

From

Director General Health Services,
Haryana ,Panchkula

To

Financial Commissioner & Principal Secretary to Govt. Haryana,
Health Department.

Sub:- Regarding FAQ (Frequently asked Questions) related to the Medical Reimbursement & placing them on Web Site?

Kindly refer to the Worthy Chief Secretary U.O. No. 50/2/2004-7S(II) dated 1-8-2008 on the subject cited above.

Frequently asked questions related to the Medical reimbursement Policy have been prepared for placing them on the Web site.

Q. 1. Who will issue the chronic disease certificate?

Ans. By the Medical Board under the chairmanship of the Civil Surgeon of the District.

Q.2. Who is the Competent authority to sanction the Medical Bill?

Ans. A. Upto Rs. 15000 -----→ **Head of the Office**
Upto Rs. 50,000 -----→ **Head of the Department**
More than Rs. 50,000 -----→ **Administrative secretary.**

Q. 3. How much reimbursement is allowed for the hearing AID.

Ans. A sum of Rs. 3,000/- is allowed and again after 5 years as per State Govt. Letter No. 2/185/2000-1HB3 dated 18-12-2001.

Q.4. Q. 3. How much reimbursement is allowed for the Denture.

Ans. A sum of Rs. 2,000/- is allowed.

Q.5. Who is the competent authority to change the Option?

Ans. The concerned department is competent to change the Option.

Q.6. When will the Option of Chronic disease be changed?

Ans. The Option can be changed by the concerned department after obtaining chronic disease certificate by the claimant.

Q. 7. What is the time period required to submit the bill?

Ans. The Bills can be submitted within in the 1 year after the completion of the treatment vide State Govt. letter no. 2/160/03-1HB3 dated [11-12-2003](#).

Q. 8. Is sister dependent on the claimant?

Ans. Yes, vide state Govt. letter dated 14-12-2007.

Q-9. What is the Income of the dependent on the claimant for the reimbursement of their bills?

Ans. It should not be more than Rs. 3500/- per month.

Q-10. Is income clause applicable of the spouse for the reimbursement of the bills?

Ans. NO, the expenditure incurred on the treatment of the spouse is allowed irrespective of the source of income by the state govt. letter dated [14-12-2007](#).

Q. 11. How much the chronic disease certificate is valid?

Ans. 2 years. It should be renewed after 2 years.

Q.12. Is travelling allowance allowed to the claimant for the treatment taken in the Govt./Approved hospitals ?

Ans . Yes, as per entitlement once for the treatment. It is not allowed for the follow up of the treatment.

Q.13. Is travelling allowance allowed to the attendant of the patient?

Ans . Yes, as per entitlement of the patient for the treatment. It is not allowed for the follow up of the treatment.

Q. 14. Is referral from the Civil Surgeon is required?

Ans. No, vide State letter Govt. letter dt. 12-11-2007.

Q. 15. How many chronic diseases are listed by the Govt.?

Ans. The list of Chronic diseases approved by the State Govt. for the purpose of Medical Reimbursement is as under:-

LIST OF CHRONIC DISEASES 8-6-2005

[Letter No. 2/640/2003-HBIII , Dated [08-06-2005](#)]

Mentioned above and to state that matter regarding reviewing the list of chronic diseases had been engaging the attention decided to include the following diseases in the list of chronic diseases with immediate effect:-

1. Coronary artery diseases
2. Chronic heart diseases
3. Chronic respiratory diseases – COPD, ILD, Cystic fibrosis.
4. Chronic renal failure
5. Rheumatoid arthritis & osteo arthritis
6. Brain tumours & malignancy of different organ
7. Paraplegia/ quadriplegia/hemiplegia
8. Epilepsy
9. Multiple sclerosis, mythenia gravis, parkinson's diseases
10. Ulcerative colitis/ crohn's diseases/coelic diseases.
11. Cirrhosis of liver, chronic hepatitis B&C
12. Thalassemias, Haemophilia, aplastic anaemia, myelodysplastic disorders.
13. Connective Tissue Disorders – Wegner's granulomatosis, scleroderma, S.L.E. & polyarteritis nodosa.
14. Psoriasis
15. Diabetes mellitus
16. AIDS
17. Glaucoma
18. Organ transplant

The inclusion of the said diseases in the list of chronic diseases shall, however, be subject to the conditions laid down in instructions issued vide letter no. 2/160/89-1HBIII dated 11-8-92 and no. 2/640/2003-HBIII dated 28-7-2004.

