

# Employees' State Insurance (Punjab Medical Benefit) Rules, 1953

PUNJAB

India

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### Rule

### EMPLOYEES-STATE-INSURANCE-PUNJAB-MEDICAL-BENEFIT-RULE of 1953

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## Part I – General

### 1. Short title, extent and commencement.

(1)There rules shall be called the Punjab Employees' State Insurance (Medical Benefit) Rules, 1953.(2)They shall come into force in any area on the date on which Chapter V of the Employees' State Insurance Act, 1948, comes into force therein.

### 2. Definitions.

- In these rules unless the context otherwise requires, the following expressions have the respective meanings hereby assigned them:-(1)"Act" means the Employees' State Insurance Act 1948 (XXXIV of 1948);(2)"Corporation" means the Employees' State Insurance Corporation set up under the Act;(3)"Drug" includes all medicines for internal or external use of human beings and all substances intended to be used for or in the treatment, mitigation or prevention of disease in human beings;(4)"Medical practitioner" means a person holding a qualification granted by an authority specified in the schedule to the Indian Medical Degrees Act, 1916 (VII of 1916), or in the schedule to the Indian Medical Council Act, 1933 (XXVII of 1933) and is borne on the Punjab Medical Register maintained under the Punjab Medical Registration Act, 1916;(5)"Medical Referee" means a medical

officer appointed as such by the Corporation;(6)"Quarter" means any one of the periods from the 1st day of January to the 31st day of March, the 1st day of April to the 30th day of June, the 1st day of July to the 30th day of September and the 1st day of October to the 31st day of December;(7)"Regulations" means the Employees' State Insurance (General) Regulations, 1950, framed under Section 97 of the Act;(8)"State Government" means the Government of the State of Punjab;(9)"State Insurance medical formulary" means a list of prescriptions and injections laid down by the Corporation from time to time;(10)All other words and expressions used herein but not defined, shall have the same meaning as is assigned to them in the Act, the Rules made under Section 95 or the Regulations under Section 97 of the Act, as the case may be.

## **Part II – Provisions relating to medical benefit**

### **3. Scale of Medical Benefit.**

- The medical benefit provided under these rules shall be according to the following scales :-  
(1)General medical services which shall include treatment at the clinic of an Insurance Medical practitioner or other institution and shall consist of-(i)all treatment other than treatment by a specialist;(ii)such preventive treatment as vaccination and inoculation;(iii)ante-natal and post-natal treatment of insured women;(iv)the free provision of all drugs, medicines and dressings (that may be considered necessary) according to the provisions of Rule 17;(v)provision of certificates, free of cost, in respect of sickness, maternity, employment, injury and death, required under the Regulations, or as may be required by the Corporation or the Director of Health Services, Punjab;(vi)Domiciliary visits, where necessary.  
(2)Maternity medical services for insured women in such manner as the State Government may specify from time to time.  
(3)In-patient treatment in a hospital which is established or specified for the purpose by the State Government, if accommodation is available therein, and where in the case of serious emergency or otherwise it is considered necessary by the Insurance Medical Practitioner/Officer. The treatment provided for the patient shall include such specialist and general treatment, including treatment at confinement there necessary, as may be available in the general wards of the hospital to which the insured person is admitted as well as those special investigations which are considered desirable and for which facilities exist at the hospital or at an associated laboratory. Diet will be provided only in such hospitals where necessary arrangements are in existence.  
(4)Facilities for the removal, free of charge, of insured persons to hospitals, where necessary by ambulance or otherwise.

### **4. Provision of general medical services to insured persons, by Insurance Medical Practitioners.**

- The State Government shall arrange to provide general medical services to insured persons at clinics of medical practitioners who have undertake to provide general medical services under these rules and in accordance with the terms of service, hereinafter referred to as Insurance Medical Practitioners.

## **5. Terms of Service of Insurance Medical Officers.**

- The terms of service of Insurance Medical officers shall include the provisions contained in Schedule I to these rules.

## **6. Alternation of Terms of Service.**

- The State Government may, with the consent of the Corporation [ and after consultation with such organisation or organisations as in their opinion is/are representative of the general body of medical practitioners,] [Added by Punjab Government Notification No.6-S-LP-55/7429, dated 14th February, 1955.] alter the terms of service for Insurance Medical Officers appointed under these rules, after giving notice of not less than three months of the proposed alterations to each Insurance Medical officer.

