

**MEDICAL REIMBURSEMENT CLAIMS:
[AP MEDICAL ATTENDENCE RULES 1972]**

- 1] The Medical Reimbursement bill should be preferred in A P.T.C. Form –58 with all original vouchers and Advance shall be drawn on A.P.T.C form 40 only.
- 2] Sanction orders supported by medical bills in original along with application in prescribed proforma along with essentiality certificate.
- 3] Cash Receipts and Essentiality certificate is to be countersigned by the authorized Medical officer
- 4] The office seal of the hospital to which the AMO is attached or the seal of the dispensary indicating clearly the hospital to which the dispensary is attached.
- 6] The bill is received within 6 months after the last date of the period of treatment or Otherwise 15 % cut is to be imposed on belated claim after special sanction of Government.
[G.O.Ms.No. 2323 dt. 28-7-1961]
- 7] The cash memos contain the name of the entitled person.
- 8] Treatment is taken simultaneously under both the mode in and indigenous systems, which is not admissible.
- 9] The period of treatment and nature of illness is clearly indicated in the Essentiality certificates by AMA.
- 10] The reimbursement claim is not admissible in respect of items, which are not medicines but are primarily foods, tonics, and toilet preparation of disinfections.
Rule 5 (3) (iii) of APMA Rules 1972 .Appendix III.
- 11] The bill containing any consultation or other fees, which are prohibited.
[Authority: Rule 4 (5) of APMA Rules, 1972
- 12] Not to admit the Medical reimbursement bills into audit without finance concurrence, in cases where sanction orders are issued by the Department where relaxation of rules are required. **[Authority: Govt Cir Memo No 20203/567/TFR/2003 dt 26-8-2003.]**
- 13] In case of retired employees and their dependents to avail the option of drawing medical Reimbursement amount where he last worked or in district office where he settled after retirement in same head of account to which salary was being debited while he was in service **[Authority: G.O. Ms. No.16 H.M.F.W.(K1) Dept. Dt. 10.1.2001.**

- 14] The authorized medical attendant should fill in the essentiality certificate him self in the prescribed form as shown in the APIMAR 1972 and it should be signed by the authorized medical attendant who actually given the treatment
- 15] That the date of the bills and the vouchers are within treatment period mentioned in the essentiality certificate
- 16] Any certificate countersigned by AMO who is not AMA shall be rejected
- 17] Each original bill should contain the name of claimant/patient and the date of issue and the bill should be cash voucher only
- 18] Original bills produced by the claimant should be initialed by the sanctioning authority or by any Gazetted officer under him who deals with the application and return to the claimant
- 19] The claimant should surrender the original bills and the essentiality certificate to the treasury who disburse the bills amount

- 20] In respect of the employees working under the control of C.E.O Z.P./Dist.Panchayat Officer, the Medical Reimbursement claims shall be finalised by the CEO, Z.P./Dist. Panchayat Officer after approval of the administrative sanction of the Collector.
[Cir.Memo.No.792/CPR&RE/H2/2003 dt. 07-01-2003 of Commissioner of P.R. & R.D. Hyderabad]
- 21] The application for advance or reimbursement of medical expenses shall be obtained in the proforma prescribed in Appendix-II of APIMS Rules, 1972
- 22] The Medical Bills on white papers shall not be entertained. The bill should be cash voucher only and it should contain the name of claimant or patient and date of issue. The name of drug and cost should be legible.
- 23] The original bills should be enclosed to the bills duly countersigned by the AMA
- 24] **FOR A.I.S. OFFICERS:**
 - [a]The Secretary to Government (Poll), GAD shall process and sanction all Medical reimbursement claims of the A.I.S. Officers borne on the cadre of A.P. and their family members for the treatment obtained by them in Private Hospitals recognised by the State Government as referral hospitals.
 - [b] Further, full reimbursement of the cost of treatment obtained as In-patient and out patient in Private hospitals recognised by the State Government is allowed to the A.I.S. Officers borne on the cadre of A.P. and their family members [G.O. Ms.No. 174 GAD(Sc.X) Dept. dt. 15-07-2004]

25] As per Rule 3(7)(b) of APIMA Rules,1972, a women Government Servant is eligible to claim of Medical Reimbursement in respect of her parents, husband and children residing with and wholly dependent on her
[Lr.No.Dis.No. 21763/MA.B/2004 dt. 16-9-2004 of DME AP Hyd.]