These instructions will come into force from the date of their issue.

Q. 16. How many Hospitals approved by the State Govt.?

Ans. List Of Approved Hospital In The Haryana As On 31-7-2007

Sr. No.	Name of the hospital	Letter No.	Rates at which reimbursement is to be made
By Pass Coronary Surgery			
1.	Southern Railway Headquarter Hospital, Perembur (Madras)	2/29/89-1HB-II, DATED 19-11-1986	PGIMER/AIIMS
2.	K.E.M. Hospital, Bombay	-Do-	-Do-
3.	Chritian Medical College & Hospital, Vallore	-Do-	-Do-
4.	Jaslok Hospital, Bombay	-Do-	-Do-
5.	Bombay Hospital, Bombay	-Do-	-Do-
6.	Kasturba Hospital, Bombay	-Do-	-Do-
7.	Sree Chitra Tirunal Institute Of Medical Sciences& Technology , Trivandrum	-Do-	-Do-
8.	Apolo Hospital, Madras	-Do-	-Do-
Blood Cancer			
9.	Tata Memorial Hospital	-Do-	-Do-
10.	Cancer Institute, Adayar, Madra	-Do-	-Do-
Complicated Heart Surgery Cases			
11.	Southern Railway Headquarter Hospital, Perembur (Madras)	-Do-	-Do-
12.	Chritian Medical College & Hospital, Vallore	-Do-	-Do-
13.	K.E.M. Hospital, Bombay	-Do-	-Do-
14.	Bombay Hospital, Bombay	-Do-	-Do-
15.	Sree Chitra Tirunal Institute Of Medical Sciences& Technology , Trivandrum	-Do-	-Do-
16.	S.S.K.M. Hospital, Calcutta	-Do-	-Do-
17.	Kasturba Hospital, Calcutta	-Do-	-Do-
18.	Samaritan Hospital, Always (Kerala)	-Do-	-Do-
19.	N. Madia Institute Of Cardilogy, Pune	-Do-	-Do-
Kidney Transplant			
20.	Chritian Medical College & Hospital, Vallore	-Do-	-Do-
Artificial Appliances			
21.	Nivedaik Prosthetic Centre Daulatsinghwala, Zirakpur	30-11-1993	PGIMER/AIIMS Rate+75% Of Excess Amount
22.	Rahabilatation Research Centre, Jaipur	20.8.1986	PGIMER/AIIMS Rate
All Diseases			
23.	Escorts Hospital, New Delhi	30.11.1993, 22-8-2003	PGIMER/AIIMS Rate+75% Of Excess Amount
24.	Batra Hospital, New Delhi	30-11-1993	-Do-
25.	Fortis Hospital , Mohali	31-10-2002	-Do-
26.	Indraprastha Apollo Hospital New Delhi	-Do-	-Do-
27.	Sir Ganga Ram Hospital, New Delhi	-Do-	-Do-
28.	Rajiv Gandhi Cancer Institute New Delhi	-Do-	-Do-
29.	Maharaja Aggarsen Hospital & Charitable Trust New Delhi	24-6-2003	-Do-

