



Check List

- **Remember:**

- (i) Claims are to be filed in the prescribed 'pro forma' (Medical Claim Form), strictly for 'self' and for 'dependants' only, as approved by the 'authority'.
- (ii) Each claim should be limited to 'one' patient having 'one' or 'more' prescriptions for same ailment.
- (iii) Quantity of medicines should be purchased exactly as per doctor's prescription. Medicines, maximum for 30 days, can be purchased at a time, in advance.
- (iv) For 'chronic' diseases, where long term treatment is required, prescription has to be vetted/ re-advised by the treating doctor on every 3 months.
- (v) For any correspondence, please mention name, CMS ID and Phone no.
- (vi) For any suggestion or complaint, please write to: cms.iests@gmail.com mentioning the subject as 'Suggestion' or 'Complaint', as applicable. The suggestion or complain should be very specific and to the point. This may also be submitted to the CMS office.

OPD Cases

- **Documents to be attached:**

- (i) Original or attested or self certified copies of prescriptions.
- (ii) Original or attested or self certified copies of test/investigation reports, if any.
- (iii) Money Receipts or Bills in original.

- **Arrangement of documents with serial no.:**

- (a) Original or attested or self certified copy of the prescription: Please mark 'A' for the 1st prescription; mark 'B' for the 2nd and so on, as applicable.
- (b) Original or attested or self certified copy of the test/investigation report, if any: Please mark 'AR1' for the 1st report against Doctor's prescription marked 'A'; mark 'AR2' for the 2nd and so on, as applicable.

For the reports against prescription marked 'B', if any, the serial no.s will be 'BR1', 'BR2' ... as applicable.

For 'single' report against the 1st prescription marked 'A', please mark 'AR', for the 'single' report against the 2nd prescription marked 'B', if any, please mark 'BR'.



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- (c) Bills/ Money Receipts, in original, maintaining the following arrangement:
- (i) **Receipt for Doctor's Visit (AV):** Please mark 'AV' for the bill against the 1st prescription marked 'A'; mark 'BV' for the 2nd prescription marked 'B' and so on, as applicable.
 - (ii) **Bills for Test/Investigation Report, if any (AT):** Please mark 'AT1' for the bill against the 1st report under the 1st prescription marked 'A'; mark 'AT2' for the bill against the 2nd report under the 1st prescription marked 'A' and so on, as applicable.

For the bills against the reports under the 2nd prescription marked 'B', if any, the serial no.s will be 'BT1', 'BT2' ... as applicable.

- (iii) **Bills for Medicine, if any (AM):** Please mark 'AM1' for the 1st bill of medicines against 1st prescription marked 'A'; mark 'AM2' for the 2nd bill of medicines against 1st prescription marked 'A' and so on, as applicable.

For the bills of medicines against 2nd prescription marked 'B', if any, the serial no.s of the bills for medicines will be 'BM1', 'BM2' ... as applicable.

The documents of each category of (a), (b) and (c) should be arranged chronologically and should be attached to the filled-in 'Medical Claim Form' in the order mentioned above.

Arrangement of documents: A + AR + (AV + AT + AM)

● **Case Study:**

Case I: Single prescription with advice of three (3) pathological tests, two (2) test reports, two (2) bills for tests, one (1) bill for medicine.

Arrangement of documents: A + AR1+AR2+AT1+AT2+AM1

Case II: Two (2) prescriptions with no advice of pathological tests, Two (2) money receipts issue by doctors, medicine bills of two prescriptions.

Arrangement of documents: AV+AM, BV+BM

● **Page Marking:**

Page marking on the right lower corner of each page of the documents (eg. 1st page out of 10 pages=1/10, 2nd page out of 10 pages=2/10...) by the incumbent before submission of the 'Medical Claim Form' is mandatory for proper preservation and smooth verification of the documents.



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IPD Cases

● **Documents to be attached:**

- (i) Referral for admission to hospital.
- (ii) Medical Case History
- (iii) Clinical Diagnosis and Discharge Summary Report.
- (iv) Detail Advice sheet throughout the treatment period in hospital.
- (v) Pathology and Radiology reports for every investigation.
- (vi) Detailed breakup sheets of bills for medicines, insured and non insured items, individually.
- (vii) Bills in original
- (viii) Certification of NABL/NABH Accreditation or not, as applicable
- (ix) Discharge certificates from the concerned doctor
- (x) Supporting Documents should be attached chronologically according to the final bill.

(Prof. Gautam Bandyopadhyay)

Chairman, CMS