

ORISSA POWER TRANSMISSION CORPORATION LTD.
REGD. OFFICE- JANAPATH, BHUBANESWAR

No. AV/E&M-MED-236/2010- 7521 Dated 01/05/10

NOTIFICATION

The Board of Directors of Orissa Power Transmission Corporation Limited have been pleased to approve the "OPTCL MEDICAL ATTENDANCE RULES" in their 99th meeting held on 17th March 2010 vide item No.8.

These Rules shall come into force with effect from the date of issue of this notification i.e. 1st May 2010 and all previous Office Orders/ Resolutions/ Memos issued by OSEB/ GRIDCO/ OPTCL regarding Medical Advance/ Reimbursement shall stand repealed from that date.

By order

02/05/2010
Sr. General Manager (HRD)

Memo No. 7522 (120) Dated 01/05/10

Copy to the All Chief General Managers/ All Sr. General Managers/ All General Managers/ All Superintending Engineers/ All Dy. General Managers/ All Asst. General Managers/ All Executive Engineers/ All Managers / D.D.O. Hqrs. Office, OPTCL for information and necessary action. They are requested to circulate the notification among their employees.

02/05/10
Asst. General Manager (HRD): E&M

Memo No. 7523 (4) Dated 01/05/10

Copy to P.S. to C.M.D./ P.S. to all Functional Directors for kind information.

02/05/10
Asst. General Manager (HRD): E&M

Memo No. 7524 (4) Dated 01/05/10

Copy to the Notice Board for wide circulation.

02/05/10
Asst. General Manager (HRD): E&M

S/C-20



MEDICAL ATTENDANCE RULES



ORISSA POWER TRANSMISSION CORPORATION LIMITED
(A Govt. of Orissa Undertaking)

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OPTCL MEDICAL ATTENDANCE RULES

1.0.0. TITLE AND EFFECTIVE DATE:

These Rules shall be called OPTCL Medical Rules. These will come into effect from the date of Notification by Orissa Power Transmission Corporation Limited (OPTCL) (here after in..... to be referred as “**Corporation**”).

1.0.1 OBJECTIVE:

These Rules are intended to provide and regulate the reimbursement of Medical and Surgical expenses to the employees and the members of their family and to prescribe ceiling for such reimbursement.

1.0.2 APPLICABILITY:

(a) These Rules shall be applicable to confirmed as well as other regular employees of the corporation and their family members excluding those governed by E.S.I. Act 1948 and schemes made there under.

- (b) The Rules shall also be applicable to the functional Directors of OPTCL who are appointed on tenure basis and their family members.
- (c) The Rules shall also be applicable to those who are on deputation to OPTCL from Central/State Government or from government undertakings and their family members provided the benefit from OPTCL is covered under the terms and conditions of deputation.

1.1.0. DEFINITIONS:

In these Rules, unless the context otherwise requires

1.1.1. EMPLOYEE: means executive as well as non-executive employees including those under probation; and excludes the following categories:

- (a) NMR & Contingent Khalasi/ Labour.
- (b) Contract labour engaged by Contractors.
- (c) Consultant/ Adviser.
- (d) Persons engaged on contract basis
- (e) Persons engaged through any Outsourcing Agency.

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1.1.2 **(a) Chief Medical Officer(C.M.O.)** - means the Head of a Hospital/ Department including a Referral Hospital, whether Govt./ Private.

(b) Authorised Medical Officer means the following in the place where the employee is posted.

i. A medical officer employed as a Medical Officer by the Corporation either on whole time or part time basis;

ii. A registered medical practitioner included in the panel of the Doctor maintained by the Corporation for the purpose of rendering Medical Attendance to the employees of the Corporation.

(iii) A Medical Officer of the Government of Orissa not below the rank of an Assistant Surgeon where the Medical Officer of the Corporation is not located ; and

(iv) Superintendent/Deputy Superintendent/ Senior Kaviraj of an Ayurvedic Hospital/ Medical Officer of Homeopathic College/ Head of Unani Hospital of the State Government.

(c) SPECIALIST: Specialist means -

- (i) Medical Officer having PG Degree in relevant medicine.
- (ii) Doctor in the teaching line of nearest Medical Colleges not below the rank of Asst. Professor.

- (iii) Medical Officer declared as a specialist in the nearest Headquarter Hospitals & in the Capital Hospital at Bhubaneswar.
- (iv) Specialist Doctor in relevant field in private Hospital empanelled/recognized by the Corporation as Referral Hospital.

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(d) **SUPER SPECIALIST**:- Super Specialist means Doctor having qualification of D.M./M.C.H./D.N.B. who are empanelled by the Corporation as Super Specialist.

1.1.3. MEDICAL ATTENDANCE.

Medical Attendance means the professional advice and care during sickness, convalescence or injury afforded by the authorized medical officer at the entitled Corporation employee's residence or in the hospital, including such Pathological, Bacteriological, Radiological or other methods of examination for the purposes of diagnosis as are available in any Govt. Hospital/ PSU Hospital/ Dispensary/ Private Referral Hospitals and are considered necessary by the authorised medical Officer and such surgical treatment as can be suitably given at the entitled Corporation employee's residence and such consultation with a specialist or other Medical Officer serving under Govt. Hospital/ PSU Hospital/ Dispensary/ Private Referral Hospitals and stationed in the Province as the authorized medical officer certifies to be necessary, to medical officer, may, in consultation with the authorized medical officer determine.

1.1.4 PATIENT:

Patient means an employee or a member of his/her family to whom the Rule apply as in Clause 1.0.2 and who has fallen ill.

1.1.5 FAMILY MEMBERS means an employee's wife or husband, dependant parents, dependant children including step children and legally adopted children, un-married as well as handicapped (physically & mentally) brother & sister fully dependent on the employee. (The term family **does not include** any other dependent relations such as brother, sister, widowed sister etc. and the term parents does not include step parents).

Female employees shall have the **choice** to include either dependant parents or dependant parents-in-law for the purpose of availing of the medical benefits. The option given be changed only once with prior approval of CMD of the Corporation.

1.1.6 DEPENDANTS means family members whose income from all sources does not exceed Rs.3000/- per month.

The employee shall furnish at the time of joining in service a self declaration in the prescribed Format (Annexure-I) that the monthly income from all sources of his/her Dependant (Name to be mentioned) does not exceed Rs.3000/-. Any addition or deletion to the list of dependant to be intimated within a month of change.

Explanation: Scholarship/ stipend/ prize money received by a Dependant shall not be treated as income.

1.1.7 TREATMENT means the use of medical and surgical facilities as are considered necessary by the Authorised Medical Officer and includes.

- i. All types of pathological, Bacteriological, Radiological investigations / tests / examinations as considered necessary and recommended by the Authorised Medical Officer.
- ii. Medicine, vaccines and such other therapeutic substances like blood & blood components (platelet, serum, albumin, amino acid) etc.
- iii. Surgical Operations.
- iv. Accommodation for indoor treatment as provided under these rules.
- v. Specialist's consultation and services.
- vi. Maternity facilities including prenatal & postnatal treatment of female employees and legally married wives of the employees.

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- vii. Medical termination of pregnancy provided such that MTP has been performed at Government Hospitals/ Institutions approved under the MTP Act,1971.

NOTE:- Maternity facilities are to be limited up to two living children.

1.1.8 (a) HOSPITAL Includes Dispensary/ Hospital maintained by the Corporation, State Govt/ Local/ Self Government/ Central Govt./PSU Hospital where the employees or their family members are referred for treatment.

(b) **REFERRAL HOSPITAL:** The hospitals specified in Annexure-II & III and hospitals as notified by the Corporation from time to time.

1.1.9 BOARD OF DIRECTORS(BOD): means Board of Directors of the Corporation.

1.1.10 SANCTIONING AUTHORITY means any Director/ Officer of the Corporation as may be authorized by Board of Director(BOD) from time to time to sanction the amount for reimbursement/ advance as provided under rule 1.4.0

1.1.11. COMPETENT AUTHORITY means CMD or any official authorized by the Board of Directors.

1.1.12 RECOMMENDING COMMITTEE means a committee constituted by the Competent Authority for the purpose of considering/ recommending the application of the employees for sanction of advance to undergo treatment or reimbursement of the cost of treatment.

1.1.13 COMMITTEE OF THE BOARD:- (COB)

Committee of the Board means Committee constituted by the Board for examination and due recommendation on medical cases which are beyond the purview of the Recommending Committee.

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1.2.0 DECLARATION OF FAMILY MEMBERS

Every employee shall submit a declaration of members of his/her family dependent on him once after joining the service which will be entered in his/her service record. In case there is addition/deletion in the family due to any of the reasons as given below, same is to be intimated in the prescribed form as per Annexure-I .

(A) Addition to Family:-

Addition to family may be allowed in the following cases;

- i) Marriage of the employee requiring inclusion of spouse's name
- ii) Birth of a child
- iii) Parents becoming dependents

(B) Deletion from the Family:-

Deletion of the name shall be required in the following circumstances:

- i) Death of eligible member in the family
- ii) Divorce of spouse
- iii) Member becoming ineligible to be included (i.e. falling outside the scope of dependency)
- iv) If daughter gets married.

1.3.0 CONSTITUTION AND FUNCTION OF COMMITTEES

1.3.1(a) COMMITTEE OF THE BOARD

Function:

The matters are to be referred to Committee of Board by the Competent Authority in the following circumstances-

- i) If the application for medical advance in emergency case is beyond the power of Sanctioning Authority.

