

Labour Department, GNCT of Delhi
Accounts Branch
5, Sham Nath Marg, Civil Lines New Delhi-110054

F.5(1232)/LC/Acctts/Misc./2017-18

Date:

To,

Dy. Labour Commissioner, (Admn.) /HOO
5, Sham Nath Marg, Civil Lines
New Delhi-54

Subject:- **New Proforma for Medical Reimbursement Claim.**

Sir/Madam,

It has been noticed that the format and procedure of submitting the medical claim bills has become outdated. In this connection Accounts Branch is hereby propose some changes in this regard so that the disposal of Medical Reimbursement Claims/Cases become smooth to DGEHS pensioners / serving beneficiaries as well as the Administration Branch. A **Check-list** for medical reimbursement claim duly filled by Claimant and dealing assistant of Administration Branch for the admissible amount (as per DGEHS Medical Attendance Rules) which is to be considered for reimbursement is enclosed herewith.

Further, all beneficiaries may be advised to submit the bill in the same prescribed format and chronological order appended below:-

Medical Claim format:

1. Annexure-I
2. Annexure-II
3. Medical Card Copy.
4. Medical Claim Check-list Proforma duly filled.
5. OPD Consultation Voucher (If Applicable).
6. OPD Prescription / IPD Detailed bill summary.
7. N/A certificate from attached dispensary / hospital.
8. Medicine and Investigation Vouchers/Bills. (in original)
9. Updated RTGS details. (for Retiree claimants)
10. All papers should be self attested.

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Administration Branch may please circulate these instructions amongst all staff members /retiree claimants. In order to smooth disposal of reimbursement cases and to increase the transparency and to avoid any kind of discrepancy regarding medical reimbursement claim.

A.K. Sachdeva
(Dy. Comptroller of Accounts)

Enclosure as above.

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Date: 19/08/2021

Copy to:

1. PS to Secretary (Labour Commissioner).
2. PS to Labour Commissioner.
3. PPS to Spl. Commissioner (Labour).
4. System Analyst for uploading the same to official website of Labour Department (GNCT of Delhi).


A.K. Sachdeva

(Dy. Comptroller of Accounts)

Check List for Medical Reimbursement

Medical Reimbursement in respect of:

Relation with Claimant:

Name of Treating Hospital & Address:

Empanelled or Non-Empanelled:

Date / Period of Treatment:

Sr. No.	OPD / Investigation / Medicine / Others	Invoice No.	Date	Rates Charged by the Hospital	DGEHS Code of Investigation / Procedure (Office Use)	DGEHS approved rates (Office Use)	Restricted Claim Amount By Administration Branch (Office Use)	Restricted Claim Amount by Accounts Branch (Office Use)	Remarks, If Any (Office Use)

*All the details of medical claim in check-list should be filled by the DGEHS beneficiary except the column for office use only.

Section Officer
(Administration Branch)