

# गुरु घासीदास विश्वविद्यालय बिलासपुर (छ.ग.)

(A Central University established by the Central Universities Act, 2009 No. 25 of 2009)

क्रमांक २४६ / स्था. / प्रशा. / 2012

बिलासपुर दिनांक ०९/६/२०१२

प्रति,

समस्त विभागाध्यक्ष/विभागीय अधिकारी,  
गुरु घासीदास विश्वविद्यालय,  
बिलासपुर (330910)

विषय - चिकित्सा परिचर्या नियम (हिन्दी में) के प्रसारण बाबत ।

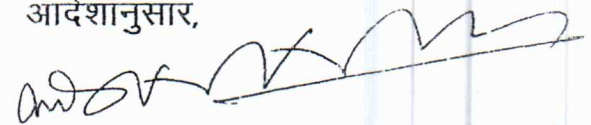
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करीबत,

गुरु घासीदास विश्वविद्यालय के चिकित्सा परिचर्या नियम का अनुमोदन विश्वविद्यालय कार्यपरिषद द्वारा बैठक दिनांक 20.04.2012 को किया गया है। कार्यपरिषद द्वारा अनुमोदित चिकित्सा परिचर्या नियम (हिन्दी में) की छाया प्रतियां इस पत्र के साथ संलग्न हैं।

कृपया संलग्न परिचर्या नियम आपके नियंत्रणाधीन शिक्षक/अधिकारियों/कार्यवाहियों को प्रदान करने का कष्ट करें।

आदेशानुसार,

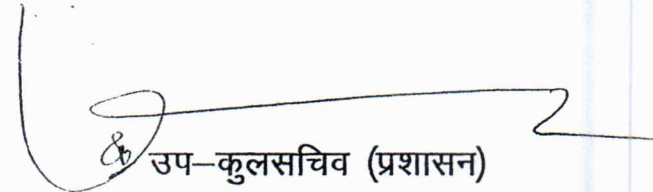
  
& कुलसचिव (कार्यवाहक)

क्रमांक ५४७ / स्था. / प्रशा. / 2012

बिलासपुर, दिनांक ०९/६/२०१२

प्रार्थना :

1. कुलपति जी के सचिव की ओर कुलपति जी के सूचनार्थ।
2. निम्नलिखित अधिकारी गुरु घासीदास विश्वविद्यालय बिलासपुर को सूचनार्थ एवं आवश्यक कार्यवाही हेतु।
3. विभागाध्यक्ष, संगणक संस्थान, की ओर विश्वविद्यालय वेब पटल पर जारी किये जाने हेतु।
4. कार्यालय प्रति।

  
& उप-कुलसचिव (प्रशासन)

09.06.12

कृ.संमेलित को प्रदान करवाए-1

श्री.मु.अ

11.6.12

## EMPANELLED HOSPITAL

Apollo Hospital Bilaspur (Payment with discount has to be made by employee however it will be reimbursed as per norms)

- ) Central and State Govt./Owned / directly funded Autonomous Hospitals/ Diagnostic Centres.
- ) All CGHS approved Hospitals/ Consultants/Diagnostic Centres.
- ) Hospital empanelled by Central Govt/ State Govt organization.
- ) Hospital empanelled by Central Govt Employee coordination committee.