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- ii) If application for medical advance or claim for reimbursement is more than the limit of maximum permissible amount .
- iii) When disease is not covered in the approved list of disease including the limit.
- iv) If treatment is done in Non-Referral / Non-Government Hospital .
Reference to COB will be made by the Competent Authority if there is bona fide ground and sufficient justification with a view to extend medical facilities to the employees and their families.

1.3.1(b) RECOMMENDING COMMITTEE:

The Recommending Committee will be constituted with the following members.

- | | | |
|----|----------------------------------------------------|----------|
| 1. | C.G.M(HRD)/ Sr.General Manager(HRD) | Chairman |
| 2. | Sr. G.M.(C.P.)/G.M.(CP) | Member |
| 3. | G.M(F)/Dy.General Manager(F)(Budget) | Member. |
| 4. | Medical Officer, Power Hospital | Member. |
| 5. | DGM/A.G.M.(HRD),E&M and Pension-Member & convener. | |

Note:- (I) Quorum for the meeting of the Recommending Committee shall be four(04) which shall include Medical Officer of the Corporation..

(II) The Committee can be reconstituted from time to time with the approval of CMD.

Function:-

The Committee shall normally meet once in every month or in cases of emergency as and when necessary to recommend to the Competent Authority for medical advance /reimbursement in the following circumstances -

i) Whenever an employee applies for permission to undergo treatment in any referral hospital inside the State.

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ii) When an employee meets accident while performing official duty and make claims for the treatment.

iii) If an employee and / or his/her family members is admitted as an indoor patient in any Govt. Hospital located within the State for a period less than 72 hours.

iv) The medical claims for the treatment taken by an employee due to emergency in Non-Govt./ Non-Referral Hospital.

v) For clarification regarding re-occurrence of the same disease or critical diseases or multiple diseases.

vi) All medical claims on treatment in Referral Hospitals outside the State submitted for post-facto approval shall be examined by the Committee before being allowed for reimbursement by the Competent Authority.

Vii) The Committee shall recommend medical cases which are referred to Referral Hospital outside the State in consultation with the empanelled Super Specialists.

Viii) Such other case as may be referred by the Competent Authority from time to time.

1.3.1(c) The Recommending Committee will forward the case to Vigilance Deptt. of the Company for verification of the authenticity if at any stage it is found that an employee has submitted forged and false bills for reimbursement.

1.3.1(d) EMPANELMENT OF DOCTORS:-

Two Super Specialist Doctors from different specializations/ disciplines would be empanelled by the Corporation on yearly contract basis who will act as Invitee Member as and when required by the Recommending Committee. They will extend consultation for treatment of employees.

They would be entitled for honorarium on case to case basis or monthly basis as decided by the Competent Authority.

The Principal of Govt. Ayurveda / Homeopathy Medical College or any other doctor authorized by the Principal shall also be empanelled. Their opinion will be taken on the recommendation for advance/ reimbursement of Ayurveda/ Homeopathy Doctors of Govt. Hospitals. They would be entitled for honorarium on case to case basis or monthly basis as decided by the Competent Authority.

1.4.0 DELEGATION OF POWER

1.4.1 Delegation of power for Medical Advance:

Applications for grant of advance to meet the expenditure on medical attendance and treatment of the employees and/or their family members shall be considered by the Sanctioning Authority as per the following limit subject to finance concurrence.

Sl.No.	Sanctioning Authority	Sanctioning Limit
1.	Director(HRD)	Up to 1,00,000/-
2.	C.M.D.	Exceeding Rs.1,00,000/- subject to ceiling applicable.

1.4.2 Delegation of power for allowing reimbursement of medical expenses for treatment at Non-Govt./ Referral Hospital.

The maximum limit for sanction of reimbursement of expenses on medical attendance and treatment shall be considered by the Sanctioning Authority as per the following limit subject to finance concurrence.

Sl. No.	Sanctioning Authority.	Sanctioning Limit
1.	Director(HRD)	Up to Rs.1,00,000/-
2.	CMD	Exceeding Rs.1.00 lakh subject to ceiling limit.
3.	Committee of the Board.	Beyond ceiling limit

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1.5.0 MEDICAL ATTENDANCE AND TREATMENT WITHIN/ OUTSIDE THE STATE.

1.5.1(a) Treatment at Govt. Hospital/Medical College & Hospital

inside the State-The employees and/or his/her family members may undergo treatment/ check up in near by P.H.C./ Sub-Divisional Hospital/ District Head Qtrs. Hospital / any other nearest Govt. Hospital/ Medical College & Hospital/ OPTCL Dispensary directly.

1.5.1(b) Treatment at Referral Hospital inside the State:-

In the event of specialized treatment/ facility or Specialist is not available at the Hospitals mentioned as in 1.5.1(a) above, the case may be referred by the concerned Medical Officer with due counter signature by the C.M.O ./ Medical officer of Corporation Dispensary to any Referral Hospital inside the State in the prescribed Format as in Annexure-IV for further specialized treatment. A list of such Referral Hospitals inside the State for treatment of different disease is enclosed at Annexure-II.

When referred to a Referral Hospital inside the State , the employee shall apply for permission from the Competent Authority. Competent Authority may allow him for such treatment in any Referral Hospital inside the State on the recommendation of Recommending Committee.

1.5.1(c) Treatment at Referral Hospital outside the State :-

In case, further specialized medical treatment is necessary, the concerned Specialist of Referral Hospitals/ Professor of Medical College Hospital/ Head of Deptt. with due signature of CMO of Hospital may refer the patient after thorough examination of the case

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to Referral Hospital outside the State as specified in Annexure-III in the prescribed format as in Annexure-IV.

When referred to Referral Hospital outside the State, the employee shall apply for prior permission of Competent Authority in the prescribed Format. Competent Authority may allow the case after due recommendation by Recommending Committee.

1.5.2 EMERGENCY CASES:

An emergency case is defined as any such case which warrants immediate medical assistance in any Hospital in absence of which the condition of the patient may further deteriorate and/or lead to coma/ paralysis/ cardiac arrest/ death etc. However, for prolonged treatment, the employee will have to move to the nearest Govt. Hospital / Referral Hospital within four days.

Conditions of Emergency:-

Acute Coronary Syndromes (Coronary Artery By-pass Graft/ Percutaneous Transluminal Coronary Angioplasty) including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, paroxysmal, Supra Ventricular, Tachycardia, Cardiac Tamponade, Acute Left Ventricular Failure/ Severe Congestive Cardiac Failure, Accelerated, Hypertension, Complete Heart Block and Stoke Adam Attack, Acute Aortic dissection.

Acute Limb Inschemia, Rupture of Aneurism, Medical and Surgical shock and adminiperipheral circulatory failure.

Cerebroil Vascular Attack-Stroke, Sudden unconsciousness, Head injury Respiratory failure Decompensated lung diseased, Cerebro Meningeal Infections, Convulsions, Acute Paralysis, Acute Visual loss.

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Acute Abdomen.

Road/Traffic Accidents/ with injuries including fall.

Acute poisoning.

Acute Renal Failure.

Acute abdomen in female including acute Obstretical Heat Stroke.

And Gynecological emergencies.

Approval of such case will be subject to the production of certificate from the Medical Officer/ Treating Physician of the concerned Hospital in the prescribed format as at Annexure-V to the effect that it was an emergency case and immediate treatment/ hospitalisation was necessary to save the life of the patient.

(a) Furnishing of Information in case of Hospitalisation in Emergency:-

An Employee/ Attendant/ Escort/Co-employee/ Spouse in case of hospitalization of a patient will furnish information in the prescribed format as at Annexure-VI to the Officer in-charge of E&M Cell, Corporate Office through the concerned Unit Head/ Controlling Officer within a week.

(b) Emergency treatment in Referral Hospital Inside the State

In case of emergency, the employee and/ or his/her family members can avail the treatment facilities directly at the nearest Govt. Hospital / Referral Hospital inside the State under Annexure-II

(c) Emergency treatment in Referral Hospital Outside the State:-

In case of emergency, the employee and / or his/her family members can avail the treatment facilities directly at the Referral Hospital outside the State under Annexure-III.

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(d) Emergency Treatment in Non-Govt./ Non-Referral Hospital:

In emergency case the employee and/ or his/her family members can avail the treatment facility at Non-Govt./ Non-Referral Hospital both inside and out side the State. However, for prolonged treatment, the employee will have to move to the nearest Govt. Hospital / Referral Hospital. In such case reimbursement can be allowed maximum up to four days in a hospital other than Govt./ Referral Hospital.

The medical claims for the treatment taken in emergency in Non-Govt./ Non-Referral Hospital shall be submitted to the Sr.G.M.(HRD) by the employees. Sr.G.M(HRD) shall forward such claims to the Recommending Committee for examination whether the medical claim falls within the definition of emergency treatment and is fulfilling the criteria/qualification for providing emergency treatment. In these cases where the Recommending Committee is satisfied that the medical claim falls in the ambit of emergency treatment and also fulfills the qualification of a hospital prescribed for emergency treatment, the medical claim shall be submitted to the Competent Authority for consideration and approval in relaxation of rules.

(e) Sanction of Medical Advances for emergency cases like Cancer, Cardiac disease, critical operation and acute medical cases shall be sanctioned by CMD/Director(HRD) immediately as per limit (Clause-1.4.0).

(f) Reimbursement: - CMD shall be the Appropriate Authority to approve the reimbursement claims of all emergency cases on the recommendations of the Recommending Committee.

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1.5.3 Treatment of employee meeting with an accident while performing official duties.