30.	Metro Hospital, Faridabad	10.9.2003	-Do-
All Diseases			
31.	Mukat Hospital, Sector-34, Chandigarh (Cardiac & Cardio Caseular Disease Sand Also Approved For All Multi Specialities On Dt. 22.1.07	2/462/2003-1HB-III, DT. 24.5.2004 2/462/2003-1HB-III, DT. 30.1.2007	AIIMS/PGI rates
32.	Superb MRI & CT Scan Centre SCO No. 24-25, Sector-8-C, Chandigarh	2/462/2003-1HB-III, DT. 21.4.2006	-Do-
33.	Pushpanjali Hospital, Gurgaon, Haryana	2/59/2006-1HB-III, DT. 10.7.2006	-Do-
34.	Rajan Hospital, Yamunanagar, Haryana	2/329/2007-1HB-III, DT. 31.7.2007	-Do-
35.	Drishhti Eye Hospital, Sector-11, Panchkula	2/213/2007-1HB-III, DT. 27-12-2007	-Do-
36.	National Heart Institute , New Delhi	2/229/2005-1HB-III, DT. 18.3.2008	-Do-
37.	Kalyani Hospital , Gurgaon	2/358/2005-1HB-III, DT. 14.11.2007	-Do-
All Diseases except Heart			
38.	Saket Hospital, Chandimandir (Pkl)	26-5-1976 / Vide letter no. 2/665/2003-1HB-III dt. 10.12.2003	No need to work out the bill

Q. 17. Is the treatment taken from Non-approved Private Hospital as indoor patient re-imbursable?

Ans. The treatment taken from Non-approved private Hospital as indoor patient is reimbursable only in case of emergency when emergency certificate is issued by the concerned Civil Surgeon of the District approval is given by Government for working out of medical bills. Medical bills are worked out as per PGI/AIIMS rate list.

Q. 18. For purchasing of medicine does co-operative Store/ Super Bazaar require NOC?

Ans. No.

Q. 19. After discharging from a hospital, Medicines prescribed by doctor are re-imbursable or not? If yes, then for how many days?

Ans. Yes, after discharging from the hospital prescribed medicines by concerned doctor are reimbursable up to 7 days.

Q. 20. For advance payment to regular employees how many persons are required to submit the security?

Ans. For advance payment assuring by two Govt. employees are required.

Q. 21. If the advance is taken for the treatment of disease, within how many days treatment should be taken?

Ans. Within 3 months treatment should be taken and medical bills to be submitted.

Q. 22. Who issues essentiality certificate for medical reimbursement after treatment?

Ans. Authorized Medical attendant (AMA) of concerned Hospital issues EC after treatment.

Q. 23. Whose counter signature are required on essentially certificate (EC)?

Ans. Concerned Civil Surgeon or Medical Superintendent of the hospital.

Q. 24. Is the admission charges, Diet Charges and telephone charges reimbursable?

Ans. No.

Q. 25. When was the power given to concerned Head of Govt. Dept. for working out of Medical Bills?

Ans. On 31-10-2003.

Q. 26 Whether implants are reimburse?

Ans. No.

Q. 27. What is the requirement for advance payment for the treatment of disease and how much advance payment is allowed?

Ans. When the estimate for the treatment of disease from the concerned hospital is issued then only 75% of advance payment is allowed.

Q. 28. Is there any facility of advance payment to adhoc employees?

Ans. No

Q. 29. Is the treatment taken from a Govt. Hospital outside the State reimbursed?

ANS. NO.

Q. 30. Is the treatment taken at a unapproved private hospital in case emergency in OPD reimbursed?

ANS. NO

This is for your necessary information and action.

From

The Commissioner and Secretary to Government Haryana,
Health Department.

To

1. All Head of Department, Commissioners Ambala, Rohtak, Gurgaon & Hisar Divisions,
2. All Deputy Commissioners and All SDOs (Civil),
3. The Registrar Punjab and Haryana, High Court Chandigarh,

Dated Chandigarh, the 14-12-07

Subject Punjab Medical Attendance Rules, Dependents on State Govt. Employees Wives/Sisters.

Sir,

I am directed to invite your kind Attention towards Haryana Govt. letter No. 069-USFP-Cell-69 dated 26-2-1969 on the subject cited above and to say that the condition of dependency or wholly dependent in cas. Of spouse was dispensed with and these instructions were modified vide Haryana Government letter no. 4197-USFP-Cell70/24708, dated 11th September, 1970 to this extent that the State Government employees are entitled to claim reimbursement of medical expenses of spouse irrespective of his/her source of income. Subsequently some confusion arose in this matter on the issuance of letter dated 28-8-85 (that ceiling of the income i.e. Rs. 750/- per month is also applicable for spouse) through the letter dated 11-9-1970 is still in operation. However now, it is again clarified that letter dated 11-9-1970 is still in operation and State Govt. employees are eligible to claim medical reimbursement of spouse irrespective of his/her source of income.

