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## केन्द्रीय माध्यमिक शिक्षा बोर्ड

(मानव संसाधन विकास मंत्रालय, भारत सरकार के अधीन एक स्वायत्त संगठन)

“शिक्षा केन्द्र”, 2, समुदाय केन्द्र, प्रीत विहार, दिल्ली - 110092

### CENTRAL BOARD OF SECONDARY EDUCATION

(An autonomous organization under the Union Ministry of Human Resource Development, Govt. of India)

“SHIKSHA KENDRA”, 2, COMMUNITY CENTRE, PREET VIHAR, DELHI-110 092

No. Pers.A/Med Rules/2016/498-506

Dated: 09.02.2016

#### Office Order

On the recommendations of Finance Committee vide item No. VI in its meeting dated 10.12.2015, the Governing Body of the Board, in its meeting held on 18.12.2015 has approved the revision of time limit for submission of final claims for reimbursement of medical expenses in respect of Board employees (regular/retired) from three months to six months.

This issues with the approval of the Competent Authority.

  
(Ranvir Singh)  
Joint Secretary (A&L)

#### Copy to :

1. PS to Hon'ble Chairman, CBSE
2. PS to HODs, CBSE.
3. All the Regional Officers/Training Centres of the Board.
4. All the D.D.Os of the Board.
5. All the Officers up to the level of Section Officer of HQ, CTET, AIPMT, JEE, Academic Unit – with a request to bring it to the notice of all employees of their section.
6. Incharge (Computer Cell)- for information and with a request to upload this office order on CBSE website under Column Personnel-A (MR).
7. Section Officer, Pension Cell, CBSE HQ, Delhi-with a request to bring it to the notice of all Pensioners of the Board.
8. Notice Board.
9. Scrap Register.

Gram: CENBOSEC, Delhi-110092

Website: www.cbse.nic.in



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## CENTRAL BOARD OF SECONDARY EDUCATION

(An autonomous organization under the Union Ministry of Human Resource Development, Govt. of India)

"SHIKSHA KENDRA", 2, COMMUNITY CENTRE,

PREET VIHAR, DELHI-110092

(Personnel A Branch)

Date: 12.11.13

CBSE/Admn IA/MR/2013/6206-206

### Office Order

#### Sub: Settlement of medical claims - reg.

While settling the medical claims of regular/retired employees, it has been found that some of beneficiaries do not give proper documents for processing of their medical claims which in turn creates difficulty in quick disposal of matters. In order to streamline the work and also to make the employees abreast with requirement of office regarding settlement of medical claims, the following procedure has been structured for information to all concerned:-

The regular/retired employee shall submit an application to the Board against his Medical Claim for reimbursement along with the following documents:-

1. Checklist Form (Attached).
2. Photocopy of Identity Card/Health Card.
3. Discharge summary of the hospital.
4. All original bills verified by the treating physician with his/her stamp.
5. A detailed list of all medicines, laboratory tests, investigations, number of doctors visit etc. with dates.
6. Prescription slip and diagnostic report(s).
7. Self-explanatory letter from the beneficiary, explaining the emergency circumstances, if applicable.

Besides, it may be noted that the claim may be filed by the claimant within 3 months of discharge from the hospital.

This issues with the approval of the Competent Authority.

  
(S P RANA)

JOINT SECRETARY (A&L)

Copy to:-

1. P.S. to Hon'ble Chairman, CBSE
2. P.S.s to All HODs, CBSE
3. All the Regional Officers of the Board
4. All the D.D.O.s of the Board
5. All the officers up to the level of Section Officer-with a request to bring it to the notice of subordinate staff
6. Notice Board
7. Scrap Register

# Central Board of Secondary Education

## Checklist Form

(To be filled by the claimant)

1. Full name of the card holder :  
(Block Letters)
2. Health Card No. /Identity Card No :
3. Pay in Pay Band/Grade Pay /Entitlement for Ward :
4. Full Address. :
5. Telephone No./ Mobile No. :
6. Email Address, if any :
7. Name of the bank..... Branch.....  
*ACCOUNT NUMBER* ..... *IFSC CODE NUMBER* .....
8. Name of the patient & relationship :  
With the card Holder
9. Whether Serving employee or Pensioner :
10. Basic pay/ Basic pension & Last Pay Drawn :
11. Name of the hospital with address:  
(A) OPD Treatment and Investigations :  
(B) Indoor Treatment :
12. Date of admission..... Date of Discharge.....(In case of indoor  
Treatment only)
13. Total amount claimed :  
(A) OPD Treatment (Admissible, if any) :  
(B) Indoor Treatment
14. Details of Permission ( if any) :
15. Details of medical advance if any :

### Declaration

I herby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me. I agree for the reimbursement as is admissible under the rules.

Dated:

Signature of Applicant

**Note:** Misuse of Medical facilities is a criminal offence. Suitable action including cancellation of CBSE Health card shall be taken in case of willful suppression of facts or submission of false statements. Suitable disciplinary action shall be taken in case of serving employees.

### Information

- (A) Kindly write correct postal address in block letters.
- (B) Obtain break up of investigations from the hospital (details and rates of individual tests and the exact number of sugar test, X-ray films, etc.) for assessment of admissibility of claimed amount on various procedures.

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**ESSENTIALITY CERTIFICATE  
CERTIFICATE 'A'**

Under Central Service (Medical Attendance) Rules.

(To be completed in the case of patients who are not admitted to hospital for treatment)

Certificate granted to Mrs./Mrs./Miss.....  
wife/son/daughter of Mr. ....  
employed in the Central Board of Secondary Education,.....  
.....

Photo to be  
attested by  
the Hospital  
Authority

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

- (a) that I charges and received Rs. .... for .....  
consultation on .....(dates to be given) at my consulting room/at  
the residence of the patient;
- (b) that I charged and received Rs..... for administering .....  
intravenous/intra-muscular/subcutaneous injection on ..... (dates to be  
given) at.....  
my consulting room/the residence of the patient;
- (c) that the injection 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 under mentioned 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 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 foods, toilets or disinfectants.

Names of medicines	Price (in Rs.)
1. ....	.....
2. ....	.....
3. ....	.....
4. ....	.....
5. ....	.....

- (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 hospitalization.

Dated:     /     /20

Signature of AMA/Designation of  
the Medical Officer and Hospital  
(Dispensary to which attached)

# 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. ....  
father/mother/husband/wife/son/daughter of Mr./Mrs./Miss .....  
.....  
employed in .....

Photo to be  
attested by  
the Hospital  
Authority

### 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 under mentioned 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 or 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.

:2:  
**PART "B"**

I 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**  
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\* 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.

**Medical Superintendent**

**Place ..... 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.***

\* The minimum facilities certificate may be signed either by the Medical Superintendent of the Hospital concerned or another Gazetted Medical Officer who has been authorised in this behalf by the Medical Superintendent. (G.I.M.H.,O.M. No.F-2-35/52-LSG (H.I.) dated 19.9.1958)