- (a) When an employee of the Corporation, during the course of performing official duties meets with an accident, he will be entitled for reimbursement of full medical expenses incurred by him on indoor as well as out-door treatment taken from Govt. Hospital / Referral Hospital.
- (b) In his/her case he will be entitled for reimbursement of all medical expenses incurred by him for the treatment taken in such emergency even from Non-Referral Hospital. However for prolonged treatment, the employee shall have to move to nearest Govt./ Referral Hospital. In such case reimbursement can be allowed maximum up to four days in a hospital other than Govt./ Referral Hospital.
- (c) The period of treatment as in patient shall be treated as on duty on due recommendation of the controlling officer and on certification of the Treating Physician.
- (d) Medical bills of his/her nature will be submitted along with the report on investigation done by the controlling officer or the officer next above of the controlling officer . In case the accident happens to an officer of the rank of D.G.M. and above, the investigation report shall be submitted in the prescribed Format as in (Annexure-VII) by the officer nominated by the Functional Director/Head for the purpose.. The Medical bills will be routed through the Controlling Officer with his/her recommendations and it will also have to be certified that the accident occurred when the employee was performing his/her official duties as per rules.
- (e) C.G.M.(HRD)/Sr.G.M.(HRD) shall forward such claim to the Recommending Committee for examination whether the medical claims falls within the definition of emergency treatment and fulfilling the criteria/ qualification for providing emergency treatment. In these cases where the Recommending Committee is satisfied that the medical claim falls in the ambit of emergency treatment and also fulfills the qualification of a hospital prescribed for emergency treatment, the medical claim shall be submitted for consideration and approval by CMD. In exceptional cases CMD may allow reimbursement in relaxation of rules.

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1..5.4 Medical Attendance for employees on tour or on leave

In respect of employees and members of their families **availing medical treatment** outside the State while on tour or on authorised leave, the authorized medical officer will be the registered medical practitioner who is in Govt. service available near hand at the place where he/she falls ill.

1.5.5 Accommodation Charges for indoor treatment.

The accommodation charges in case of indoor patient will be reimbursed subject to following applicable monetary ceiling on production of proof of payment.

Sl. No.	Post/Grade/Cadre	Monetary Ceiling per day
1.	All Functional Directors	As per actuals
2.	All Executives	Rs.2000.00
3.	All Non-Executives	Rs.1500.00

The I.C.U. charges will be reimbursed as per actuals.

1.5.6 Ambulance Van:

Ambulatory patient may avail an ambulance van if available for shifting to the nearest place of treatment, provided it is certified by the AMO/CMO in the Format as given at Annexure-VIII that it is essential to shift the patient to the hospital. The Maximum distance traveled by the patient should not exceed 250 Kms. Beyond 250 Kms. Prior permission of the Controlling Officer will be essential. The ambulance charges are reimbursable as per following rate.

- | | | |
|----|-----------------------------|--------------------------|
| a) | Upto 20 Kms. (to & Fro) ... | Rs.300/-. |
| b) | Beyond 20 Kms (To & Fro)... | Rs.300/-+ Rs.8/- per Km. |

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1.5.7 Post Hospitalisation Treatment:-

The relevant medical expenses incurred during period up to 30 days after undergoing treatment as indoor patient in Govt. Hospital for more than 72 hours for disease/illness/injury sustained will be considered as part of claim mentioned under Hospitalisation Expenses.

The relevant medical expenses incurred during period up to 30 days after undergoing treatment as indoor patient in Referral Hospital for disease/ illness/injury sustained will be considered as part of claim mentioned under Hospitalisation Expenses. However reimbursement will be limited to the ceiling limit for the particular disease.

1.5.8 Post Treatment check up:

Where the concerned specialist of the Govt. Hospital / Referral Hospital advise for post treatment check-up and the CMO of such Govt./Referral Hospital certifies the same only then the employee and/ or family members will undergo post treatment check-up with prior permission of the Competent Authority. An employee/ family members will be allowed maximum four times for post examination/ check up. However reimbursement will be limited to the ceiling limit for the particular disease. He is entitled for T.A. as admissible to his grade.

1.5.9 T.A. for employees/ attendant:

- (i) An employee of the Corporation undergoing medical treatment under these Rules will be entitled for actual traveling expenses as per T.A. Rules of the Corporation when referred by the Competent Authority for medical treatment in Referral Hospitals inside/ outside the State in which the employee is staying. No D.A. will be admissible for his/her purpose.
- (ii) If the attendant/ escort is an employee of the Corporation, he/she will be entitled to normal T.A. to and fro journey as admissible to his/her grade as per Corporation's Traveling Allowance Rules. No DA is admissible for his/her purpose.

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- (iii) If an employee of the Corporation attending/ escorting the employee who met with an accident during the course of performing official duties and is under treatment as in-patient in any Govt./ Referral Hospital will be entitled for T.A. & D.A. as per rule for the same period and the period of attendance will be treated as on duty.
- (iv) In case of non-employee attendant/ escort accompanying the patient, he / she will be entitled to only actual travel cost i.e. rail fare/ bus fare or both, if the places are not directly connected by Rail, in the same class/ mode of journey as the patient is entitled.
- (v) The patient suffering from rabic disease and an attendant, if necessary may also be granted actual traveling allowance to & fro nearest pasture center.
- (vi) For treatment of Poliomyelitis, Cerebral Palsy and such other diseases which requires treatment outside the Head Quarters, in the case of a patient who is a child below the age of 10 Years, an attendant/ escort may accompany him/ her to the place of treatment as recommended by the A.M.O.
- (vii) In the case of a child below 10 years , if the mother of the child is absolutely considered necessary to accompany and second attendant is necessary, both the mother and the 2nd attendant shall be entitled to get T.A.

1.6.0 PROCEDURE FOR SANCTION OF MEDICAL ADVANCE.

The advance shall be **admissible** only when an employee and / or member of his/her family shall be treated as an Indoor patient in a Govt.Hospital/ Referral Hospital for treatment of any disease. For treatment at Referral Hospital outside the State medical advance would be admissible in all cases.

An employee shall apply in the **prescribed application** form as mentioned in Annexure-IX to the Sr.General Manager(HRD) through proper channel accompanied by a dependency certificate as at Annexure-I.

The application for an advance shall be supported by the following documents-

- (i) **A** certificate from the concerned AMO/CMO where the patient is undergoing treatment or likely to undergo treatment. **He should certify about nature of disease, duration of such treatment and anticipated cost with detailed break up thereof which would otherwise be admissible under the rules.**
- (ii) The said certificate shall contain the **name , designation, signature and seal** of the Doctor as well as the **signature of the employee.**
Joint declaration by husband & wife as per Format given in Annexure-X (if both are employed in the corporation).
- (iii) When the patient is unable to fill up the advance form, then we may allow his/her wife/husband/son/daughter shall submit the form on his/her behalf. However the treating physician shall certify that the employee is unable to sign or give thumb impression because of his medical condition.

1.7.0 PROCEDURE FOR REIMBURSEMENT OF MEDICAL EXPENSES:

1.7.1(a) Reimbursement of cost of treatment if treated as in-patient in Dispensary/ Hospital maintained by the Corporation, State Govt/ Local/ Self Government/ Central Govt./ PSU Hospital:-

- i) If an employee and/or his/her family member is admitted as an indoor patient in any Dispensary/ Hospital maintained by the Corporation, State Govt./ Local/ Self Government/ Central Govt./ PSU Hospital located within the State of Orissa for a period of 72 hours or more, the full reimbursement will be allowed as per admissibility and provision under these rules.

- ii) If an employee and for his/her family members is admitted as an indoor patient in any Dispensary/ Hospital maintained by the Corporation, State Govt./ Local/ Self Government/ Central Govt./ PSU Hospital located within/ outside State for a period less than 72 hours, the Competent Authority may allow such reimbursement on due recommendation by Recommending Committee.

1.7.1.(b) Reimbursement of cost of treatment if treated as in-patient in Referral Hospital

- (i) In case an employee and/or his/her family member is admitted as an indoor patient in Referral Hospital, the reimbursement will be made for only those **diseases mentioned in Annexure-XI and as per ceiling limit.** Minimum period of admission of 72 hours is not applicable. Reimbursement for diseases not covered in the list will be referred to C.O.B. by the Competent Authority. Basing on the recommendation of C.O.B. Competent Authority may allow reimbursement.
- (ii) If an employee and / or his/her family members is admitted as an indoor patient in any Referral Hospital located within the State on due recommendation by the Recommending Committee, he will be entitled to get reimbursement within the limit.

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- (iii) If the treatment at the referral hospital has been made without prior approval of the Competent Authority, the claim shall be placed before the Recommending Committee.

1.7.1(c) Reimbursement of cost of treatment for out-door patient:

Reimbursement of cost of Out-door treatment of diseases like T.B., Cancer, Leprosy, Cardiac problems , dog bite/monkey bite/cat bite/ snake bite, or any other animal bite in Govt. Hospital shall be allowed. For outdoor treatment a patient can undergo treatment maximum for 10(Ten) days . If he needs further treatment or if the disease reappears again, he has to get treated under a Specialist.

1.7.1(d) When the facility for any particular pathological test is not available at Govt. Hospital/Referral Hospital or such equipments are out of order and as per views of the treating physician the tests are necessary, the employee may get the test done at any other clinic or pathological lab.

However the reimbursement of such test shall be allowed on certification by the treating physician subject to overall ceiling prescribed for that disease.

1.7.1(e) Reimbursement of Dietary Allowance:-

Dietary allowance shall be allowed for Cancer and TB patient as is given in Annexure-XII. Further changes in his/her regard shall be notified from time to time.

1.7.1(f) Reimbursement when both husband and wife are employed.

