

No. CMS/XV-B/2019-20/01

Date: 25.11.2019

CIRCULAR

Sub.: Working Procedures for Submission of Bills and Emergency
Admission Procedure to the Hospital

The Faculty members, Employees and Pensioners are requested to keep in mind the following Checklist vide order No. AT-14thBoG/19/227, dated 04.10.2019 issued by the Registrar.

A. CHECK LIST FOR OPD BILLS: (Put ✓ in the box wherever applicable) (Form No. CMS 07):

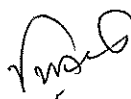
For OPD bills submission, the following documents to be attached with Medical Reimbursement Claim Form (Form No. : CMS 04) :

1. Self attestation on all xerox documents like prescription, reports, etc.
2. Doctors Registration Number is a must on Doctors prescription. (If, applicable)
3. Reports like Tests, X-Ray, MRI etc. to be attached (If applicable)
4. Page numbering is a must and format is "1/total no. of pages"
5. All fields of medical claim form must be filled up.
6. All bills in original to be submitted.
7. Cases like any consultation fee paid to the doctor on their prescription, then it is compulsory to submit the original prescription. (If any)

B. CHECK LIST FOR IPD BILLS: (Put ✓ in the box wherever applicable)(Form No. CMS 08)

For IPD bills submission, the following documents to be attached with Medical Reimbursement Claim Form (Form No. : CMS 04) :

- (i) Photo Copy of the Health Record Book of the concerned beneficiary.
- (ii) Copy of permission letter or referral from the Institute Medical Officer.
(For planned admission)
- (iii) Emergency Certificate (original), in case of emergency admission (Signed by treating doctor).(If, applicable)
- (iv) Copy of the Discharge Summary.
- (v) Ambulance Certificate (original), if any.
- (vi) Original Bills/Cash Memo/ Vouchers etc., for the reimbursement amount claimed.
- (vii) Any other relevant documents pertaining to the bill claimed for



(viii) Doctor Progress Report

(ix) In case of Implants, Invoice No. along with Serial Number of the implant to be attached.

(x) In case of Coronary Stents, outer pouch of stents is to be enclosed.

(xi) In case of replacement of pacemaker/ICD etc., copy of the Warranty Certificate of earlier pacemaker/ICD may be enclosed

C. AUTHORISATION LETTER/REFERRAL FOR TREATMENT (FOR IPD):

The IEST, Shibpur empanelled hospitals with whom bilateral agreement has been made shall provide treatment/procedure as per terms and conditions including the credit facility on the basis of referral letter issued by the Institute M.O/ the doctors engaged by the Institute from time to time, on production of valid Health Card of the Institute.

Emergency admission should be intimated to the M.O., by e-mail/written application within 48 hours.

The hospitals, in addition, will also inform the CMS office in case of emergency admission.

Authorisation letter of In-Charge, CMS, will be issued in case of non-availability of Institute Medical Officer strictly in emergency cases only.

Such empanelled / tied up hospitals shall treat only for the condition for which he/she is referred with due authorisation/referral letter.

Permission of competent authority is required for any additional procedures, except under emergency.

Beneficiaries are requested to kindly refer CGHS Rules for details.


The requisite "Forms" (CMS 07 and CMS 08) are available on the Institute website.

Sd/-
(S.N. Datta)
Dy. Registrar (S&P)
&
In-Charge, CMS

Copy to:-

1. The P.S. to the Hon'ble Director
2. All Deans and Associate Deans
3. All Heads of the Departments, Centres, Schools
4. All Officers
5. The Medical Officer
6. Institute Website
7. CMS Office file

with a request to circulate among the employees


25/11/19
Dy. Registrar (S&P)
&
In-Charge, CMS