### General Instruction

1. While visiting doctors for treatment it should be ensured that doctors should prescribe the medicine only pertaining to their field of specialization. An Ayurvedic doctor should not prescribe non-Ayurvedic medicines and vice-versa.
2. A Proper Cash receipt from doctor should be obtained for the consultation fee paid by the employee. Receipts given on the prescription slip or mentioned in the Certificate are not acceptable for the purpose of reimbursement.
3. The medical bills must be submitted within 90 days from the date of completion of the treatment. However, the late submission of bill under unavoidable circumstances will be considered as per CS (MA) rules. Bills submitted after delayed beyond 180 days will not be considered for reimbursement under any circumstances.
4. General Health Tonics, Vitamins and medicines of cosmetic nature are not reimbursable. The Notified & published list of non-reimbursable medicine is also available which can be seen in Medical Attendance rules.
5. The University may ask for used wrappers and bottles of medicine to check fraudulent claims. The employees are therefore, required to keep the used wrappers/bottles of costly medicine with them till their medical claims are settled.
6. The medicine should be purchased from an authorized chemist only for allopathic/Ayurvedic/Homeopathic medicines. Where medicines/injections are dispensed by the doctors emergency, they should mention the name of medicine/injection/batch number & cost of medicines in their letter heads. **Medicines dispensed by Homeopathic/Ayurvedic doctors who do not have batch numbers or dispensed in 'Pudia' or small hand made packets are not reimbursable.**
7. For treatments of Diabetics, Arthritis, BP, Hypertension etc maximum 3 months medicine can be prescribed by the treating doctor under one prescription. The employee may have to submit a certificate from the doctor after 3 months regarding the status of the health of the patient and further continuance of medicine/ treatment if required.
8. Any test prescribed by the treating doctor should be undertaken at University empanelled hospital or diagnostic centres only. Tests done at non-panel Labs are not reimbursable.  
Reports must be enclosed with the claim form, where the cost of tests exceeds Rs. 500/-.
9. While submitting medical claims all enclosures should be properly attached to avoid loss in transit, like Cash Memo which have delicate paper.
10. The hospitals/diagnostic centers will extend discounts on rates / charges. To avail the discount the employees are required to produce their respective Identity Cards/Health Card at the hospital counter at the time of registration / admission. The employees will ensure that the discount is availed

his administration division for remedial measures. **Non-availing of discount will be at the risk of the employee concerned.**

### Hospitalization

#### Emergency Treatment/ Hospitalization

In case of an accident or any other serious emergency, treatment can be taken in the nearest available non-attached hospital also. A Certificate should be obtained from the hospital with the regard to type of emergency and furnish the same with medical claim for reimbursement.

2. In the case of appropriate class of bed not being available in the hospital, next higher category of bed available can be availed. However, consequential increase in the cost of treatment, if any due to change in type of bed will be born by the employee. A certificate from the hospital regarding non-availability of entitled class of bed should also be obtained and attached with the medical claim for the purpose of reimbursement.

3. Entitlement of beds will be as per CS(MA)

#### Medical Advance

The medical advance is applicable for hospitalization purpose only. As per CS (MA) rules upto 90% of the estimated expenditure is granted in case of Cancer, Cardiac, Liver or Spinal treatments. In other types of treatment a maximum 50% of the estimate.

In case of hospitalization and for medical advance detailed estimate of expenditure should be obtained from the hospital wherein following information should be given by the hospital.

- a) Name of disease
- b) Whether any procedure is involved.
- c) No. of days the patient require hospitalization
- d) Room rent
- e) Procedure charges, if any
- f) Test & medicine charges.

#### D. Family Dependency

The government servant concerned can avail medical facilities under CS(MA) Rules, 1944, in respect of himself/herself as the case may be and the family members residing with him/her and covered under the relevant rules, provided –


- (I) Spouse – Joint declaration may be submitted in case spouse is working in Govt/autonomous body, where medical reimbursement facility is available.
- (II) Government employee will not lay claim for medical claims in r/o his/her their spouse, if such spouse is in receipt of some /fixed medical allowance.
- (II) Son – Dependent son(s) upto 25 years or marriage or Starts earning whichever is earlier.
- (III) Parents : for availing claims in r/o parents/parent-in-law (female) the income limit for dependency of Rs.3500/- plus amount of dearness/relief on the basic pension of Rs.3500/- as on date of consideration.

E. Matters not covered here will be governed as per CS(MA) rules

F. Guru Ghasidas Vishwavidyalaya has adopted CS(MA) and therefore medical allowance is stopped with immediate effect.

The staff members are requested to follow these guidelines.

By order

  
& Registrar (Acting)

Bilaspur, Date:- 4/11/2011

No. 887 /Admn/2011

Copy to:-

1. PS to VC for information of Hon'ble VC.
2. All Heads/Deans/Officers/Incharge of Departments/Sections for information.
3. Finance Officer/Internal Audit Section, Guru Ghasidas Vishwavidyalaya, Bilaspur for information.
4. Medical Officer, Guru Ghasidas Vishwavidyalaya, Bilaspur for information.
5. Office file.