When both husband and wife are employees of the corporation, benefits under these Rules to self and members of the family will be admissible only according to the entitlement of one of them, at their discretion. For his / her purpose, they shall furnish to their Controlling Officers a joint declaration as to who will prefer the claim for

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reimbursement of medical expenses in respect of wife/ husband and other family members in the prescribed form as per Annexure-X.

When wife and husband are employed in two different establishments, one of which is not under the control of the Corporation, the husband and wife as the case may be, shall be entitled to choose for self and family members, the facilities under the Rules of the Corporation, provided that the employee and the employee's spouse shall give a joint declaration in Annexure-X that the employee's spouse shall not claim the charges/ expenses from his/her employer.

1.7.1(g) Submission of Medical Claims:-

- i) If the employee has availed medical treatment at Govt. Hospital for a period of more than 72 hours as in-patient, then he will apply for medical reimbursement to his/her concerned D.D.O.

If the period of treatment is less than 72 hours then the claim should be forwarded to the AGM(HRD) in the Prescribed Form as per Annexure-XIII.

The claim should be made within a period of Six months from the date of completion of treatment.

- ii) If the employee has availed treatment at Referral Hospital with due permission of Competent Authority then the claim for reimbursement of medical expenses shall normally be submitted to D.D.O. if the amount is less than or equal to the medical advance sanctioned

within a period of Six months from the date of completion of treatment.

- l ii) If claim for reimbursement of medical expenses is more than the medical advance sanctioned for treatment at Referral Hospital then the same shall be submitted to the AGM(HRD)(E&M) through

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Controlling Officer within Six months from the date of completion of the treatment in the Prescribed Form as per Annexure-XIII

- iv) If no advance has been availed by the employee for the treatment at Referral/Non-Referral Hospital then the same shall be submitted to the AGM(HRD)(E&M) through Controlling Officer within Six months from the date of completion of the treatment in the Prescribed Form as per Annexure-XIII
- v) Claim made after a period of Six months shall require permission of Sr.General Manager(HRD).
- vi) When the patient is unable to fill up the medical reimbursement form, then his/her wife/husband/son/daughter/parents as the case may be may submit the form on his/her behalf accompanied by a certificate from the treating physician that the employee is unable to do the same.
- vii) In case of death of the employee, bill may be submitted by the principal legal heir and reimbursement may be made in his/her name.

1.7.1.(h) Duty & Responsibility of D.D.O.:

The concerned D.D.O. shall be responsible for the followings :-

(i) The cash memos shall be strictly in conformity with the / outdoor tickets/Indoor tickets and the cash memos should not be cancelled/defaced

(ii) Proper verification and checking of Medical Bills along with supporting documents for their authenticity before full and final settlement of any claim as per admissibility within the rule.

(iii) In case of transfer of an employee from one establishment to another, the outstanding amount of advance should be recorded in his/her LPC for recovery at the new station.

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- (iv) No subsequent reimbursement claims in respect of treatment of the employee or his/her family members shall be allowed unless the advance is fully adjusted/ recovered.

- (v) List of inadmissible medicines as notified by State Government from time to time shall be applicable.
- (vi) Medicines similar to the inadmissible medicines are also inadmissible
- (vii) The name, age and the diseases on the patient should be mentioned in the prescription clearly.
- (viii) The essentiality Certificate should have been issued in duplicate containing the name of the disease or diseases in accordance with the medicines prescribed. The period of treatment should have been mentioned clearly. The word “ Continuing” should not have mentioned.
- (ix) The vouchers should contain the name of the Medical Officer who prescribed the medicines and the cash memos are strictly in conformity with the prescriptions.
- (x) Govt. Circular No.5565 dt.19.04.1976 of Director of Medical Education & Training shall be followed by D.D.O. for verification of the documents at the time of reimbursement(Annexure-XV).

1.8.0 REIMBURSEMENT FOR SPECIALISED TESTS AND TREATMENT.

1.8.1 Reimbursement of Intra Ocular Lens Implantation:

Reimbursement of charges for Intra Ocular Lens Implantation/ conventional Operation (for Cataract Patients).

- (i) Charges for Intra- Ocular Lens implantation and treatment thereto is reimbursable in full if the same has been undertaken in a Govt. Hospital and actual cost of Rs.6500/- whichever is less, if undertaken in a private recognised hospital. The cost of spectacles is not reimbursable in such cases.

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- (ii) In case of conventional operation for cataract, the actual cost of spectacles for correction of distance/near vision subject to a maximum of Rs.200/- shall be reimbursed.

Reimbursement shall be allowed for the replacement of such spectacles once in every three years provided the same has been undertaken on the advice of the Authorised Medical Attendant / Specialist in the field.

1.8.2. Rates for Phaco Surgery and Intra Ocular Lens (IOL):

- (i) Cost of Extra Capsular Cataract Extraction (ECCE) will be as per rates approved for various CGHS cities, whether it is Phaco or non-Phaco procedure.
- (ii) Rates for non-foldable IOL and foldable IOL will be Rs.125/- and Rs.900/-, respectively or actual expenditure, whichever is less.

1.8.3 Reimbursement of Cost of Knee and Hip Implants:

- (i) The cost of Knee and hip implants shall be reimbursed as under

<i>Items</i>	<i>Maximum ceiling.</i>
Knee Implant	Rs,60,000 + the cost of Bone Cement Rs.5,000/-.
Hip Implant	Rs.35,000/- + the cost of Bone Cement Rs.5,000/-.

- (ii) The beneficiary should have undergone the treatment in a Govt. Hospital/ Referral Hospital with prior permission of Competent Authority.
- (iii) The implant shall be purchased on the recommendation of the orthopaedic specialist of the recognized Hospital and based on the lowest of three quotations.
- (iv) The treating orthopaedic specialist shall issue a certificate to the effect that the implant has been implanted successfully and is functioning satisfactorily.

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- (v) Medical Advance for the purchase of implant shall be paid directly to the supplier, which will be up to 80% of the lowest quotation or 80% of the maximum reimbursable amount, whichever is less.

1.8.4 Reimbursement of Cost of Hearing Aid:

- (i) The ceilings prescribed for reimbursement of Hearing Aids are as follows.

<i>Type of Hearing Aid</i>	<i>Maximum Ceiling</i>
(a) One-sided Hearing Aid (Body worm/Pocket/Behind the ear type or in the canal type (conventional).	Rs.10,000/-
(b) Bilateral Hearing Aid	Rs.20,000/-
© Digital Hearing aid	Rs.30,000/-

- (ii) Hearing Aid should be purchased only if it is recommended by a ENT Surgeon after considering the hearing loss and its attendant disability supported by audiometric evidence.

- (iii) Digital Hearing Aid shall be reimbursable on the basis of recommendation from two ENT Surgeons of two different Govt. Hospitals.
- iv) Replacement of Hearing Aid shall be allowed after the average life of five years on the basis of a condemnation certificate from a technical expert and on approval of a ENT specialist.
- v) In case of a child below 12 years, hearing aid may be replaced, if damaged, after three years of its purchase on the basis of a condemnation certificate from a technical expert and on advice of an ENT specialist of a Government Hospital.

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1.8.5. Reimbursement of Cost of Dentures:

- (i) The ceilings prescribed for reimbursement of dentures are as follows
 - (a) Complete Dentures Rs.2000/-.
 - (b) Denture of one jaw only Rs.1000/-.
- (ii) Reimbursement shall be allowed only if denture is advised as essential by a specialist of Government Hospital/ Referral Hospital in writing.
- iii. Permission for denture may be given in case of serving employee by the concerned authority in the parent department of the employee.
- iv. Reimbursement of complete/partial denture can be permitted on one time basis only.

1.8.6. Reimbursement of Cost of Various Artificial Appliances.

- (i) The cost of various artificial appliances shall be reimbursed subject to the prescribed ceiling rate.
- (ii) Items which are not included may be purchased on the prescription of a qualified Government Rehabilitation specialist/ Orthopaedic Surgeon subject to the following conditions.
 - (a) for items costing below Rs.2,000/- can be purchased without any quotation.
 - (b) Items costing Rs.2,000/- and above, prior approval should be obtained from Competent Authority.
 - (iii) The artificial appliances should be purchased from Govt. Hospital/ Govt.Undertaking / Authorised dealers of ALIMCO/ peripheral

Limb. Fitting Centre/NGOs approved by Ministry of Welfare. The items can also be purchased from private manufactures subject to the condition that the appliances are fabricated by a qualified orthotist and prostheticists and certified by the Govt. Orthopaedic Surgeon/ Govt. Rehabilitation specialist

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to the effect that the appliances are as per the requisite specification and the same are functioning satisfactorily.

(iv) Replacement of appliances is allowed once in two years for adults and once a year for children below 18 years. In case of tricycle and wheel chairs, the replacement shall be allowed every two years for all age groups.

.8.7 Reimbursement of Cost of Neuro- Implants:

Cost of Neuro-implants viz. Deep Brain Stimulation (DBS) Implants. Intra-theal Beclofen Pump, Intra-theal Morphine Pump, Spinal Cord Stimulators shall be reimbursed by the employees as follows.

