

Z15025/19/2024/DIR/CGHS  
(Comp No. 8281286)  
I/3687353/2024

भारत सरकार  
स्वास्थ्य और परिवार कल्याण मंत्रालय  
रामकृ 4ण पुरम, नई दिल्ली

दिनांकित/ -28.06.2024

**कार्यालय ज्ञापन /OFFICE MEMORANDUM**

**Subject: Procedure for Submission of Medical Reimbursement Claims (MRCs) by Pensioners (P) Beneficiaries in CGHS**

1. The procedure to be followed by CGHS for submission of MRC by pensioner CGHS beneficiaries shall be as follows:
  - a. **Submission of MRC:** The beneficiary will submit the MRC in the prescribed format (Form MRC (P), Annexure A) with all relevant supporting vouchers/documents in original, to the CMO-I/C of the relevant CGHS Wellness Centre. The CGHS Wellness Centre shall verify and ensure, before accepting the claim papers, that all relevant documents are enclosed as per the prescribed checklist (Annexure B) and issue a dated acknowledgement to the claimant in token of receipt of the MRC by CGHS. MRC Claim ID shall be generated by the Wellness Centre which shall be made available through SMS.
  - b. **Forwarding MRC Papers:** The CGHS Wellness Centre shall forward the MRC papers online after scrutiny to the concerned Office of Additional Director (AD) CGHS for further processing for reimbursement of claims. The physical papers shall be sent to the office of the AD within one/two days of receipt of the claim papers.
  - c. **Handling Deficiencies:** If there are any deficiencies/gaps found in MRC documents/papers, the CMO I/c shall retain the papers and communicate the list of deficiencies/observations to the beneficiary through SMS. If the deficiency is found at the level of O/o AD, they shall retain the papers and communicate the list of deficiencies/observations to the CMO-I/C to remove the shortcomings through email.
  - d. **Informing the Beneficiary of deficiency in the claim:** The CMO-I/C shall contact the beneficiary concerned and inform them about the shortcomings in the MRC papers and request them to submit the requisite information/documents. The CMO I/C shall not return the MRC in original unless it is rejected in total.
  - e. **Processing the MRCs:** The MRCs shall be scrutinized and processed by the Office of AD as per the extant policy and instructions for issued from time to time about the CGHS rates and **admissibility of claims of under CGHS.**
  - f. **Informing the Beneficiary of approved claim amount:** When a bill is sent to the PAO, the details pertaining to the claimant will be entered through computer and the claimant shall be informed of the same along with the amount admissible and details of disallowances indicating the specific reasons/grounds for deductions.
  - g. **Payment Processing:** The amount found admissible as per the CGHS

guidelines shall be passed for payment and forwarded online to the PAO for making payment. The original documents should also be forwarded simultaneously to the PAO for making payment of the admissible amount to the claimant.

2. **Tracking of Status of MRC:** The Status of MRC can be viewed online based on the Claim ID generated at the time of submission via the CGHS Web portal

(www.cghs.nic.in) or through my CGHS Mobile app (available on Android and iOS devices). The Standard Operating Procedure is enclosed (Annexure 3).

This issue is with the approval of competent Authority

Encl: As Above To,

Signed by

Dr Satheesh Y H

Date: 28-06-2024 15:51:32

(Dr. Y. H. Satheesh)  
Director (CGHS)  
Tel No. 011-26872280

1. Addl. Director, CGHS(HQ)/ Addl. DDG(CGHS)/ Addl. Directors, CGHS of Cities / Zone.
2. All CGHS Wellness Centres through concerned AD, CGHS
3. LACs/ ZACs through Addl. Directors, CGHS
4. MCTC, CGHS with the directions to upload the document on CGHS Website (www.cghs.gov.in).
5. All Pensioner Associations
6. DDG, NIC Health, MoHFW
7. Sh. Jitendra Singh, CDAC, Noida

Copy of Information to:

1. PPS to Secretary (H&FW), MoHFW
2. PSO/Senior PPS/PPS/PS to Secretary (Personnel), DoPT, MoPPG&P
3. PSO/Senior PPS/PPS/PS to Secretary (DARPG & DoPPW), MoPPG&P
4. Senior PPS to AS & DG CGHS
5. PPS to JS (MoHFW), CGHS

