

File

Check list for reimbursement of IN-DOOR medical bill

S. No.	Description	Mark (S.No./ Yes/ No/NA) whichever is applicable	Placed at
1	The bill is submitted in original along with a duplicate copy of the bill.		
2	Authorisation letter is enclosed with the bill.		
3	Whether the claim received within the six month from Hospital/Employee? Date of Receipt thereon.		
4	Visit Certificate as per BSNL HQ letter no. BSNL/Admn./15-5/07 (ii) Dated: January 8, 2008. It must be ensured that the visit should be executed within the period of indoor treatment and visiting officer should actually meet the patient in Hospital where he/she is admitted. If not the condonation from the competent authority and exemption from the competent authority is attached All the columns of the claim / visit certificate etc should be properly filled and no column should be left blank. Name and designation of the visiting office (duly stamped) and health card number should be properly mentioned on visit report All the particular of all the required annexure as per BSNL MRS is fill and duly signed by the authorised officer / person.		
5	The Indoor Medical Case has been recommended by the Head of SSA and all the columns of recommendation Performa are properly filled in.		
6	Is the expenditure involve is more than two basic + DA as on 1st April of the financial year and salary slip attached?		
7	In case of stents, the Invoice of the stent along with the Sticker of stents, wrappers in which the batch No., category of the stents should clearly be specified and attached with the claims. The required information as per BSNL corporate office letter no. BSNL/Admn./15-5/13 dated 21.01.2013 of the various Coronary / Vascular Stents adhere to ascertain the ceiling rates of the stent and any other latest instruction issued by BSNL Corporate office.		
8	A certificate by the concerned doctor identifying the patient in the copy of the BSNL MRS card should necessarily be enclosed with the claim.		
9	Legible copy of Family Health Card duly signed by employee .e		
10	Discharge Certificate/Summary/Card submitted in original and name of disease and the treatment done in the Hospital is clearly mentioned in the discharged slip.		
11	Permission letter issued by BSNL & Copy of visit report are attached with the bill.		
12	Permission for condonation from CGMT has been obtained in case of delay/No visit.		
13	Photograph of the patient affixed on the Medical card of BSNL's employee is attached by the concerned Doctor providing treatment and enclosed with the bill.		
14	Form D-I or Form-B duly completed and signed by the Doctor providing the treatment is checked and verified.		
15	'Emergency Certificate' is attached alongwith bill in case the patient admitted in emergency in the non-empanelled hospitals.		
16	The acceptance and recommendation for clearance of the cases submitted beyond the period of 6 month old before processing the claim for approval.		
17	The Hospital is Empanelled, Govt. or other than Empanelled currency of empanelment /faculty of empanelment.		
18	The justification for longer stay submitted by the Hospital , accepted by SSA and enlosed with the bill.		

19	In case of waiver of Outdoor limit cases the application for waiver is applied in advance of treatment If not the reason submitted by the SSA is accepted by the claim receiving branch		
20	The claim is a Package rate/procedural. The code no. of CGHS & book edition is also mentioned.		
21	As this case relates to implantation, the invoice of implant is enclosed with the claim . A certificate from the treating Doctor/Specialist is required to the effect that the implant has been implanted successfully and is functioning satisfactorily.		
22	Component wise total & Grand total has been done in expenditure summary.		
23	All the documents/Bill of Hospital is/are properly signed by the Doctor/Employee.		
24	Consumable/non-reimbursable items are checked & deducted in the bill.		
25	Justification of costly/large no. of medicines submitted by hospital is enclosed with the claim.		
26	As no procedure/surgery has been done in this case, hence justification/necessity of indoor treatment & reasons for not giving the treatment/investigations done as an outdoor patient, submitted by concerned Doctor is enclosed.		

Signature with Stamp