	<i>Prescribing Authority</i>	<i>Ceiling Rate</i>	<i>Life of Battery</i>	<i>Cost of Battery</i>
DBS Implants	Neurologist of a Govt. Hospital	Rs.3,60,000/-	3-5 Years	Rs.2,50,000/-
Intra-theal Pumps	Any two Govt. Specialists of concerned specialty / HOD of Neurology / Neurosurgery / Anaesthesiology	Rs.2,62,000/-	7 Years	Rs.2,25,000/-
Spinal Cord Stimulators	-do-	Rs.2,62,000/-	3-5 Years	Rs.2,00,000/-

- i) The reimbursement shall be as per actual or ceiling rate, whichever is less.
- ii)Recurring expenditure on Beclofen/ Morphine shall be as per rules applicable for OPD Medicines.
- iii) Life of battery may vary depending on parameters selected for stimulation and usage.
- iv) Replacement of battery before 4 years may be permitted in exceptional cases on the basis of justification by the treating specialist and shall be considered on a case-to- case basis by Competent Authority on recommendation of Recommending Committee.

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1.8.8 Reimbursement for Physiotherapy:

The cost of physiotherapy shall be allowed to the persons suffering from acute paralytic diseases in their initial phase of a maximum period of 2 months in any Govt. Hospital as an outdoor patient on recommendation of concerned Medical specialist.

1.9.0 RECOVERY OF ADVANCE:

The employee must submit the bills/ claims for reimbursement within Six months.

1.9.1 Mode of Recovery: After completion of treatment of the patient and adjustment of all reimbursement claims, the D.D.O. shall inform the employee regarding the balance amount of advance if any, to refund it within thirty days by the employee. Failing which the amount will be recovered from the salary of the employee in suitable installments by the concerned D.D.O.

An advance for which bill is not submitted within Six months from the date of receipt of the advance shall be treated as default/ mis-utilisation. In such case the amount with 12% interest per annum will be recovered from salary including future dues in suitable installments on such default/ mis-utilised amount just after expiry of Six months.

Explanation:- The recovery of balance amount should be done in such a manner so that the employee concerned shall draw at least 50% of his/her salary after deduction of such advance, if the net salary falls short of 50%, installments shall be fixed by the concerned DDO suitably.

(i) In case of employees approaching retirement, if any amount is pending towards recovery of advance after adjustment of reimbursement claim, even after such retirement, such amount shall be recovered from his/her leave salary/gratuity.

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(ii) In case of dismissal / termination of employee, the advance shall be recovered from his/her leave salary, gratuity etc.

(iii) In case of exceptional situation arising out of death/permanent disability any amount that remains outstanding even after adjustment against all his/her receivable, the matter shall be put up to the Board for decision to write it off.

(iv) In exceptional cases like death, the Competent Authority may waive out the recovery and levy on the advances.

(v) D.D.O. shall be responsible for recovery.

1.10.0 ANNUAL HEALTH CHECK UP OF EMPLOYEES/ OFFICERS OF THE COMPANY.

In order to detect & prevent serious illness “Annual Occupational Health Check up” for all employees and “Executive Health Check up” of all officers of certain age will be conducted at specific Hospitals which shall be notified by the Company from time to time.

1.11.0 DISCIPLINARY ACTION FOR NON COMPLIANCE :

- a) An advance not adjusted within six months from the date of receipt of the advance shall be treated as default/ mis-utilisation . In such case the amount with 12% interest per annum /present Bank interest rate which ever is less will be recovered from salary on such default/ mis-utilised amount just after expiry of the tenure of six months in suitable installments. Besides, the concerned employee shall be liable for disciplinary action as deemed fit.
- b) If at any stage it is found that the employee has submitted forged and false_bills for reimbursement , necessary disciplinary proceedings will be instituted against him. The money disbursed will also be recovered. The Recommending Committee will forward the case to Vigilance Cell for verification of the authenticity.

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- c) D.D.O.may refer the case to Vigilance in case of any doubt arising when the employee is found reimbursing too frequently or any other reason.
- d) Any instance of mis-utilisation of the facility any manner shall be viewed seriously and strict action shall be initiated against the erring employee.

1.12.0 INTERPRETATION, RESIDUARY & SPECIAL POWERS.

These Rules shall come into force with effect from the date of issue of Notification. Prior to implementation of the New Medical Attendance Rules, all such cases relating to reimbursement of cost of medical treatment of employees or their family members (in whatever stage it may be) shall be regulated as per rules prevailing till the date of Notification. Under no circumstances the old cases which have already been settled shall be reopened.

If any doubt arises on the applicability of these Rules or any matter not provided for in these rules, the same may be referred to the Director(HRD)/ CMD whose decision / interpretation in the matter shall be final and binding.

1.13.0 REPEAL

All previous Office Orders/ Resolutions/ Memos issued by OSEB/ GRIDCO/ OPTCL regarding Medical Advance/ Reimbursement are hereby repealed .

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ANNEXURE-I.
DECLARATION OF FAMILY MEMBERS
(Rule 1.1.6, of OPTCL MA Rules).

Name of the Employee _____
Designation; _____
Employee ID No. _____
Branch/ Office; _____

DETAILS OF FAMILY MEMBERS.

Sl. No.	Name	Age	Marital status	Relationship with employee	Whether wholly dependent or not (if not, particulars of employment may be given)	Monthly Income

1. The monthly income of my mother/ father/parent-in-law whose name is given above does not exceed Rs.3000/- and he/she is wholly dependent on me.
2. The monthly income of my son(s)/ unmarried daughter(s)/widow mother whose names are given above does not exceed Rs.3000/- and they are wholly dependent on me.

N.B:- Female employees shall be given **the choice** to include either her parents or parents-in-law for the purpose of availing of the medical benefits. The option once given can only be changed after prior approval of CMD

DECLARATION.

- iv. I hereby declare that the above named dependents do not belong to the excluded category within the meaning of rule-1.1.4, 1.1.5 & 1.2(b) of OPTCL.M.A.Rule.
- v. I hereby declared that the information furnished above are correct to the best of my knowledge.

Date:

Signature of the employee.

ANNEXURE-II

(Rule 1.1.8(b) of OPTCL Medical Attendance Rules)

An employee or his/her family members may avail the treatment for the specific disease(s) only at the Referral Hospitals inside the State as given below.

Sl. No	<i>REFERRAL HOSPITALS & RESEARCH INSTITUTE</i>	Treatment for Specific diseases.
1	Hemalata Hospital, Bhubaneswar	Cancer
2	Panda Medical Center, Cuttack	Cancer
3	Kalinga Hospital, Bhubaneswar	Any disease
4	J.P.Rotary Hospital, Bidanasi, Cuttack	Eye
5	Sun Hospital, Cuttack	Gynee & Ost. diseases
6	Nilachal Hospital, Bhubaneswar	Any disease
7	Kar Clinic & Hospital, Bhubaneswar	Any disease
8	Ayush Hospital, Bhubaneswar	Critical Medical Care, Cardiology, Orthopaedics, Neurology, Neuro Surgery, Trauma
9	L.V.Prasad Eye Institute, Bhubaneswar	Eye
10	Aditya Care Hospital, Bhubaneswar	Cardiac Surgery/ treatment, Cardiology intervention procedure, ICCCU, Laparoscopic Surgery, Renal cases RFL.
11	HI-TECH Medical College & Hospital, Bhubaneswar	Nephrology, Trauma, Cardiology
12	Vivekananda Hospital, Bhubaneswar	Plastic Surgery & Trauma care
13	Shanti Hospital & Research Centre, Cuttack	Lasproscopic Surgery, Medical emergency, Trauma
14	Ashwini Hospital, Cuttack	Neurology & Neurosurgery, Trauma Care, Orthopaedics, Plastic Reconstructive and Cosmetic Surgery, Critical care.
15.	Saranghi Clinic & Reasearch Centre Private Ltd., Cuttack	O&G, Cardiology & Interventional Procedures.
16.	Kanungo Institute of Diabetes Specialities 1120,Dumduma, Bhubaneswar	Diabetes.
17.	Appollo Hospital, Bhubaneswar	Any disease

- ◆ Every year the Referral Hospital list (inside the State) will be up dated subject to renewal of agreement with the said Hospital.
- ◆ Addition/deletion of Referral Hospital (both inside/outside the State) shall be made by Committee of the Board only.

ANNEXURE-III

(Rule 1.1.8(b) of OPTCL Medical Attendance Rules)

An employee or his/her family members may avail the treatment for the specific disease(s) only at the Referral Hospitals outside the State as given below.

Sl.No.	REFERRAL HOSPITALS OUTSIDE THE STATE	Specified disease
1	AIIMS, New Delhi.	Any disease
2	Apollo Hospital, Hyderabad	Cardiac
3	Apollo Hospital, Chennai.	Kidney
4.	King George Hospital Vizag	Any diseased
5	Seven Hills Hospital, Visakhapatnam (Except Ophthalmology)	Any disease
6	Birla Heart Research Centre, Kolkata.	Cardiac
7	Christian Medical College, Vellore	Any disease
8	NIMHANS, Bangalore	Mental/Brain/ Neurosurgery
9	Shankar Netralaya, Chennai	Eye
10	Chittaranjan Cancer Center, Kolkata.	Cancer
11	Tata Memorial Hospital, Mumbai.	Cancer
12	Safdarjung Hospital, New Delhi (Balav Bhai Patel Chest Institute)	Chest
13	All India Institute of Physical Medicine & Rehabilitation, Mumbai	Orth. & Mental Handicapped
14	Sai Baba Super Speciality Hospital, White Field, Bangalore	Heart & Kidney
15	Sai Baba Super Speciality Hospital, Putaparthi, Anantapur Dist A.P.	Heart & Kidney
16	Mental Hospital, Ranchi.	Mental disease
17	Hyderabad Kidney Center, Hyderabad.	Kidney disease
18	Sanjay Memorial Hospital, Mumbai	Any disease
19	Medwin Hospital, Hyderabad.	Kidney
20	Sri Gangaram Hospital, New Delhi	Any disease
21	All National Institutes in the Country for Blind/Deaf & Dumb/ orthopedical handicapped/ Cerebral Palsy/ Poliomyelitis / Leprosy/ Mental retardation/ Hearing and speck (Run by Ministry of Health & Family Welfare/ Ministry of Welfare, Govt. India).	Physically Handicapped
22	P.G.I. Chandigarh	Any disease
23	Dr.R.A. Dental College, Kolkata	Dental disease
24	R.P.Center, New Delhi	Cardiac
25	K.E.M. Hospital, Mumbai	Haematology
26	Yashoda Hospital, Hyderabad	Heart & Kidney
27	Narayan Hrudayalaya	Cardiac
28	Madras ENT Research Foundation, Chennai	ENT
29	NIMS, Hyderabad	All diseases

ANNEXURE-IV

FORMAT OF REFERENCE **(Rule-1.5.1(b) & (c) of OPTCL M.A. Rules)**

No.