(Dr. Y. H. Satheesh)  
Director (CGHS)  
Tel No. 011-26872280

**FORM – MRC (P)**

*(For pensioner beneficiaries)*

**CENTRAL GOVERNMENT HEALTH SCHEME**

**MEDICAL REIMBURSEMENT CLAIM FORM**

(To be filled by the Principal Card holder/Claimant in **BLOCK LETTERS**)

1. (a) Name of the Principal CGHS Card Holder :

- (b) CGHS Ben ID No. :
- (c) CGHS Wellness Center to which the card is attached :
- (d) Validity of CGHS Card :
- (e) Ward Entitlement – Pvt./Semi-Pvt./General :
- (f) Full Address :
- (g) Mobile telephone No. and e-mail address, if any :
2. (a) Patient's Name :
- (b) Patient's CGHS Ben ID No. :
- (c) Relationship with the Principal CGHS card holder :
3. Category of pensioner beneficiary - please specify :  
(Central Govt. Pensioner/Pensioner of Autonomous/Statutory body/Ex- MP/ Ex-Governor/ Former Judge of Supreme Court/ Former Judge of High Court/Freedom Fighter/Legal Heir/Others)
4. Name & address of the hospital / diagnostic center /  
imaging center where treatment is taken or tests done:
5. Whether the hospital/diagnostic/imaging center is  
empanelled under CGHS : Yes/No
6. Treatment for which reimbursement claimed  
(a) OPD/Test & investigations :  
(b) Indoor Treatment :
7. Whether credit facility was availed. If not,  
reasons thereof (clarification may be attached) :
8. Whether treatment was taken in emergency : Yes/No
9. Whether prior permission was taken for the treatment : Yes/No
10. Whether subscribing to any health/medical insurance : Yes/No  
scheme, If yes, amount claimed/received :
11. Total amount claimed :  
(a) OPD Treatment :  
(b) Indoor Treatment :  
(c) Tests/Investigation :
12. Name of the Bank :..... SB A/c No.:.....  
Branch MICR Code:..... IFSC Code.....

#### **DECLARATION**

I hereby 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 am a CGHS beneficiary and the CGHS card was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

**Date:** .....

**Place:** .....

**Signature of the Principal CGHS card holder / Claimant**

### **Documents to be attached**

1. Photo copy of the CGHS card of the principal card holder along with the patient's CGHS Card.
2. Copy of permission letter, if any.
3. Emergency certificate (original), in case of emergency.
4. Copy of the discharge summary.
5. Ambulance Certificate (original), if any.
6. Original bills /cash memo / vouchers etc. for the reimbursement amount claimed.

### **IMPORTANT**

Kindly ensure to provide the following information / documents, wherever applicable:

- a) Obtain Break up of Investigations from the hospital/diagnostic center/imaging center (details and rates of individual tests and the exact number of tests, X-ray films, etc.) as the reimbursable amount is calculated as per approved rates per test.
- b) In case of loss of original papers, Affidavits as per Annexure I to be submitted. All photocopies of the bills to be attested by the treating doctor/specialist.
- c) In case of death of the card holder, Affidavit as per Annexure II to be filled and attached to claim reimbursement.
- c) In case of implants, Invoice No. along with sticker with serial number of the implant to be attached.
- d) In case of Coronary Stents, outer pouch of stents is to be enclosed.
- e) In case of replacement of pacemaker / ICD etc., copy of the warranty certificate of earlier pacemaker /ICD may be enclosed.

**Note:** *Misuse of CGHS facilities is a criminal offence. Penal action including cancellation of CGHS card may be taken in case of willful suppression of facts or submission of false claims / statements.*

**Annexure -I**

**Draft for Affidavit for Duplicate Claim Papers/bills on stamp Paper**

I, ..... son / wife / daughter of.....and resident of  
.....have lost / misplaced the original paper or  
the same are not traceable. I hereby give an undertaking that I have not received any payment  
against the original bills/claim papers from any source and that if the original papers are traced, I  
shall not stake claim against original bills in future and that in the event, I receive any cheque  
against the original bills in future, I shall return the same to competent authority.