2. State Govt. has also decided to include fully dependent sisters residing with the Govt. employees in the definition of family for the purpose of medical reimbursement.

3. It has also been decided to increase the ceiling of income of dependents from Rs. 750/- to Rs. 3500/- per month for the purpose of medical reimbursement.

4. The decision mentioned is para no. 2 and 3 above will be affected with immediate effect.

5. This issue with the concurrence of Finance Department conveyed vide their U.O. No. 2383, 2958/5FD II/2007, dated 22-11-07.

Yours faithfully,

Under Secretary Health
For Commissioner and Secretary to Government of Haryana
Health Department

No. 2/144/07-1HBIII

Dated Chandigarh, the 14-12-2007

A copy is forwarded to the Accountant General, Haryana Chandigarh for information and necessary action.

Under Secretary Health
For Commissioner and Secretary to Government of Haryana
Health Department

A copy if forwarded to the Financial Commissioner & Principal Secretary to Govt. Haryana, Finance Department w.r.t. his U.O. No. 2383, 2958/5FD-II/2007, dated 22-11-07.

Under Secretary Health
For Commissioner and Secretary to Government of Haryana
Health Department

To

The Financial Commissioner & Principal Sectary to Govt. of Haryana, Finance Department.

U.O. No. 2/144/07-1HB III

Dated Chandigarh, the 14-12-07

To review the list of Chronic diseases.

(copy of H.D. Hr. No. 2/640/2003-1HBIII dt. 8-6-05)

I have been directed to invite your attention to the subject mentioned above and to state that matter regarding reviewing the list of Chronic diseases has been engaging the attention of the Government for some time past. It has now been decided to include the following diseases in the list of Chronic disease with immediate effect:-

1. Coronary Artery diseases
2. Chronic Heart Diseases
3. Chronic Respiratory Diseases – COPD, ILD, Cystic Fibrosis
4. Chronic Renal Failure
5. Rheumatoid Arthritis & Osteo Arthritis
6. brain Tumours & malignancy of different organs
7. paraplegia/Cuadriplegia/ Hemiplegia
8. Epilepsy
9. Multiple sclerosis , Myasthenia Gravis, Parkinson's Diseases
10. Ulcerative colitis/ Crohn's disease/ Coeliac Disease
11. Cirrhosis of liver, Chronic Hepatitis B&C
12. Thalassemias, Hemophilia, Aplastic Anaemias, Myelodysplastic Disorders
13. Connective Tissue disorders- Wegner's granulomatosis, Scleroderma, S.L.E. & Polyarteritis Nodosa
14. Psoriasis
15. Diabetes Mellitus
16. AIDS
17. Glaucoma
18. Organ Transplant

The inclusion of the said diseases in the list of Chronic Diseases shall however, be subject to the conditions laid in instructions issued vide letter no. 2/160/89-1 HB dated 11-8-92 and no. 2/640/2003-1HBIII dated 28-7-2004.

These instructions will come into force from the date of their issue.

The issue with the concurrence of the Finance Department conveyed vide their U.O. No. 70/103/2004-6FD-II 1564-1946 dated 3-6-2005.

(C) Medical treatment reimbursement time limit for preferring claims (12 months)

(copy of H.D. Hr. No. 2/660/2003-1HB-III dt. 11-12-2003)

I am directed to invite your attention to this office circular no. 2/401-1Hb-III, Dated 6-3-1980 on the subject cited above.

The matter regarding time limit for preferring claims for reimbursement of medical expenses incurred by the government employees/officers on their own treatment or on the treatment of and it has been decided that the Secretary of the Administrative claims submitted after 6 months but within a period of 12 months from the date of completion of treatment without referring the same to health department concerned shall be competent to sanction medical claims submitted after 6 months but within a period of 12 months from the date of completion of treatment without referring the same to health department. The medical claims submitted after a period of 12 months from the date of completion of treatment shall be referred to the Health Department in order to curb the tendency of unnecessary delay in submission of medical claims. The Health Department will entertain such medical claims only after strict scrutiny and in such exceptional cases where there are genuine mitigating circumstances i.e. like the death of the employees resulting in delay in submitting claims etc. .These instructions shall come in to force with immediate effect.This issue with the concurrence of the Finance Department conveyed vide their U.O. no. 70/208/2003-6 FD-II/4052 dated 3-11-2003.

