.


15/05/2019
(Rakesh Rawat)

Under Secretary (Admn.)-II

Copy to: All officers and branches of Railway Board including at Metro Bhawan,
Pragati Maidan.

**APPLICATION FOR REFUND OF AMOUNT OVERCHARGED BY DR. LAL PATHLAB FOR
DENGUE SEROLOGY TEST, FROM EMPLOYEES OF THE MINISTRY OF RAILWAYS**
(Reference : CGHS Letter No. 6-14/Complaint Division/CGHS(HQ)/2019/196-97 dated 08.03.2019)

1. EMPLOYEE'S (PRINCIPAL CARD HOLDER) DETAILS :

- 1.1 Name (both in Hindi & English) : कु. /श्रीमती/श्री
Miss/Mrs./Mr.
- 1.2 RUID/Employee No. :
- 1.3 Designation & Branch/Officer attached with :
- 1.4 Employee's CGHS Card No.
(Self attested photocopy of CGHS Card is attached) :
- 1.5 Mobile No. :

2. PATIENT'S DETAILS :

- 2.1 Name
(both in Hindi & English) : कु. /श्रीमती/श्री
Miss/Mrs./Mr.
- 2.2 Relation with Employee :
- 2.3 Patient's CGHS Card No. (Self attested
photocopy of patient's CGHS Card is attached) :

- 3. Bill(s) No. and Date**
(Self attested photocopy of bill is attached) :

4. BANK DETAILS FOR ONLINE REFUND :

- 4.1 Name of Account Holder :
- 4.2 Account No. :
- 4.3 IFSC :
- 4.4 Name & Address of Bank
(A cancelled cheque is attached) :

Please arrange to refund an amount of Rs. as per the direction of CGHS, issued to Dr.Lal Pathlabs Ltd. vide their letter No. 6-14/Complaint Division/CGHS(HQ)2019/196-97 dated 08.03.2019. The refund amount may please be transferred in the Bank Account mentioned above. Copies of bill(s) and all other relevant documents are attached herewith.

Place :

Date :

Signature of the Employee

To

The Director,
Dr. Lal Path Labs Ltd.,
Block-E, Sector-18,
New Delhi-110085,