(G.O.Ms.No.74 Health, Medical & Family Welfare (K1)Dept.dt.15-03-2005)

1) In case of Male government servants, family means his parents, wife, legitimate children including an adopted son and step children residing with and wholly dependent on him.

3) All state Government employees and their dependants, Employees of local bodies, students of medical colleges, members of state legislature, AIS Officer, AP State Higher Judicial Officers, all state government pensioners and their dependents shall come under these rules.

4) The rates prescribed in the Central Government Health Scheme package at Hyderabad by Government of India,Ministry of Health and family welfare, New Delhi are adopted in the state for the purpose of reimbursement of medical expenditure if treatment taken within the state.

5) If medical reimbursement is taken outside the state, the rates of central government health scheme adopted to Delhi shall be applicable.

6) If any rates which are not covered in the said procedure, the Scrutinizing authority is empowered to take final decision in the matter basing on the disease/ nature of disease, necessity of treatment/ medicine.

7) The ceiling limit shall be central govt. health scheme package rates for scrutinizing the bills by the DME or other scrutinizing authority.

9) In respect of treatments/operations obtained for cataract and other ailments and dental diseases/ treatments in Government/private hospitals recognised by the State Government, the scrutinizing authority need not insist for submission of emergency certificate.

10) All types of out-patient including diagnostics and follow up treatments including Chemotherapy, Radiotherapy, Regular dialysis for kidney and outpatient treatment for cardinal diseases like Cardiac diseases and Server neurological problems and AIDS are allowed for reimbursement.

11) The length of Out-patient treatment period shall be recommended by the Specialist doctor concerned and shall be scrutinized by the scrutinizing authority.

12) In respect of Life long follow up treatment to certain diseases, for every follow up treatment for post-operative cases who requires life long treatment , the concerned patient has to get revalidation of prescription once in six months from the Specialist

Government doctor and reimbursement be allowed on submission of scrutiny report of scrutinizing authority.

13) Powers are delegated to all Dist. Level officers of the all departments in the state to sanction the Medical Reimbursement upto a value of Rs.25,000/- subject to scrutiny done by the Dist. Medical board /Dist. Hospital Superintendent/ Teaching Hospital Superintendent

14) If the claim exceeds Rs.25,000/-, the HOD/Collector is sanctioning authority after scrutinize the claim by the DME.

15) In respect of road accidental cases, the employees or his dependents and other category of persons mentioned in Rule 6 of APIMA Rules,1972 are admitted in nearly private hospitals which are not recognized as referral hospitals under emergency conditions to save the life of the patients

16) In such cases reimbursement of medical expenses upto a limit of Rs.25,000/- sanctioned by the HOD/Collector after getting scrutiny by the scrutinizing authority.

17) In respect of above claims exceeds Rs.25,000/- , the HOD/Collector should submit the same to the concerned administrative department in secretariat after scrutinizing the bills by the scrutinizing authority, after obtaining relaxation of rules duly consulting with Finance department.

18) 10% cut shall be imposed on the claims when the treatment was obtained under emergency conditions in private hospitals recognized by the Government with out referral letter from any Govt. hospital/NIMS/SVIMS.

19) Dismissed or removed government servants and their dependent, the retired employees whose pension is imposed 100% cut and who were convicted by Court of Law are not entitled for Medical reimbursement claim.

20) All HODs/RJDs/Dist. Officers can issue LOC (Letter of credit) to the private hospitals recognized by the State Government for treatment/operations to their employees and their dependents of CABG,Kidney transplantation, Cancer, Neurosurgery, Open Heart surgery, All organ transplants, PTCA+ Stent, Pace Maker, Plastic surgery done secondary to accident and burn cases based on the estimates and acceptance of credit of the concerned recognized private hospital subject to ceiling limit as per the package rates prescribed by the CGHS.

21) All departments should take expeditious steps for issuing ID cards to all eligible state government employees and their dependents for allowing LOC facility.

22) The referral hospitals shall also provide treatment immediately after admission of the patient, on production of Identity Card in emergency situation.

23) The powers are delegated to Superintendents of Area Hospitals, and the Superintendent of Dist. Head Quarter Hospital under APVVP to refer the patient to private recognized hospitals for special treatment.

24) Preferring the claims for medical reimbursement should be within a period of six months from the date of discharge of the patients from the hospital except COMA, Expiry cases and accidental cases.