  
& Deputy Registrar (Admn)

**ESSENTIALITY CERTIFICATE**

**CERTIFICATE 'A'**

(To be completed in the case of patients who are not admitted to hospital for treatment)  
Certificate granted to Mrs./Mr./Miss..... Wife/ Son/ Daughter of  
MR/MRS/MISS ..... employed in the .....

I, Dr. .... hereby certify:-

- (a) that I charged and received Rs. .... for ..... consultations on ..... (dates to be given) at my consulting room/ at the residence of the patient;
- (b) that I charged and received Rs..... for administering ..... intra-venous/intra-muscular/subcutaneous injections on.....(dates to be given) at..... my consulting Room/the residence of the patient;
- (c) that the injections administered were not/were for immunising or prophylactic purposes;
- (d) that the patient has been under treatment at ..... hospital/ my consulting room and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/ prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the ..... (name of the hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily food, toilets or disinfectants.

	<u>Name of Medicines</u>	<u>Price</u>
1.	.....	.....
2.	.....	.....
3.	.....	.....
4.	.....	.....

- (e) that the patient is/was suffering from ..... and is/was under my treatment from ..... to .....
- (f) that the patient is/was not given pre-natal or post-natal treatment;
- (g) that the X-ray laboratory test, etc., for which an expenditure of Rs. .... was incurred was necessary and were undertaken on my advice at ..... (name of the hospital or laboratory);
- (h) that I referred the patient to Dr. .... for SPECIALIST consultation and that the necessary approval of the ..... (Name of the Chief Administrative Officer of the State) as required under the rules was obtained;
- (i) that the patient did not require/required hospitalisation.

Dated:-----

*Signature of AMA/Designation of the Medical officer and hospital/ dispensary to which attached.*

N.B.: -certificates not applicable should be struck off. Certificate (e) is compulsory and must be filled in by the medical officer in all cases.

**ESSENTIALITY CERTIFICATE**  
**CERTIFICATE-B**

(To be completed in the case of patients WHO ARE ADMITTED to Hospital for treatment)

Certificate granted to Mrs./Mr./Miss ..... wife /son/daughter of Mr./ Mrs./ Miss  
..... employed .....

**PART-A**

I, Dr. .... hereby certify :-

- (a) that the patient was admitted to hospital on the advice of ..... (name of the medical officer)/on my advice;
- (b) that the patient has been under treatment at ..... and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the ..... (name of the hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available not preparations which are primarily foods, toilets or disinfectants.

NAME OF MEDICINES	PRICE
1. ....	.....
2. ....	.....
3. ....	.....
4. ....	.....
5. ....	.....

- (c) that the injections administered were/were not for immunising of prophylactic purposes;
- (d) that the patient is/was suffering from ..... and is/was under treatment from ..... to .....
- (e) that the X ray, laboratory test etc. for which an expenditure of Rs..... was incurred were necessary and were undertaken on my advice at ..... (name of hospital or laboratory);
- (f) that I called on Dr. .... for specialist consultation and that the necessary approval of the ..... (name of the Chief Administrative Medical Officer of the State) as required under the rules, ..... was ..... obtained.

Signature and Designation of the  
Medical Officer-in-charge of the case at the hospital.

**PART B**

certify that the patient has been under treatment at the ..... hospital and that the service of the special nurses for which an expenditure of Rs..... was incurred, vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Signature of the Medical Officer-in-charge  
of the case at the hospital.

**COUNTERSIGNED**

\* I certify that the patient has been under treatment at the ..... hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Place .....

Medical Superintendent  
.....Hospital

NOTE:- CERTIFICATES NOT APPLICABLE SHOULD BE STRUCK OFF. CERTIFICATE (B) IS COMPULSORY AND MUST BE FILLED IN BY THE MEDICAL OFFICER IN ALL CASES.