## **7. Allocation Committee.**

(1)An Allocation Committee shall be set up for each such area that be considered appropriate by the State Government and shall consist of -(a)not more than two persons appointed on the recommendation of the Director of Health Services;(b)an equal number of persons appointed, in the case of first appointment by the State Government, and in the case of subsequent appointment on the recommendation of the Local Medical Committee, if any, or in consultation with such organisations of the medical profession as the State Government may specify for the purpose;(c)one representative of the Corporation.(2)The State Government shall appoint the Chairman from among the members.(3)There may be appointed in the same manner as the members of the Allocation Committee a corresponding number of persons to act as deputies for the members and in the absence of the members of the Committee such persons shall be entitled to act accordingly.(4)(i)The terms of office of the members of the Allocation Committee referred to in sub-rule (1)(b) shall be three years commencing from the date on which their appointment is notified; provided that the members of the committee shall, notwithstanding the expiry of the said period, continue to hold office until appointment of their successors is notified.(ii)The members of the Allocation committee referred to in sub-rule (1)(a) and (c) shall hold office during the pleasure of the Director of Health Services and the Corporation, respectively.(iii)A member of the Allocation Committee may resign his office by giving notice in writing to the State Government and the seat shall fall vacant on acceptance of the resignation.(iv)A member of the Allocation committee shall cease to be a member of the Committee if he fails to attend three consecutive meetings thereof, provided that his membership may be restored by the State Government on its being satisfied as to the unavoidable nature of the circumstances which led to his non-attendance.(5)Non-official members of the Committee shall receive such fees or allowances as the State Government may specify.(6)The Allocation Committee shall discharge the duties and responsibilities placed on it by these rules or by the State Government in accordance with the allocation scheme in Scheme III to these rules.(7)The State Government may, at the request of the Allocation Committee and with the approval of the Corporation, make such modifications in the allocation scheme in respect of the area or areas for which such Allocation Committee has been set up as it may deem fit.

## **8. The Medical List.**

(1)The Director of Health Services shall prepare a list to be called the Medical List of Insurance Medical Practitioners who have undertaken to provide general medical services under these rules and in accordance with the terms of service and who have been approved by the Allocation Committee.(2)The Medical List shall contain in addition to the names of Insurance Medical Practitioners:-(a)the private address and the address of any clinic, dispensary or other place, at which such practitioner undertakes to attend for the purpose of treating insured persons;(b)particulars of the days and hours at which he undertakes to be in attendance at each place; and(c)the part of the town or the ward in which he is prepared to visit patients.(3)Copies of the Medical List shall be available for inspection by any insured person at the office of the Director of Health Services.(4)Copies of the Medical List shall be supplied to -(a)the Medical Commissioner;(b)the Regional Office of the Corporation;(c)the Medical Referee concerned; and(d)on demand to any employer, trade union or medical association.[8A. Ceasing to be on Medical List. - Notwithstanding anything contained in these rules, no Insurance Medical Practitioner shall remain on the Medical List after the last day of the quarter in which he attains the age of sixty years, and every Insurance Medical practitioner who has attained the age of sixty years on or before the commencement of the Punjab Employees' (State Insurance (Medical Benefit) (First Amendment) Rules, 1979, shall cease to be on the Medical List on the date of such commencement.] [Added vide Notification No. G.S.R. 127/C.A. 34/48/S. 96/Amd. (4)/1979, dated 6.9.1979.]

## **9. Application for inclusion in the Medical List.**

- Application by a medical practitioner for inclusion in the Medical List shall be made by sending the application to the Director of Health Services in the form prescribed for the purpose in Schedule II to these rules.

## **10. Choice of Insurance Medical Practitioner.**

- Application by an insured person for acceptance by an Insurance Medical Practitioner for inclusion in his list shall be made by delivering to the practitioner a signed medical acceptance card in such form as the Corporation may specify.

## **11. Change of Insurance Medical Practitioner.**

(1)An insured person may change his Insurance Medical Practitioner at any time if he changes his residence to a distant locality or otherwise not more than once a year:Provided that the Director of Health Services may, if he is satisfied that any special circumstances exist, permit a change at any other time on the application of an insured person.(2)The application for such change be made by the insured person in such manner as the Director of Health Services may specify and he shall intimate the change agreed to or permitted by him to the Insurance Medical Practitioners concerned and to the insurance person.(3)On the death of or on the removal or withdrawal from the Medical List of an Insurance Medical Practitioner, the Director of Health Services shall give to the persons

on the list of such practitioner notice of their right to apply to another Insurance Medical Practitioner for acceptance.

## **12. Assignment of insured persons to Insurance Medical Practitioners.**

- An insured person who has not been accepted by an Insurance Medical Practitioner in accordance with Rule 10 shall be assigned to an Insurance Medical practitioner by the Allocation Committee.