**Deponent**

**Verified by Notary Public**

**Annexure – II**

**Draft for Affidavit on Stamp Paper for claiming medical reimbursement  
IN CASE OF DEATH of a CGHS Card Holder**

I,.....husband / wife / son / daughter of Late..... and resident of ....., hereby submit the medical reimbursement claim papers pertaining to treatment of my husband / wife / father / mother Late Shri/ Smt.....who has expired on ..... (*copy of Death Certificate is enclosed*).

Late Shri/Smt.....has left behind the following other legal heirs, none of whom have any objection if the entire reimbursable amount is paid to me.

No Objection Certificate signed by other legal heirs on Stamp paper is enclosed.

**Deponent**

**Attested by Notary Public**

=====

**Draft for No Objection Certificate on Stamp Paper.**



We (i)..... S/o D/o Late Shri.....  
 (ii)..... S/o D/o Late Shri.....  
 (iii)..... S/o D/o Late Shri.....  
 (--).....  
 (--).....  
 (--).....

being the legal heirs of Late Shri/Smt.....have no objection if the entire amount reimbursable pertaining to the treatment of late Shri / Smt .....is paid to Shri / Smt .....

(i) (Signature)  
 Name:  
 Address:

(ii) ( Signature )  
 Name  
 Address:

(iii) (Signature)  
 Name:  
 Address

(iv).....

(v).....

(vi).....

**Verified by Notary Public**

**Checklist for Reimbursement of Claims**

**Claim Submission**

1. The claim is to be submitted to the concerned department by serving employees and to the CMO I/C of the CGHS wellness Centre (where the CGHS card is registered) by the pensioner beneficiary within 6 months of discharge from the hospital. Alternatively, the claim may be submitted to the Wellness center of city where the beneficiary is taking treatment.
2. In case of delay in submission of claim beyond 6 months, the reasons justifying the delay must be stated by the beneficiary in a forwarding letter
3. In case of treatment in emergency in non-empanelled hospital/expenditure incurred for treatment in empanelled hospital, Medical Reimbursement Claim (MRC) will have to be submitted by the beneficiary for reimbursement of expenses incurred.
4. Please note that it is the responsibility of the claimant to provide all the required documents
5. No payment can be made against Provisional or Running or Intermediate or Interim bills. No payment can be made against photocopies of the bills. No outpatient (OP) medicines can be reimbursed, and they shall be collected from WC. No costs

- towards Implants or Stents or Costly medicines can be considered without invoice.
6. Non-medical expenses are not covered under CGHS and hence expenditure incurred in this regard are not admissible as per CGHS Guidelines.
  7. Reimbursement may be subjected to examination of the case by technical committee.

**Acknowledgement and following up of the claim submitted by pensioner beneficiaries and serving CGHS employees:**

1. On verification as per check list if the claim is found to be complete with all documents, then an acknowledgement will be generated with a claim number in the computer module of the wellness Centre.

**CHECK LIST FOR MRC**

Please enclose **Self attested Documents** in the sequence given below for every claim along with page numbering

1. Self-explanatory letter -duly signed by main card holder
  - forwarded by CMO I/C
  - with detailed sequence and justification of the claim and reason for going to a non - empanelled hospital
  - In case of delay in submission of more than 90 days from date of discharge/treatment, the reason for delay to be mentioned clearly with request for condonation of delay.
  - If claimant is not in a position to sign then Right thumb impression in case of females and left thumb impression in case of males may be put in place of signature. If medically unfit to sign, then a certificate from physician regarding the disability is to be enclosed.
2. Photo Copy of Card of the claimant and the patient duly verified by CMO I/C
3. Medical Reimbursement Claim Form (MRC (S) for serving and MRC (P) for pensioner) available on [cghs.gov.in](http://cghs.gov.in) under the link: downloads) duly signed by main card holder/claimant in case of death of card holder

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(Please mention email id and mobile no.)

