FORM – MRC (P)

(For pensioner beneficiaries)

CENTRAL GOVERNMENT HEALTH SCHEME

MEDICAL REIMBURSEMENT CLAIM FORM

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

1. (a) Name of the Principal CGHS Card Holder :
   (b) CGHS Ben ID No. :
   (c) CGHS Wellness Center to which the card is attached :
   (d) Validity of CGHS Card :
   (e) Ward Entitlement – Pvt./Semi-Pvt./General :
   (f) Full Address :

   (g) Mobile telephone No. and e-mail address, if any :
2. (a) Patient's Name :
   (b) Patient's CGHS Ben ID No. :
   (c) Relationship with the Principal CGHS card holder :

3. Category of pensioner beneficiary - please specify :
   (Central Govt. Pensioner/Pensioner of Autonomous/Statutory body/Ex- MP/ Ex-Governor/ Former Judge of Supreme Court/ Former Judge of High Court/Freedom Fighter/Legal Heir/Others)

4. Name & address of the hospital / diagnostic center / imaging center where treatment is taken or tests done:

5. Whether the hospital/diagnostic/imaging center is empanelled under CGHS : Yes/No

6. Treatment for which reimbursement claimed
   (a) OPD/Test & investigations :
   (b) Indoor Treatment :
7. Whether credit facility was availed. If not, reasons thereof (clarification may be attached) :

8. Whether treatment was taken in emergency : Yes/No

9. Whether prior permission was taken for the treatment : Yes/No

10. Whether subscribing to any health/medical insurance : Yes/No
    scheme, If yes, amount claimed/received :
11. **Total amount claimed** :
    (a) OPD Treatment :
    (b) Indoor Treatment :
    (c) Tests/Investigation :
12. Name of the Bank :..... SB A/c No.: .....
    Branch MICR Code: ..... IFSC Code.....

DECLARATION

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me. I am a CGHS beneficiary and the CGHS card was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Date: .....

Place: ..... **Signature of the Principal CGHS card holder / Claimant**

Documents to be attached with medical reimbursement claim

1- A self-explanatory letter addressed to the Additional Director CGHS Jaipur, explaining circumstances for emergency admission / direct admission / delay in submission of MRC.

2- Medical reimbursement claim Form duly filled in and signed by the Principal card holder / Claimant.

3- Check list for Medical Reimbursement claim.

4- Original Bills of Hospital along with Break up/Details of pathology, Radiology and other item, cash memos of medicines, copies of investigation reports of various tests done at hospital or outside hospital etc, purchase vouchers for implants.

5- A consolidated list of cash memos/Receipts of medicines with total, (columns-cash memo No., Date and Net amount) purchased by patient (other than supplied by hospital)

6- Photocopy of the CGHS Card of the principal card holder along with the patient's CGHS Card.

7- Copy of the discharge summary of the hospital.

8- Emergency certificate (original) of treating doctor of the hospital.

9- **For ANGIOPLASTY/BYPASS SURGERY** Claim (in addition to above documents) (a) Copy of Angiography Report (b) Purchase voucher of stent, sticker & outer pouch etc. (c) In case of replacement of pacemaker /ICD etc., copy of the warranty certificate of earlier packmaker/ICD may be enclosed.

10- In case of the CGHS card holder is expired, the claim may be made in favour of spouse & Medical reimbursement claim Form should be signed by her / him only.

11- In case both the pensioner / card holder & his wife are expired, legal heir should submit the claim in his/her name along with an affidavit from notary on stamp paper of Rs. 100/- & No objection certificate from other legal heirs including all above documents which are essential for normal claim.

FOR HEARING AID CLAIM (1) Medical reimbursement claim Form (2) Referral letter of parent CGHS wellness centre (3) Copy of prescription of ENT specialist of CGHS with the audiogram report duly authenticated by the treating ENT specialist (4) Copy of CGHS card (5) Bill/ Receipt (in original) carrying details of the Hearing Aid seller- i.e. Name, Qualification and RCI/MCI registration number of the Hearing Aid Seller (6) Permission letter to purchase Hearing Aid- original (7) Empty Box/ Boxes or the Cartoon(s) with label showing details of the Hearing Aid purchased.

- Medical reimbursement claim is to be submitted within the 3 months from the date of Discharge.
- Within 3 months from the date of issue of permission letter for H/Aid claim.
- All claim papers are to be submitted in TWO SETS- Original & Xerox.
- Photocopy of Cancelled Cheque of Nationalized Bank.

Check list of Vouchers/Receipts for MRC

Sr. No.	Voucher /Receipt No.	Voucher/Receipt Date	Amount	Purpose (Medicine/Lab Investigation/Radiology/ Consumable/other)

Signature of the Principal Card Holder

Annexure –I

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

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

Deponent

Verified by Notary Public

Annexure – II

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

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

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

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

Deponent

Attested by Notary Public

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Draft for No Objection Certificate on Stamp Paper.

We (i)..... S/o D/o Late Shri.....
(ii)..... S/o D/o Late Shri.....
(iii)..... S/o D/o Late Shri.....
(--) .....
(--) .....
(--) .....
being the legal heirs of Late Shri/Smt.....have no objection if the entire amount reimbursable pertaining to the treatment of late Shri / Smt .....is paid to Shri / Smt .....

(i) (Signature) Name: Address:	(ii) (Signature) Name Address:	(iii) (Signature) Name: Address
(iv).....	(v).....	(vi).....

Verified by Notary Public