FORM OF APPLICATIONS FOR MEDICAL CLAIMS  
MED.97

Form of application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment for Central Government servants and their families - for medical attendance/treatment taken both from the Authorised Medical Attendant and a Hospital

1.	Name and designation of Government servant (in block letters)	:	
	i) Whether married or unmarried :	:	
	ii) If married, the place where wife/husband is Employed	:	
2.	Office in which employed	:	
3.	Pay of the Government servant as defined in the Fundamental Rules, and any other emoluments which should be shown separately	:	
4.	Place of duty	:	
5.	Actual residential address	:	
6.	Name of the patient and his/her relationship to the Government servant. N.B. - In the case of children state age also	:	
7.	Place at which the patient fell ill	:	
8.	Details of the amount claimed	:	
<b>I. Medical Attendance -</b>			
	i) Fees for consultation indicating -		
	a) The name and designation of the Medical Officer consulted and the hospital or dispensary to which attached	:	
	b) The number and dates of consultation and the fee paid for each consultation.	:	
	c) The number and dates of injection and the fee paid for each injection.	:	
	d) Whether consultations and/or injections were had at the hospital, at the consulting room of the medical officer or at the residence of the patient.	:	
	ii) Charges for pathological, bacteriological, radiological, or other similar tests undertaken during diagnosis indicating-		
	a) The name of the hospital or laboratory where undertaken; and	:	
	b) Whether the tests were undertaken on the advice of the authorized medical attendant. If so, a certificate to that effect should be attached.	:	
	iii) Cost of medicines purchased from the market (Cash memos and the essentiality certificate should be attached).	:	
<b>II Hospital Treatment.</b>			
	Name of the hospital	:	
	Charges for hospital treatment, indicating separately the charges for -		
	i) Accommodation (State whether it was according to the status or pay of the Government servant and in cases where the accommodation is higher than the status of the Government servant, a certificate should be attached to the effect that the accommodation to which he was entitled was not available)	:	
	ii) Diet	:	
	iii) Surgical operation or medical treatment or confinement.	:	
	iv) Pathological, bacteriological, radiological or other similar tests indicating -		
	a) The name of the hospital or laboratory at which undertaken, and	:	
	b) Whether undertaken on the advice of the medical officer in charge of the case at the hospital. If so, a certificate to that effect should be attached.	:	
	v) Medicines.		
	vi) Special medicines (Cash memos and the essentiality certificates should be attached)	:	
	vii) Ordinary nursing	:	
	viii) Special nursing, i.e., nurses, specially engaged for the patient. State whether they are employed on the advice of the medical officer in charge of the case at the hospital or at the request of the Govt. Servant or patient. In the former case a certificate from the medical officer in charge of the case and countersigned by the Medical Superintendent of the hospital should be attached.	:	
	ix) Ambulance charges (State the journey - to and from- undertaken)	:	
NOTE 1. - If the treatment was received by the Govt. servant at his residence under Rule 7 of the C.S. (M.A) Rules, 1944 give particulars of such treatment and attached a certificate from the authorized medical attendant as required by these rules.			
NOTE 2. - If the treatment was received at a hospital other than a Govt. hospital, necessary details and the			

certificate of the authorized medical attendant that the requisite treatment was not available in the nearest Govt. hospital should be furnished.

III. Consultation with Specialist - Fees paid to a specialist or a Medical Officer other than the authorized medical attendant, indicating - a) The name and designation of the Specialist or Medical Officer consulted and the hospital to which attached. b) Number and dates of consultations and the fees charged for each consultation. c) wherever consultation was had at the hospital, at the consulting room of the Specialist or Medical Officer, or at the residence of the patient, and d) Whether the Specialist or Medical Officer was consulted on the advice of the authorized medical attendant and the prior approval of the Chief Administrative Medical Officer of the State was obtained. If so, a certificate to that effect should be attached.		
9.	Total amount claimed	:
10.	Less advance taken on	:
11.	List of enclosure	:

**DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT**

I hereby declare that the statement in the 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.

Dated.....

Signature of the Government servant  
and Office to which attached.