Date

Certified that Sri/ Smt. _____ aged _____ years _____ son/Daughter/Wife/Husband/ Father/ Mother of Sri/ Smt. _____ serving as _____ (designation) in the Office of _____ (place of posting) is suffering from _____ and is advised to go to _____ Hospital/ Institution _____ (Place) in the State of _____ for further investigation and treatment as proper facilities for his/her treatment is not available or the existing facilities is considered to be inadequate in his/her hospital.

Certified further that the patient should travel to the place of treatment being accompanied by an attendant, as it is unsafe for the patient to travel unattended. The probable cost of treatment would be around Rs. _____ (Rupees _____) only.

Signature of CDMO/CMO
With seal

Name:
Designation:
Date

Countersigned by the Head of Institution/
Hospital with seal.

ANNEXURE-V

**FORMAT OF REFERENCE IN CASE OF EMERGENCY TREATMENT FOR
POST FACTO APPROVAL
(Rule 1.5.2 of OPTCL MA Rules)**

No.

Dated

Certified that Sri / Smt. _____
Aged _____ years _____ son/ daughter/ wife/ husband/father/ Mother
of Sri/Smt. _____ serving as

_____ in the office _____ (place) was in serious condition when he was admitted to his/her Hospital

His/her is a case covered under emergency diseases and immediate treatment/hospitalisation was necessary to save the life of the patient.

Signature of M.O.OPTCL
Dispensary/ Treating Physician
With seal.

Name:

Designation

Date

Counter Signature of CMO
(wherever necessary).

ANNEXURE-VI

**FURNISHING OF INFORMATION IN CASE OF HOSPITALISATION IN
EMERGENCY
(Rule 1.5.2(a) of OPTCL MA Rules).**

To

The Asst.General Manager(HRD),
E&M and Pension,
OPTCL Head Qtrs. Office,
Bhubaneswar.

Sir,

His/her is to inform that Sri/ Smt. _____
aged _____ years son/ daughter/ wife/ husband/ father/mother of Sri/
Smt. _____ serving as _____ in
the office of _____ has
been admitted in the _____ Hospital/ Institution on
_____ (date) as he / she is suffering from
_____.

Signature

Name:

Designation:
(Wherever necessary)

Date

Relationship
With the patient.

Signature of Head of Office

Official Seal

Date:

ANNEXURE-VII

(Rule 1.5.3. (c) OPTCL M.A. Rules.)

Format for Investigation Report by the controlling officer.

1. Name of the Employee:
2. Designation:
3. Employee. ID No:
4. Place of posting:
5. Place, date and time of accident:
6. Whether the employee was on official duty at the time of the accident.:
7. Nature of duties the employee was performing when the accident happened.:
- (v) Investigation summary (should contain information related to place of accident, nature of work, time, situation/condition, tools tackles, extent of injury etc.
9. Name, Designation, Emp. ID No. and place of posting of 2 employees who witnessed the accident

(I) _____

Signature

(ii) _____

Signature

I have investigated the accident of Sri _____

Designation _____ and I am convinced that the said accident occurred while the employee was performing his/her official duties as per rules. I recommend reimbursement of full medical expenses incurred by him/her.

Countersignature

Head of office.

Signature of the controlling officer
Name
Designation
Seal

NB:- If required , a separate sheet may be enclosed for brief summary

ANNEXURE-VIII

(Rule 1.5.6 of OPTCL Medical Attendance Rules)

CERTIFICATE FOR REIMBURSEMENT OF AMBULANCE CHARGES.

I hereby certify that Sri _____ aged _____ yrs
Son/Daughter/Wife/Husband/Father/Mother of
Sri/Smt. _____ serving as (Designation) _____ in
the office of _____ (place of posting) is suffering from _____. An
ambulance is essential for shifting him/her to the hospital.

Signature
AMO / CMO
Seal

Signature of controlling officer of the employee.
Seal.

ANNEXURE-IX.

APPLICATION FOR MEDICAL ADVANCE.

(Rule 1.6.0 of OPTCL MA Rules)

PART-I

(Through the Controlling Officer)

To

The Sr. General Manager (HRD),
OPTCL Hqrs. Office,
Bhubaneswar.
(Through Proper Channel).

Sir,

I am enclosing herewith my application for grant of Medical Advance furnishing the following particulars.

- 1 Name
- 2 Designation
- 3 Branch/ Office:
- 4 Employee ID No.
- 5 Whether belongs to Field or
Corporate Office
- 6 Name and Relationship for whom
advance is required
- 7 Nature of disease
- 8 Name and address of the hospital
in which admitted/ to be admitted.
- 9 Date of admission
- 10 Probable period of treatment
- 11 Whether any advance for medical treatment taken in the past: Yes/No
- 12 If so, amount of advance and date of receipt.
- 13 Whether advance taken earlier for the same disease: Yes/No.
If yes the amount of advance taken:- Rs. _____
- 14 If the amount not yet adjusted
- 15 Date on which advance taken
16. Amount of advance
17. Certificate from the doctor not below the rank of a Specialist (regarding nature, probable period of treatment and anticipated cost) must be enclosed.

Signature

Name of the employee

Designation

Branch/Office

Address:

Employee ID No.

Counter signature of the Controlling Officer.

1. Advance applied for:- Rs. _____
2. Previous Advance if any:- Rs. _____
 - (a) Whether previous advance adjusted against the bills submitted: Yes/No.
 - (b) If no, then the unadjusted amount of advance is Rs. _____.
3. Whether bills submitted for reimbursement for the similar disease/treatment: Yes/No.
4. Amount of bills submitted for reimbursement: Rs.
5. Amount of bills admissible for reimbursement Rs.

Signature of the D.D.O.
Designation
Seal

Forwarded to the Asst. General Manager (HRD), E&M , OPTCL Head Qtrs.
Office, Bhubaneswar for further necessary action.

Signature of the Head of Office
Designation
Seal.

ANNEXURE-X
Declaration by Husband/Wife for preferring Medical reimbursement Claims
(To be submitted in duplicate)
(Rule 1.6.0(ii) of OPTCL MA Rules)

Note:- Where the word Husband/Wife appears inappropriate the same may be deleted.

1 **.DECLARATION BY HUSBAND / WIFE.**

- I. I am employed at (Place _____ as (designation) _____ in (name of the Organisation) _____ which is a (please specify whether it is a Govt/ Semi Govt. Undertaking/ Local/ Private

- Organisation etc.) _____
 Organisation.
- II. My wife/ husband named _____ is employed at (Place) _____ which is a (please specify whether it is a Govt/ Semi Govt. Undertaking/ Local/ Private Organisation etc.).
- III. For the purpose of availing of medical facilities by me and my family members, including wife/ husband I HEREBY DECLARE THAT these benefits shall be claimed for by me only and that my wife/ husband shall not prefer any claim from her/ his/her office/ employer where she/he is working either for herself/ himself or for myself or for any member of my family. For his/her purpose my wife/ husband shall be treated as dependent upon me.
- IV. Declaration from wife/ husband that she/ he will not claim these benefits as an independent employee, is given herein after.

Place:-

Date:

Signature _____

Name _____

(in block letters)

Designation:- _____

B. DECLARATION BY WIFE/ HUSBAND I have read the above declaration given by my husband/ wife named _____ and accordingly I DECLARE AND UNDERTAKE THAT I shall not prefer any claim(s) for medical reimbursement in respect of any of my family members including self and my wife/ husband from employer/ office, where I am working.

