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DELHI DEVELOPMENT AUTHORITY
OFFICE OF DIRECTOR (MED.&PEN)CONSULTANT

No.PA/Dir.(M&P)Consultant/2014/64

Dt: 18.7.2014

Sub: Guidelines for over and above requests from employees/pensioners for Indoor/OPD Medical Claim.

After due review by FM/DDA, it has been decided and already circulated that all representations to allow differential medical claims over and above the admissible amount (both for indoor/OPD medical reimbursement) will henceforth be presented before Special Finance Committee for examining the cases on merits and recording the recommendations.

To facilitate Committee as well as working employees/pensioners, separate formats for OPD/IPD as covering details along with request for over and above has been prepared and are enclosed herewith. Henceforth, all requests for over and above will be received after due information provided by the claimant in the prescribed columns as per format enclosed. Copies of these forms will be available on Medical Counter.

This issues with approval of CAO.


Accounts Officer (M)I

1. Director (IA) }
2. Dy. CAO (M) } with enclosure.
3. All Zonal Dy. CAOs with Encl. & for n.a. in r/o zonal claims also. } with enclosure
4. Sr. A.O.(M)II } with enclosure

NOO

1. OSD to FM
 2. PS to CAO
 3. FA(H)/Director (Fin.)/Director (LC) along with copy of enclosure
 4. Sr. A.O.(F&E)
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FORMAT

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REQUEST FOR OVER AND ABOVE MEDICAL CLAIMS (I.P.D.)

1.	Name	
2.	Working/Pensioner	
3.	If working, Designation and Name of Branch	
4.	Amount of differential claim	
5.	Reasons why panel hospital was not contacted.	
6.	For implants/lens whether higher costing plans adopted by DDA employee. Whether consent was given by him.	
7.	Whether DDA Bio- metric card was shown at the time of admission or not i.e. whether hospitals were informed that billing is w.r.t. DDA empanelment	
8.	Whether room was taken as per approved entitlement rates.	
9.	Whether claimant is getting reimbursement w.r.t. chronic diseases as permissible under CS(MA)Rules separately	
10.	Total reimbursement of Indoor/OPD chronic (during last 2 years)	

For all differential claims, Essentiality Certificate/Emergency Certificate from hospitals/specialists are to be attached.

Signature of Employee

Mobile No.

E-Mail I.D. if any

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FORMAT

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REQUEST FOR OVER AND ABOVE MEDICAL CLAIMS (OPD)

1.	Name	
2.	Working/Pensioner	
3.	If working, Designation and Name of Branch	
4.	Amount of differential claim	
5.	For OPD differential claims, dates of medical prescriptions whether these were in continuation for prolonged disease	
6.	For OPD differential claims whether employee remained on medical leave during these illnesses for which differential claims are being raised.	
7.	Whether leaves were without medical leave or Earned leave.	
8.	If for dependent, medical history, if any, details of prolonged illness, disease with consultation level/certification	
9.	Total reimbursement on Indoor/OPD chronic (during last 2 years).	

For all differential claims, Essentiality Certificate/Emergency Certificate from hospitals/specialists are to be attached.

Signature of Employee

Mobile No.

E-Mail I.D. if any

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