25) In the above three cases, the claim should be preferred within 8 months from the last date of discharge from the hospital / expiry of concerned patient.

26) For scrutiny of bills the following original documents should be submitted alongwith claim.

- a) Discharge summary
- b) Emergency certificate (except for dental & Eye ailments)
- c) Essentiality certificate
- d) Appendix- II Form
- e) Declaration of dependents (To be attested by the Gazetted officer)
- f) Non-drawal certificate by the DDO Concerned.
- g) Original bills duly signed by the concerned employee, scrutinized by the AMA, passorder by the respective DDO on each bill.
- h) Copy of the letter issued by the Scrutinizing authority.
- i) Ink-signed copy of the sanction order issued by the Competent authority.
- j) In respect of claims of Non- recognized private hospitals, Orders of the Finance department are required.
- k) In respect of 2nd and 3rd spell claims, a justification certificate issued by the concerned specialist doctor should be enclose.

NOTE:- Xerox copies of documents shall not be accepted.

27) No restriction is imposed for the treatments obtained in private recognized hospitals for different ailments/ operations/ treatments.

28) For major ailments i.e., CABGs, Kidney transplantations, cancer, Neuro surgery, PCTA+STENT be restricted to three spells for each of these diseases.

29) Three spell means three surgeries for the same ailments.

30) For orthopaedic and plastic surgeries, where more number of operations are warranted for the treatment of the same cause is exempted from three spells cause.

31) A Justification certificate issued by the concerned specialist doctor of the private hospital recongnized by the government /government hospital should be submitted for the 2nd and 3rd spell claims.

32) Master health check-up be conducted to all Govt. employees who crossed the age of 40 years and before retirement from service. This was allowed only three times with an interval on one year between check-up and check-up as per the package rates fixed.

33) For deliveries and tubectomy to the women employees be allowed reimbursement upto 2 deliveries and with 2 living children as per package rates.

34) Hysterectomy operation shall be reimbursable as per package rates.

35) Reimbursement also be allowed as per CGHS package rates eventhough the claimant received medical claims from any insurance company by paying premium on his own.

36) Employees divided into three groups for adopting CGHS as per their pay scale.

	RPS 1999	RPS 2005
a) General ward – upto	5000-10600	7385-17475
b) semi-private ward	5300-13000 to 8400-16525	7770-18575 to 12385-27750
c) Private ward	9000-16525 and above	13390-28500 and above

37) No referral letter is required to take treatment at NIMS/SVIMS for both in-patient and out-patient.

38) Traveling allowance for journeys undertaken under Rule 10 shall be at the rates admissible to a Govt. servant when on tour.

39) A member of the family of a Govt. Servant shall be entitled to travel by a class by which the Govt. servant himself is entitled to travel.(Rule 12 of APIMA rules1975)

40) The maximum limit for reimbursement is Rs.2,00,000/- both for govt. employees and pensioners

a) For serving employees and pensioners(for 8 diseases)	Rs.2,00,000
b) For serving employees other than 8 diseases	Rs.1,00,000
c) For pensioners other than 8 diseases	Rs. 75,000

The above ceiling is subject to limitation of CGHS rates.

(G.O.Ms.No.105 .dt.09-04-2007)

41) Reimbursement in respect of dental diseases to each of the employee or their dependants separately in the entire service or life as the case may be shall be limited to Rs.10,000 for each time

(G.O.Ms.NO.105 dt.09-04-2007)

42) in respect of claims relating to NIMS/ SVIMS , obtain a separate scrutiny certificate of the net eligible amount of reimbursement

(G.O.Ms.No.105.dt.09-04-2007)

43) Family pensioners are also eligible for Medical reimbursement after expiry of pensioners.But the dependants of family pensioners shall not be eligible for these facilities.(G.O.Ms.No.87 HM & FW(K i) dept.dt.28-02-2004)

44)MASTER HEALTH CHECK-UP

a) Concerned employee shall be submit application to the HOD/Regional Office/ District Office for his check-up.

b) The concerned officer may refer the employee to the Hospital for master Health check up on LOC basis and the department should obtain bills from the Hospital.

- c) The bills shall be send to scrutiny and arrange payment to the Hospital as per CGHS rates.
- d) The ceiling limit for reimbursement to Master Health Check-up is fixed to Rs.3000 (G.O.Ms.NO.105.dt.09-04-2007)