## **13. Temporary arrangements on death or withdrawal from the list of Insurance Medical Practitioner.**

(1) For the purpose of securing the treatment of insured persons on the list of an Insurance Medical Practitioner whose name has ceased to be included in the Medical List pending their selection or transfer to the list of another Insurance Medical Practitioner, the Director of Health Services may appoint one or more Insurance Medical Practitioner(s) to undertake the treatment of such persons. (2) An appointment of any practitioner under this rule shall be for such period as the Director of Health Services may think fit, but not exceeding except in special circumstances, two months and shall be subject to the condition that the Insurance Medical Practitioner agrees in writing to be bound by the terms of service which were applicable to the Insurance Medical Practitioner whose name has ceased to be included in the Medical List. Pending any such appointment the name of any person who has not been transferred to another Insurance Medical Practitioner shall be deemed to remain on the list of the Insurance Medical practitioner whose name has ceased to be included in the Medical List.

## **14. Insured Persons' List.**

(1) The Director of Health Services shall prepare and maintain an up-to-date list of insured persons for whose treatment each Insurance Medical Practitioner is for the time being responsible and shall from time to time furnish the Insurance Medical Practitioner with information in such form as the State Government may determine with regard to persons included in or removed from the list. (2) Any deletion, otherwise than by reason of death, shall take effect as from the date on which the notice of deletion is sent by the Director of Health Services to the Insurance Medical Practitioner or from such other date, not being earlier than that date as may be specified in the notice. (3) Any deletion by reason of death shall take effect as from the date on which that person died. (4) Inclusion or removal of an insured person on the list of an Insurance Medical Practitioner shall be subject to such conditions as may be laid down by the State Government in consultation with the Corporation.

## **15. Procedure for obtaining general medical services.**

- An insured person who wishes to claim general medical services shall attend with his identity card at the clinic of the Insurance Medical Practitioner on whose list his name is included or at the dispensary or other institution to which he is allotted: Provided that in case of an emergency, an insured person may claim medical benefit under these rules from any other Insurance medical

Practitioner at any dispensary or institution providing, treatment under these rules: Provided further that where an insured person is unable to attend a clinic or the institution, the Insurance Medical Practitioner or the Insurance Medical Officer, as the case may be, will, on intimation being received, visit him at his residence, if he is satisfied by interrogation or otherwise that the insured person cannot reasonably be expected to come to the clinic or the institution: Provided further that if the insured person or his agent fails to produce his or the insured person's identity card, as the case may be, as proof of the person claiming the benefit being an insured person, the medical benefit may, subject to the terms of service in Schedule I, be refused to him.

## **16. Provision of hospital services.**

- Subject to an agreement with the Corporation the State Government may also establish separate hospitals or other medical institutions for the examination and treatment of insured persons or may reserve, on such scales and terms as may be agreed upon between the corporation and the State Government from time to time, separate beds for the exclusive use of insured persons in the hospitals or other medical institutions under its control or under the control of a local body private institutions on individual..

## **17. Supply of drugs of dressings.**

(1) The State Government shall enable insured persons receiving general medical services, to obtain from the Insurance Medical Practitioners or from any other person or institution with whom arrangements have been made, such proper and sufficient drugs, medicines and dressings free of charge as may be required for their treatment. (2) Insurance Medical Practitioners and Insurance Medical officers shall prescribe such drugs as are required for insured persons but as far as possible in accordance with the State Insurance medical formulary laid down by the Corporation.

## **18. Cost of medicine container.**

- A deposit is payable by the insured person at the rate fixed by the State Government for the supply of medicine container. The sum deposited shall be paid back when the container is returned.

## **19. Medical services provided by employers.**

- Where an employer is providing medical services not lower in standard than those provided to insured persons by the State Government, arrangements may be made for the continuance of such services for providing medical benefit to insured persons under such terms and conditions as may be agreed upon between the State Government, the Corporation and the employer.

