

O/o The Chief General  
Manager, APTB Section ,  
Tamil Nadu Telecom Circle,  
No.80, Anna Salai, Chennai -



भारत संचार निगम लिमिटेड  
( भारत सरकार का उपक्रम )  
BHARAT SANCHAR NIGAM LIMITED  
(A Govt. of India Enterprise)

To

The DGM(F),

O/O GM BSNL

SSA / CMTS TR.,

CAO&IFA O/O GM BSNL CNR SSA,

AOs Civil / Elec.Dns

NO. BSNL/APTB/Medical clarifications/09-10 Dated @ CH - 2. the 4.02.2011

Sub: Reiteration of instructions relating to BSNL MRS - Reg.

Kindly refer to various instructions of BSNL Corporate Office on BSNL MRS. On review of the Medical Claims received from the SSAs/Units in this office, numerous shortcomings are noticed which causes delay in settlement of the claims. In order to avoid delay of settlement of claims forwarded from the SSAs, the need for reiteration of the important instructions was felt and furnished below for necessary action pl.

I .The following are the types of cases which are forwarded to Circle Office for obtaining CGM's approval:

1. Inpatient treatment taken in empanelled hospital where the cost of the treatment exceeds 2 times of Basic Pay+D.A of the official. The claim has to be settled to the hospital.
2. Treatment taken in non-empanelled hospital under emergency condition. The claim has to be reimbursed to the official only when emergency is established beyond doubt.
3. Treatment taken in other circle empanelled hospital with the approval of CGM. Normally the official settles the hospital bill and prefers the claim but in one or two cases, the hospital permits cashless treatment and prefers claim.
4. Treatment taken in approved hospitals like CMC Vellore, Cancer Institute Adayar, Appollo Hospitals Greams road Chennai, Shankar Netralaya Chennai and Madras Mission Hospitals Chennai. The claim has to be reimbursed to the official.
5. Out Patient Treatment taken for Chronic Disease and where the cost of treatment exceeds the normal monetary limit of the official. The claim is to be reimbursed to the official.



6.Delay in submission will be rejected outright in all cases.Time schedule will have to be strictly adhered to by all including the hospitals.

II. Check List of documents which are necessary to be attached with the claim While forwarding to Circle Office for approval.

1. Inpatient treatment taken in empanelled hospital where the cost of the treatment exceeds 2 times of Basic Pay+D.A of the official.

- 1) **Authorisation Letter** from the Head of the SSA/Unit with clear indication of no.of days of hospitalization.
- 2) The copy of the MRS card duly verified and certified by the Doctor treating ,specifically identifying the patient.
- 3) In all cases involving hospitalization of two or more than two days, a designated officer not below the rank of STS level should visit the hospital, **during the stay of the patient**, and submit a report in the prescribed **proforma** after verifying with the BSNL MRS card.
- 4) If the hospitalization extends beyond 10 days, necessity for such extension should be certified by the doctor. The extended treatment **approval is to be given by the SSA.**
- 5) The Claim should be thoroughly checked by the SSA and amount admissible should be attested by the AO concerned.
- 6) Cumulative expenditure of Inpatient treatment taken Empanelled/ non empanelled/ approved hospitals may also be intimated in the proforma.
- 7) The recommendations of IFA /Head Of SSA should be enclosed.
- 8) The Claim should be entertained only if it is submitted within six months of the treatment.

II. Treatment taken in non-empanelled hospital under emergency condition.

- 1) Emergency Certificate from the treating Doctor with nature of illness detailed.
- 2) The letter of intimation from the official to the Office intimating the emergency admission in the non-empanelled hospital.
- 3) **Nodal Officer Visit Report(During the stay of the patient).**
- 4) The distance between (1) the residence and the Empanelled Hospital, (2) the residence and the hospital where treatment has been taken, (3) the residence and any other hospital where the treatment is available, should be furnished.
- 5) The Claim duly vetted at SSA level should be forwarded to Circle Office with the recommendation of IFA/Head Of SSA.
- 6) Cumulative expenditure of Inpatient treatment taken Empanelled/ non empanelled/ approved hospitals may also be intimated in the proforma.



- 7) The copy of the MRS card duly verified and certified by the Doctor treating ,specifically identifying the patient.

III. Treatment taken in other circle empanelled hospital with the approval of CGM.

- 1) Copy of the approval of CGM permitting treatment in empanelled hospital of Other Circle.
- 2) All other documents as per I. above.

IV. Treatment taken in approved hospital like CMC Vellore, Cancer Institute Adayar ,Appollo Hospitals Greames Road Chennai, Shankar Netralaya Chennai, Madras Mission Hospitals Chennai.