Place:-

Date:

Signature _____

Name _____

(in block letters)

Designation:- _____

ANNEXURE-XI
CEILING FOR REIMBURSEMENT OF COST OF TREATMENT IN RESPECT OF SPECIFIED DISEASE
(Rule 1.7.1(b(i) of OPTCL MA Rules)

Sl. No.	Name of discipline	Name of the disease	Maximum permissible amount
1.	Cancer	Interstitial brachy therapy	Rs.60,000/-
	-do-	Interluminal brachy therapy	Rs.60,000/-
	-do-	Stereotactic Radio-therapy/Radio-surgery/Brain Tumour	Rs.60,000/-
	-do-	Bonemarrow Transplantation	Rs.7.5 lakhs
	-do-	Mediastinoscopy/MH/ISOTOPS	Rs.20,000/-
	-do-	Breast Conservation	Rs.40,000/-
	-do-	Electron beam therapy	Rs.45,000/-
2.	Cardiology and Cardio thoracic vascular surgery	Coronary Artery by pass surgery with	Rs.1,25,000/-
	-do-	Coronary Angiography.	Rs. 50,000/-

	-do-	Anagioplasty with stenting one	Rs.1,00,000/-
	-do-	Anagioplasty with stenting two	Rs.1,50,000/-
	-do-	Cath and Angiography & stress thalum	Rs.15,000/-
	-do-	Valvoplasty/ peripheral vessel Angioplasty.	Rs.30,000/-
	-do-	Valve replacement/ Repair + Valve cost extra	Rs.1,00,000/-
	-do-	Replace-cusp repair	Rs.75,000/-
	-do-	Surgery for congenital Heart Disease (Needing OHS)	Rs75,000/-
	-do-	Electrophysiological study for Arrhythmia	Rs.6,000/-
	-do-	Radio frequency abolition for Arrhythmia	Rs.30,000/-
	-do-	Surgery for pericardial diseases	Rs.10,000/-
	-do-	Repair or grafting for peripheral vascular disease with cost of prosthesis.	Rs.20,000/-
	-do-	Close mitval valvotomy	Rs.10,000/-
	-do-	P.D.A. ligation	Rs.10,000/-
	-do-	Central or peripheral vascular disease surgery with pruthesis	Rs.15,000/-
	-do-	Congenital Heart surgery (Patient above 15 Kg.) A.S.D, V.S.D	Rs.75,000/-
Sl. No.	Name of discipline	Name of the disease	Maximum amount permissible
3.	Clinical Haematology	Sone marrow Transplantation for leukamia Thalassemia.	Rs.8.5 lakhs.
	-do-	Diagnostic problem in certain cases of leukaemia and lymphoma where cell maker is required.	Rs.10,000/-
4.	Endocrinology	Diabetic Retienpathy	Rs.30,000/-
	Endocrinology	Diabetic Nephropathy CRI for renal Transplantation.	Rs.3.00 lakhs.
	-do-	Rare endocrine conditions needing further evalutatings treatment	Rs.40,000/-
5.	E.N.T.	Functional Endoscopic sinus surgery	Rs.30,000/-
	-do-	Trans nasal hypo physectomy	Rs.50,000/-
	-do-	E.N.G. (Electro nystagmography	Rs.1,000/-
	-do-	SERA Brain Stem Evoked Vespone audiometry.	Rs.2,500/-
	-do-	MRI (Magnetic Resourcne Imaging	Rs.10,000/-
	-do-	Sac docompression in Meniers disease.	Rs.20,000/-
6.	General surgery	Obstructive Jaundice due to Tumour/ Stricture.	Rs.30,000/-
	-do-	Pancreatic head tumours.	Rs.45,000/-
	-do-	Liver tumours needing liver resection/ transplant.	Rs.75,000/-
	-do-	Recurrent obstructive Jaundice for retained stones in CBD after CBD exploration	Rs.40,000/-
	-do-	Cases needing total gastroctomy tumour of cardia and funds.	Rs.30,000/-
	-do-	Advanced ulcerative colitis needing deoanal anastomoses.	Rs.45,000/-
	-do-	Tumours and multiple poly-posis of colon total foloctomy.	Rs.45,000/-

	-do-	Enterocutaneous fistula high type.	Rs.30,000/-
	-do-	Panathyroidectomy	Rs.40,000/-
	-do-	Adrenalectomy	Rs.40,000/-
	-do-	Recurrent high anal fistula.	Rs.30,000/-
7.	Medicine (General)	Pyrepcia of unknown origin	Rs.40,000/-
	-do-	Idiopathic Syncope and fainting attacks	Rs.25,000/-
	-do-	Chronic Headache	Rs.25,000/-
	-do-	Idiopathic Oedema	Rs.30,000/-
	-do-	Pancreatitis	Rs.75,000/-
	-do-	Multiorgan Failure	Rs.1,50,000/-
	-do-	Irreversible shock	Rs.80,000/-
	-do-	Chronic Active Hepatitis	Rs.50,000/-
	-do-	Secondary Hyper tension	Rs.40,000/-
	-do-	Chronic obstructive Airway diseases.	Rs.45,000/-
	-do-	Restrictive Airway diseases.	Rs.45,000/-
Sl. No.	Name of discipline	Name of the disease	Maximum amount permissible
	Medicine (General)	Autoimmune diseases (SLE) Rheumatoid arthritis Amyloidosis.	Rs.45,000/-
	-do-	Osteoporosis	Rs.50,000/-
	-do-	Ideopathic Ascitis	Rs.45,000/-
	-do-	Leukaemia	Rs.1,00,000/-
8.	Neurosurgery	Microneurosurgery properative	Rs.40,000/-
		Anterior Approach Cervical spine operation.	Rs.50,000/-
	-do-	Intracranial and spinal Operation	Rs.1,00,000/-
	-do-	Aneurysms and Arterio venous Malformations Post Operative.	Rs.7,000/-
	-do-	Micro neuro-surgery for pre-operation.	Rs.15,000/-
	-do-	Micro Neurosurgery for pre-operation	Rs.15,000/-
	-do-	Sellar and Suprasellar tumours operation	Rs.60,000/-
	-do-	Micro neurosurgery for pre-operation	Rs.15,000/-
	-do-	Sachial Plexus Injury – oper	Rs.30,000/-
	-do-	Stereostatic neuro surgery pre-operation	Rs.20,000/-
	-do-	For Depth tumours operation	Rs.50,000/-
	-do-	Radio frequency lesions for Trigeminal neuralgia	Rs.30,000/-
	-do-	Congenital Skull Defects	Rs.30,000/-
	Neurology	MRI Test Head	Rs.5,000- to Rs.8000/-
	-do-	Elisa for measles Antigen	Rs.800/-
	-do-	Chronic Meningitis for investigations	Rs.5,000/-
	-do-	Intractable seizure pediatric Age group/ Adult for surgery	Rs.2,000/-
	-do-	Comatosed patients-needs further investigation.	Rs.40,000/-
	-do-	Mysthenia in crisis plasma-pharests	Rs.18,000/-
	-do-	LGE in respiratory failure ICU facility	Rs. 750/- per day
	-do-	Dementia patients needs work up second opinion for management and surgery	Rs.2,500/-
	-do-	Extra Pyramindal disorder second opinion for management and surgery.	Rs.2,500/-
	-do-	Trigeminal Neuralgis management	Rs.13,000/-

9.	Ophthalmology	Diabetic Retinopathy	Rs.6,500/-
	-do-	Detachment of retina	Rs.8,000/-
	-do-	Vitreous hemorrhage	Rs.8,000/-
	-do-	Heratoplasty	Rs.3,000/-
	-do-	Malignant glaucoma	Rs.8,000/-
	-do-	Multiple injury	Rs.8,000/-
	-do-	Intraorbitalmass	Rs.3,500/-
	-do-	Neuro-ophthalmological cases Oculoplasty	Rs.4,000/-
	-do-	Oculoplasty	Rs.8,000/-
10.	Orthopeadic	Total joint replacement	Rs.90,000/-
Sl. No.	Name of discipline	Name of the disease	Maximum amount permissible
	Orthopeadic	A.O. Compression procedure for Fracture neck femur	Rs.20,000/-
	-do-	Microsurgical nerve repair and grafting	Rs.20,000/-
	Orthopaedic	Spinal Osteotomy with internal fixation.	Rs.25,000/-
	-do-	Anterior spinal fusion	Rs.25,000/-
	Orthopedic	Arthroscopic repair of ACL/Minisectomy	Rs.60,000/-
	-do-	Invasive pelvic malignant tumours.	Rs.1,00,000/-
11.	Obst. & Gynecology	Antiphospholipid Antibodies.	Rs.5,500/-
	-do-	Anticardiolipin Antibodies	Rs.5,500/-
	-do-	LSCS with Complications	Rs.15,000/-
	Obst. & Gynaecology	Tumour markers for maligncy	Rs.7,500/-
	-do-	Warthiom	Rs.15,000/-
	Treatment-ART	Invitroferitisation	Rs.60,000/-
	-do-	Post follow up	Rs.60,000/-
12.	Plastic surgery	For free tissue transfer through Microvascular surgery	Rs.80,000/-
	-do-	Cranio Facial surgery	Rs.80,000/-
	-do-	Maxilo Facial Reconstructive surgery	Rs.60,000/-
	-do-	Reconstruction of Burn deformities through Microvascular surgery	Rs.75,000/-
	-do-	Acular Plastic Surgery	Rs.60,000/-
13.	Urology/Nephrology	Kidney transplant	Rs.2,00,000/-
	-do-	Glomerulo Nephritic. Not responding to treatment for immunohis/hertopathology.	Rs.15,000/-
	-do-	Shock-wage lithotripsy for kidney stones where (open surgery) operation is not indicated.	Rs.40,000/-
	-do-	Cancer of Geriho urinary system where the treatment facility does not exist.	Rs.1,50,000/-
	-do-	Surgery for Renovascular diseases.	Rs.70,000/-

ANNEXURE-XII
DIETARY ALLOWANCE
(Rule 1.7.1.(d) of OPTCL MA Rules).

Sl.No.	Spl. Dietary Allowance	Amount	Remarks
1	2	3	4
(a)	For Cancer	Rs.600./- per month (@ Rs.20/- per day)	His/her allowance can be sanctioned for a period of six months at a time and part thereof subject to renewal of the recommendation of the treating physician.
(b)	For TB	Rs.300/- per month (@ Rs.10/-per day)	His/her allowance can be sanctioned for a period of two years in 4(four) installments subject to recommendation and renewal by the treating physician/ specialist

ANNEXURE-XIII.
APPLICATION FOR REIMBURSEMENT FOR MEDICAL TREATMENT
(Rule 1.7.1(g) of OPTCL MA Rules)

PART-I
(Through the Controlling Officer)

To
The Sr. General Manager (HRD),
OPTCL Hqrs. Office,
Bhubaneswar.