क्रमांक 2/418/2007-1एच0बी0-।।।

प्रेषक

आयुक्त एवं सचिव, हरियाणा सरकार,
स्वास्थ्य विभाग।

सेवा मे

1. सभी विभागगध्यक्ष, आयुक्त अम्बाला, रोहतक, गुडगांव, हिसार मंडल, सभी उपायुक्त/उप मंडल अधिकारी नागरिक हरियाणा राज्य में।
2. रजिस्ट्रार, पंजाब एवं हरियाणा हाई कोर्ट, चण्डीगढ़।

दिनांक 12.11.2007

विषय: हरियाणा सरकार मान्यता हस्पतालों मे ईलाज करवाने बारे।
महोदय,

उपरोक्त विषय पर सरकार के अनुदेश क्रमांक 2/296/86-1एच0बी0-।।। दिनांक 2,19.11.1986 की ओर दिलाते हुए मुझे यह सूचित करने का निर्देश हुआ है कि हरियाणा के कर्मचारियों/अधिकारियों/पेंशनर/आश्रितो को हरियाणा सरकार से मान्यता प्राप्त हस्पतालो मे ईलाज से पूर्व सिविल सर्जन से अनुमति प्राप्त करनी आवश्यक है जिससे उनको ईलाज करवाने मे असुविधा हो रही है। इस असुविधा का ध्यान मे रखते हुए विचारोपरान्त सरकार ने यह निर्णय लिया है कि अब हरियाणा राज्य के कर्मचारियों/अधिकारियों/पेंशनर/आश्रितो और उन के आश्रित ईलाज सिविल सर्जन की अनुमति के बिना ही हरियाणा सरकार से मान्यता प्राप्त अस्पतालो मे अपना ईलाज करवा सकते है।

भवदीय,

हस्ता/—

अधीक्षक—।।।

कृते: आयुक्त एवं सचिव, हरियाणा सरकार,
स्वास्थ्य विभाग।

B) हियरिंग एड मशीन को खरीदने/मुरम्मत करवाने/एडजस्टैट करने बारे।
HDHR No. 1/185-IIHB-III dated 18.12.2001.

कृपया उपरोक्त विषय पर आप का ध्यान इस विभाग के परिपत्र क्रमांक 2/20/96-1एच0बी0-111 दिनांक 28.2.2001 की ओर दिलाऊं और यह सूचित करें कि हियरिंग एड मशीन को लगवाने के लिए सभी कर्मचारियों/पैशनरज/स्वतंत्रता सैनानियों तथा अन्य के लिए 3000/-रूपये की राशि प्रतिपूर्ति हेतु निर्धारित की हुई थी परन्तु इन हिदायतों में यह निर्णय नहीं किया गया था कि हियरिंग एड मशीन के खर्च की प्रतिपूर्ति जीवन में एक ही बार की जायेगी। यह मामला सरकार के पास काफी समय से विचाराधीन था और अब विचारोपरांत यह निर्णय लिया गया कि हियरिंग एड मशीन लगवाने पर 5 वर्ष के पश्चात इस मशीन को बदलने के लिए संशोधित प्रतिपूर्ति इस शर्त पर की जायेगी कि अब कोई तकनीकी विशेषज्ञ इसे लकारा घोषित करने का प्रमाणपत्र देगा और इ समे ई0एन0टी0 विशेषज्ञ का भी अनुमोदन प्राप्त किया हो परन्तु खर्च की सीमा 3000/- रूपये तक ही रहेगी। यह आदेश तुरन्त प्रभाव से लागू होंगे।

2. मामले में वित्त की सहमति उनके अशा: क्रमांक 70/112/2001-6वि0वि0-11/4782/4938 दिनांक 23.11.2001 को प्राप्त कर ली गई है।