2. The status of the claim can be viewed in the CGHS computer module using the claim number. SMS will also be sent to beneficiaries at each stage of MRC processing.
3. Particulars of the claims which are more than one month old are now displayed on the CGHS website.
4. **Mandate for e payment** – Any of the following needs to be submitted-
  - a. Cancelled cheque/photocopy of cheque bearing name of the main card holder/ claimant in case of death of main card holder **OR**
  - b. Copy of pass book showing account number with name of main card holder



- /claimant in case of death of main card holder **OR**
- c. Mandate form verified from concerned bank, if name of main card holder/claimant is not present on cheque.
5. Original permission letter/ original emergency certificate.
  6. Discharge summary in original/copy
  7. Copy of referral from the specialist / advice of the specialist wherever this applies.
  8. Final consolidated bill in original.
  9. Original or copy of break up of hospital bill (Interim bill is not valid.)
  10. Receipts in original of total amount paid to hospital/pharmacy. Please note:
    - a. Invoice needed in case of implants/devices specifying batch number and specifications of the device/implant
    - b. If 'duplicate' receipt is enclosed in place of original, then affidavit regarding lost receipts needs to be submitted with MRC.
  11. List of all receipts/bills enclosed in the medical claim with receipt number/bill number showing total claimed amount.
  12. Duplicate set of whole claim with page numbers.
  13. Whether taken any advance or no-please state Yes/NO.  
If advance taken, then utilization certificate from hospital that the advance amount has been utilized

Beneficiaries may please note:

7. Number all pages of your MRC in the sequence given above
  - \*Make 2 photocopies of the original claim
  - \*Retain 1 set with yourself as record and submit the other set along with the original MRC to the wellness centre
7. if the claim is being returned after clearing any objection then the fresh documents submitted should be in duplicate

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### **CHECK LIST FOR MRC FOR SPECIAL CASES**

Please enclose Self attested Documents in the sequence given below along with page numbering -

- 1 If original bill lost (as per Medical Claim Form (S) or (P))
  - Affidavit on non-judicial stamp paper CLEARLY MENTIONING details of the lost document as per Annexure
  - Photocopies of all the above claim papers duly verified by treating specialist. For cases where partial credit is given :
- 2 . Complete final bill of hospital with break up

- Break up bill from the hospital for items for which credit was not given. In case of death of the card holder please note :

**3**

- Death of main card holder (pensioner)**-only living spouse is the eligible claimant irrespective of who has made the payment to the hospital for treatment. (It is advisable to get a family pensioner card issued before the medical claim is put up for reimbursement).
- Death of family pensioner (spouse)**-Any of the living children can claim reimbursement provided he/she gives an affidavit that he is the legal heir and a separate NOC from other heirs that they have no objection if reimbursement is made to the legal heir (as per Annexure II of MRC Form).
- Death of pensioner with no living spouse/ death of family pensioner and no surviving children** - a 'succession certificate' issued by the court has to be produced by whosoever is the claimant (proving that he is the legal heir) along with the proof that payment to the hospital has been made by him.

**Documents to be enclosed in Death Cases :**

- Affidavit on nonjudicial stamp paper by the claimant (as per Annexure II of MRC Form)
  - NOC from all the legal heirs separately for each individual.
  - Death certificate.
  - Copy of death summary from the hospital.
    - . ID proof of claimant with name of father in cases where both main card holder and spouse have expired
    - . Succession certificate issued by court wherever required (see above)
4. In cataract surgery with Intra Ocular Lens (IOL) claims (as per OM no. 536/2012/R & H/CGHS dated 21/08/2014)
- Original sticker of IOL with batch number of IOL, duly signed and stamped by the surgeon of private empanelled hospital
    - . Bill of IOL showing type of IOL used and IOL batch no. in case of surgery in private empanelled hospital
 Discharge summary/prescription to mention:
    - - type of IOL (Hydrophobic Foldable/Hydrophilic Acrylic/Scleral Fixated/PMM)
      - Type of cataract surgery done

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5. For Cardiac/vascular stents (as per OM no. 1002/2006/CGHS (R&H)/CGHS(P) dated 31/10/2011)
- . Outer pouch of the stent with sticker on it with batch no. and other details.
  - . Invoice of the stent from the private empanelled hospital with