- 1) Intimation of admission by the official to the office
- 2) All other condition as available for Empanelled hospital.

V. Out Patient Treatment taken for Chronic Disease and where the cost of treatment exceeds the normal monetary limit of the official.

- 1) The claim should be thoroughly vetted at SSA level.
- 2) The Recommendation **of IFA/Head Of SSA.**
- 3) The Claim along with prescription of the doctor and bills in original.
- 4) The certificate of treatment from the treating doctor.

VI. Delayed submission of the Medical Claim.

**Will be rejected outright.**

General Instructions.

- 1) In case of reimbursement of implant of Stent, the hospital should quote the batch number and enclose the outer pouch of the stent packet along with the sticker containing the details of the Stent printed on it.
- 2) When CGHS or AIIMS rate is not available for any treatment / procedure, the local Government Hospital rate shall be ascertained and forwarded with the claim
- 3) Whenever a claim is forwarded in respect of the treatment taken for dependent Parent/Son/Daughter, Dependency Certificate should be enclosed.
- 4) The list of all Empanelled hospitals should be sent to Circle Office regularly.

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- 5) As per Para 1.6 of BSNL Corporate Office letter no BSNL/ADMN/1 dated 28.2.2003 all medical benefits (Outpatient/Inpatient) will be subject to Income Tax rules as applicable from time to time and necessary Income Tax may be recovered from the officials.
- 6) HRMS number should be clearly indicated in the officials claim letter.

General Manager(Finance),  
O/O CGM TN Circle,Chennai -2

**ANNEXURE - D**

**MEDICAL REIMBURSEMENT CLAIM FORM FOR INDOOR  
TREATMENT**

1. Name of Employee:
2. Designation:
3. Reg. No.:
4. Salary (Basic Pay + DA)/Pension (as on 01-04-----):
5. Place of Duty:
6. Name of Patient:
7. Relationship with Employee:
8. Age:
9. Nature of illness:
10. Name of Doctor/Hospital:
11. Period of treatment: From ----- To-----  
(Certificate issued by the Medical Officer in-charge of the hospital as per enclosed proforma is to be attached)
12. Details of claim:  
(attach prescription, vouchers, etc. in duplicate)

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	Voucher No.	Amount
• Consultation:		
• Diagnostics/Tests:		
• Medicines/Injections:		
• Appliances:		
• Room Rent:		
• Charges for Nurses:		
• Others:		
	Total:	_____
	(Rupees-----)	

**Declaration:**

I, hereby declare that the statements given in application are true to the best of my knowledge and belief and that the person for which medical expenses are incurred is fully dependent on me.

(Signature of Employee)

**CERTIFICATE FOR HOSPITALIZATION**

Annex - D-I

(To be completed in the case of patients who are admitted to hospital for treatment)

Certificate granted to Mrs./Mr./Miss \_\_\_\_\_,  
husband/wife/son/daughter/mother/father \_\_\_\_\_ of  
Mrs./Mr. \_\_\_\_\_, employed in the office of  
\_\_\_\_\_, BSNL.

**PART 'A'**

- I, Dr. \_\_\_\_\_ hereby certify:
- (a) that the patient was admitted to hospital on \_\_\_\_\_.
  - (b) that the patient has been under treatment at \_\_\_\_\_ and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient.
  - (c) that the patient is/was suffering from \_\_\_\_\_ and is/was under treatment from \_\_\_\_\_ to \_\_\_\_\_.
  - (d) that the X-ray, laboratory tests, etc. for which an expenditure of Rs. \_\_\_\_\_ was incurred were necessary and were undertaken on my advice at \_\_\_\_\_ (name of hospital or laboratory);

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

Certificate of visit of BSNL Officer

As per the instructions of \_\_\_\_\_ I visited the  
\_\_\_\_\_ hospital at \_\_\_\_\_ A.M./P.M. on \_\_\_\_\_ (date) and found  
that \_\_\_\_\_ (name of the patient) is undergoing treatment under  
Dr. \_\_\_\_\_, under Registration No. \_\_\_\_\_ in ward No.  
\_\_\_\_\_ and observed the following particulars of the patient.

Date of admission: \_\_\_\_\_

Name of disease: \_\_\_\_\_

Name of employee: \_\_\_\_\_

Relationship with the employee: \_\_\_\_\_

BSNLMRS Card No. \_\_\_\_\_

The patient/the employee is satisfied with the treatment being given. As per the documents available with him/her, he/she is found to be the authorized beneficiary to take treatment under the BSNLMRS.

Signature

Name of the Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

To

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pdhalia