Sir,

I am enclosing herewith my application for grant of Medical Reimbursement furnishing the following particulars.

1. Name
2. Designation
3. Branch/ Office:-
4. Employee ID No.
5. Whether belongs to Field or Corporate Office
6. Name and Relationship for whom reimbursement is required
7. Nature of disease
8. Name and address of the hospital in which admitted
9. Date of admission
10. Period of treatment
11. Whether any advance for medical treatment taken in the past: Yes/No
12. If so, amount of advance and date of receipt.
13. Whether advance/reimbursement taken earlier for the same disease
14. If the amount not yet adjusted
15. (i) Date on which advance taken
(ii) Amount of advance
16. Whether the following documents are submitted:-
 - i) Discharge certificate Yes/No.
 - ii) Essentiality certificate(Annexure-XIV) Yes/No.
 - iii) Dependency certificate (Annexure-I) Yes/No.
 - iv) Medical bills is submitted Yes/No.
 - v) Joint declaration Certificate(Annexure-X) Yes/No.
(If necessary)

Signature
Name of the employee
Designation
Branch/Office
Address:
Employee ID No.

Counter signature of the Controlling Officer.

contd..

PART-2

1. Previous advance if any
2. (a) Whether previous advance adjusted against the bills submitted: Yes/No.

- (b) If no, then the unadjusted amount of advance is Rs.
3. Whether bills submitted for reimbursement for the similar disease/treatment earlier: Yes/No.
 4. Amount of bills submitted at present for reimbursement: Rs.
 5. Amount of bills admissible for reimbursement Rs.

Signature of the D.D.
Designation
Seal

Forwarded to the Asst. General Manager (HRD), E&M , OPTCL Head Qtrs.
Office, Bhubaneswar for further necessary action.

Signature of the Head of Office
Designation
Seal.

ANNEXURE-XIV.
ESSENTIALITY CERTIFICATE
(Rule 1.7.1(f)(i) of OPTCL MA Rules)

I certify that, Shri _____ wife/son/ daughter
/mother/ father of _____ serving as
_____ under the Department/Office of the
_____ has been under my treatment for
_____ (disease name in **BLOCK** letters only) from _____ to
_____ in my consulting room/residence of the patient/indoor/outdoor of
_____ Hospital, _____ and that the under mentioned medicines
were essentially necessary for prevention of Serious deterioration in the condition of the patient.

The medicines do not include preparations which are primarily foods, toilets or disinfectants.

The medicines do not include any of the items of the list of inadmissible medicines and similar preparations for reimbursing of cost of which is not admissible to Government servants and their family members.

NAME OF MEDICINE(in **BLOCK** letters only)

Qnty.

PRICE(In Rs.)

Signature of Authorised Medical
Attendant & Designation(Seal)

I certify that I was not absent on leave or under suspension during the period of treatment referred to in the above essentiality certificate.

*

Signature of employee

Signature of Authorised Medical
Attendant & Designation(Seal)

Signature Attested.

Counter signed.

HEAD OF HOSPITAL

Certified that my father/mother/son/daughter/(father-in-law/mother-in-law in case of female employee) is wholly/mainly dependent upon and that no claim has been made for him/her during his/her period.

Signature of Applicant.

NB:- Counter signature by Head of Institution/Hospital is necessary in case of in-patient only.

ANNEXURE-XV.

**(Director of Medical Education & Training, Orissa No.5565
dt.19.04.1976.)**

24. SUBJECT:- O.S.(M.A.) Rules- Reimbursement of cost of medical attendance and treatment of Government servants and their family members.

The Orissa State Medical Attendance Rules contained in Book Circular No.7 provides free medical attendance and treatment to the State Government servants and their family members. Accordingly, the cost of medicines and appliances purchased by the Government servant for his own treatment and the treatment of his family members are reimbursed if otherwise admissible. For the purpose of O.S.(M.A.) Rules all the Medical Officers from the rank of Asst. Surgeons to the rank of Professors posted at the Medical Colleges/ Hospitals and Asst. Surgeons posted to the Hospitals, Dispensaries, P.H.Cs./M.A.Cs. are declared as authorised medical attendants and competent to issue **Essentiality Certificates**. The Superintendent, Anti-T.B. Demonstration and Training Centre, Cuttack, Bacteriologist and Pathologist and Asst to Bach. and Path/ Research Officer, S.C.B. Medical College, Cuttack are however not declared as authorised medical attendants.

It has been brought to the notice of this Directorate that false and fabricated medical claims as being made by Government supported by false cash memos, prescriptions and essentiality certificates. To achieve belief of the drawing officers, prescriptions in the printed pads mentioning the name of the Medical Officer and his registration No. (false) Cash Memos and essentiality certificate duly stamped and signed by a Medical Officer are being obtained and used although the Medical Officer

have not issued such prescriptions and essentiality certificates. Similarly, the Cash Memos are not also issued by the medical shops. It is quite natural that it is not possible on the part of the drawing officers to know the actual signature of the medical Officer issued the particular essentiality certificate and the prescriptions. Such claim can only be detected by the medical man when it is examined with reference to the names of bogus diseases, of different medicines prescribed which are not in conformity with the treatment of the diseases as mentioned in the essentiality certificate its cost and quantity appearing in the essentiality certificate.

With a view to check the fraudulent and fabricated cases, the Medical Officers are once again impressed upon to follow up scrupulously the following instructions which have already been issued from time to time with regard to the issue of prescriptions and essentiality certificates for the purposes of reimbursement of cost of medicines, etc. purchased for the treatment of Government servants and their family members.

1. The name age and the diseases on the patient should be mentioned in the prescription clearly.
2. Daily dose/ quantity of medicine and the duration of its Constitution should be mentioned in the prescription. Prescription for bulk purchase such as phials should be avoided as far as.
3. In the beginning of the treatment of a patient costly/expensive medicines should not be prescribed if the condition of the patient does not warrant to do so before necessary clinical examination of the patient is done.
4. Costly medicines should not be prescribed when cheaper substitute is available having equal therapeutic value.
5. Medicines similar to the inadmissible medicines are also inadmissible.
6. Medicines should not be prescribed for a period of ten days at a time since there is ever/ chance of change in the treatment during the above period and the medicines purchases by the patient may go waste. Prescriptions may be made for three days and thereafter repeated if required.
7. The Essentiality Certificate should have been issued in duplicate continuing the name of the disease or diseases in accordance with the medicines prescribed. The period of treatment should have been mentioned clearly. The ward " Continuing" should have been mentioned.
8. Specimen signature may be made available to the drawing officer /controlling officer on demand as and when required.
9. Any deviation to above when required should be mentioned in the essentiality certificate explaining the circumstances under which such prescriptions were made and essentiality certificate issued. The drawing Officers and the controlling officers may take the following points into consideration as their guideline for checking of the claims.
 - a) The instructions issued to the Medical Officers referred to above.
 - b) The vouchers should contain the name of the Medical Officer who prescribed the medicines and the cash memos are strictly in conformity with the prescriptions.
 - c) When the claim of a Government servant is considered to be high and the medicines prescribed are inconsistent or appears to be over prescribed and the concerned Government servant is preferring his claim frequently the duplicate copy of the essentiality certificate which should have been cancelled at the time of admitting the claim & may be sent to the Directorate alongwith the prescriptions for verification at this end. When a Government servant claims reimbursement cost of medicines respective frequently the patients concerned may be directed to appear before the C.D.M.O./ S.D.M.O./ or standing Medical Board immediately and obtained necessary medical certificate to judge the genuineness of the

claim of Government servant. In this cases, the Government servant concerned should produce all his prescriptions containing the history of the case, treatment made and its results etc.

So far the grant of medical advance to the Government servants is concerned, the Medical Officers competent to issue medical certificates for grant of medical advance have been instructed to issue such certificate only in genuine cases. For this purpose, they are to examine the patient properly, record the history of the case, the duration of the treatment already made, its result, the present clinical findings, treatment now suggested, the name of medicines which are required for the treatment and its approximate cost, etc., while issuing a Medical Certificate to the concerned Government servant they are to mention the Medical Certificate sent to his Directorate for further verification if required. This will help the controlling officers while sanctioning medical advance to the needy and deserving Government servants. The essentiality certificate signed by an Authorised Medical Attendant other than the medical officer issued the medical certificate are accepted for the purpose of adjustment of medical advance. Sometimes it so happens that the essentiality certificate showing the treatment of a diseases other than for the disease for which the advance is taken are being preferred. The medical officer not below the rank of Asst. Professor, who issued the certificate for the grant of advance supposed to have examined the patient and have drawn a programme for the treatment and recovery of the patient. Accordingly, the line of treatment to be adopted not known to the Asst. Surgeon and his treatment may go in a different way, thereby the idea of obtaining certificate from a Medical Officer not below the rank of Asst. Professor does not achieve its objective and there is every chance that medicines which are not required for the treatment of the patients may be prescribed.

The Government servant availing such medical advance for the treatment at the outdoor of a medical Institution may be insisted upon to submit all the claims of the patient concerned through the necessary essentiality certificate duly signed by a Medical Officer who initially issued the medical certificate for the grant of the advance or signed by any other Medical Officer (A.M.A.) duly countersigned by him until the advance is fully recouped. In case the Medical Officer issued the certificate is not, in a position to sign or countersign such essentiality certificate due to his resignation, transfer, deputation or otherwise the same may be got countersigned by the Medical Officer posted in his place.

The above facts may be brought to the notice of all concerned under your administrative control as early as possible.

...