- batch number, and details of stent
- . Certificate from empanelled hospital that they have not charged the beneficiary more than the rate at which the stent has been procured by the hospital
  - . Angiography report (for opinion of Government specialist)
  - . CD of angiography & PTCA(for opinion of Government specialist)
6. For Pacemaker, Combo Device, Defibrillator, Rotablator (as per OM no. S-11011/29/208- CGHS(HEC)/DIR/CGHS dated 6<sup>th</sup> August 2018)
- . Sticker of device having batch number
  - . Copy of terms of warranty
  - . ECG and Holter report
  - . ECHO cardiography report
  - . In case of replacement, copy of warranty of earlier device to be submitted
- 7 Ambulance used (as per OM no. S4924/2010/CGHS(R&H)/CGHS(P) dated 17/1/2011)**
- Ambulance is allowed only for going to the hospital in emergency. It is not allowed after discharge.
- . Certificate from the treating doctor for justification stating the following – “ The ambulance was essential as it was an emergency and any other mode of transport would have aggravated the patients condition or endangered his life. Ambulance has been used within the city limits”
- 8 Knee & Hip Implants (as per OM No. Z.15025/74/2017 /DIR/CGHS/EHS dated 26/09/2017): ceiling rates applicable.**
- Cost of knee implant component-wise along with brand name, name of manufacturer  
/importer/batch number/specifications and other details, if any to be mentioned in the final bill/invoice
- For **special Nurse/Aya/attendant-** Permitted only Govt. Hospital for in patients or private
9. recognized hospital where treatment has been taken with prior permission. No reimbursement of domiciliary nurse/aya/attendant (as per OM no. S-11011/7/88- CGHS (P) dated 3/8/1988)  
Certificate from treating doctor that services of special nurse/aya/attendant were essential for recovery/prevention of serious deterioration in the patient

specialist for home based rehabilitation programme which should include the following descriptive specifics:

1. The therapy to be used:
  - a. Electrotherapy;
  - b. Active Exercise Therapy;
  - c. ADL Training;
  - d. Speech Therapy;
  - e. Gait Training; and
  - f. Passive Exercises.
2. The technical person required to institute the therapy
3. The frequency of the therapy required by the patient
4. Duration of the therapy programme
  - . Receipt in original for payment made with stamp and designation of person who has given therapy
  - . In case of locomotor disability, certificate showing >80% disability or 2 Govt. Specialists to certify that patient is totally dependent on care giver.
11. For **purchase of medicines for 7 days** on day of discharge (OPD MEDICINES ARE NOT REIMBURSABLE unless permitted by CMO I/C in writing) as per OM no. S- 11011/09/2014/CGHS(HEC)/CGHS(P) dated 20/6/2014 and OM no. S- 11018/6/95- CGHS(P) dated 24/7/1995
  - . Certificate from Private empanelled hospital that they have not issued the medicines on the day of discharge.
12. For **Insurance** cases: beneficiary to first put up claim to insurance company (as per OM no.S- 11011/4/2003/CGHS(P) dated 19/2/2009)
  - . Certificate from insurance company indicating the amount for which beneficiary has received credit from them.
  - . Photocopies of all bills and vouchers duly certified with stamp of insurance company
13. For **nebulizer**(as per OM no. Misc.11006/2000-JD(R&H)/CGHS(P) dated 11/6/2001
  - . Advise by Government specialist
  - . Undertaking that nebulizer has not been procured at Govt. expense in the last 5 years and that cost of maintenance will be borne by beneficiary
  - . Receipt of purchase

**Hearing Aid reimbursement (as per OM No. S.14025/10/2002/MS dated 26/05/2015**
14. **and S.11011/37/2019-EHS dated 1st December 2020)**
  - . Referral letter from parent Wellness Centre
    - . Copy of prescription of ENT consultant (CGHS/Govt Hospital) with the Audiogram Report duly authenticated by the treating ENT Consultant (CGHS/Govt).
  - . Warranty card photocopy stating model and serial number of the machine
  - . Bill/Receipt in original for hearing aid bearing details of the hearing aid seller i.e (a) Name (b) Qualification (c) RCI/MCI Registration number
  - . Empty carton of Hearing Aid clearly mentioning name and address of manufacturer, model and serial number of machine (should be the same as that on warranty card and receipt)

. Original Permission Letter to purchase Hearing Aid