## **Part III**

## **20. Provisions relating to investigations, disputes, appeals, etc.**

(1) A Medical Service Committee shall be set up for such area or areas as may be considered appropriate by the State Government and shall consist of the following members :-(a) A Chairman nominated by the State Government; (b) One or two employees' representatives as may be considered appropriate by the State Government, to be nominated by it in consultation with such organisations of employees as may be recognised for the purpose by the State Government; (c) An equal number of representatives of Insurance Medical Practitioners to be nominated by the State Government on the recommendation of the Local Medical Committee, if any, or in consulting with such organisations of Insurance Medical Practitioners as may be recognised for the purpose by the State Government; (d) A Medical Referee of the Corporation nominated by it; and (e) A nominee of the Director of Health Services, Punjab. (2) [ If the Committee as constituted under sub-rule (1) does not contain a woman, the State Government may nominate a woman as an additional member.] [Substituted by Punjab Government Notification No. 6-S-LP55/7429, dated 14.2.1955.] (3) They may be appointed in the same manner as the members of the Medical Service Committee a corresponding number of persons, to act as deputies for the members and in the absence of members of the Committee such persons shall be entitled to act accordingly. (4) The State Government shall appoint one of its whole time officers to act as secretary to the Medical Service Committee. (5) (i) The term of office of the members of the Medical Service Committee referred to in sub-rule (i)(b) and sub-rule (i)(c) shall be three years commencing from the date on which their nomination is notified: Provided that the members of the Committee shall, notwithstanding the expiry of the said period, continue to hold office until the nomination of their successors is notified. (ii) The members of the Medical Service Committee referred to in sub-rule (1)(A), sub-rule (1)(d) and sub-rule (1)(e) shall hold office during the pleasure of the State Government, the Corporation or the Director of Health Services, Punjab, respectively. (iii) A member of the Medical Service Committee may resign his office by notice in writing to the State Government and the seat shall fall vacant on acceptance of the resignation. (iv) A member of the Medical Service Committee shall cease to be a member of the Committee if he fails to attend three consecutive meetings thereof: Provided that his membership may be restored by the State Government on its be unsatisfied as to the unavoidable nature of the circumstances which led to his non-attendance. (6) Non-official members of that Medical Service Committee shall receive such fees or allowances as the State Government may specify.

## **21. Investigations by Medical Service Committee.**

(1) Any question arising between an insurance Medical practitioner and a person who is or has been, or who claims to be or to have been, entitled to obtain treatment from that practitioner or between the representative of any such person, if deceased, and the Insurance Medical Practitioner in respect of the treatment rendered by the Insurance Medical practitioner or any alleged failure to render treatment or other breach by the Insurance Medical Practitioner of his duties under the terms of service or in respect of the conduct of the person while receiving treatment, shall be investigated by the Medical Service Committee. The person desiring to raise any question under this rule shall within twelve weeks after the event which gave rise to the question give written notice to the Secretary of the Committee stating the substance of the matter which it is desired to have investigated; provided that notwithstanding failure to give notice within the said period the

Committee may investigate the matter if they are satisfied that such failure was occasioned by illness or other reasonable cause and the Insurance Medical practitioner consents to the investigation taking place. For the purpose of this rule the representative of a deceased person shall include a member of the deceased person's family or any person who satisfies the Medical Service Committee that he is acting on behalf of the deceased person's family. [he should not be a paid Counsel, Solicitor or Advocate.] [Added by Punjab Government Notification No. 6-S-LP-55/7429, dated 14.2.1955.] (2) the Director health Services, Punjab may, and if the Medical Committee so desires shall, refer for investigation by the Medical Service Committee any matter relating to the administration of medical benefit or to the discharge by any insurance Medical practitioner of his duties under the terms of service whether such matter has been raised by or on behalf of an insured person under the preceding paragraph of this rule or not, and the Medical Service Committee shall investigate it accordingly: Provided that no question which involves an allegation against an Insurance Medical Practitioner of a breach of the terms of service shall without the approval of the State Government be referred for investigation under this paragraph except within a period of three months after the occurrence of the event on which such allegation is based.

## **22. Procedure of Committee.**

(1) The Medical Service Committee may, if they think fit, permit any person concerned in an investigation to be assisted in the presentation of his case by some other person: Provided that no person shall be entitled to appear in the capacity of counsel, solicitor or other paid advocate. (2) The proceedings at the hearing before the Medical Service Committee shall be private and no person shall be admitted to those proceedings except—(a) the persons concerned in the investigation and the persons, if any, permitted to appear for the purpose of assisting them; (b) a person or persons to represent the insured person, who shall be either an official of his Trade Union or the employer or his representative; (c) an officer of the Corporation; (d) the Secretary or other officer of the Local Medical Committee; (e) persons whose attendance is required for the purpose of giving evidence and who shall, unless the committee otherwise direct, be excluded from the hearing except when they are actually giving evidence; and (f) such officers under the Director of Health Services, Punjab, as he may appoint for the purpose. (3) The State Government shall frame rules of procedure which shall provide for the quorum of the Medical Service Committee, and, subject to the provisions of this rule, for notice of the hearing to be given to the persons concerned in the investigation, including the Secretary of the Local Medical Committee, if any, and the appropriate officers of the Corporation and the Trade Union or employer and for the procedure before and at the hearing with regard to the nature of the evidence to be admitted and otherwise, and such rules may empower the committee to dispense with a hearing if they are satisfied that the complaint is frivolous or vexatious or that the written statement or statements of the complainant do not disclose any prima facie ground of complaint and may delegate to the Chairman of the Committee such powers in this respect as the Director of Health Services thinks fit. (4) The Medical Service Committee shall draw up a report stating such relevant facts as appear to them to be established by the evidence placed before them and the inferences of fact which in their opinion may properly be drawn from the facts, together with a recommendation as to the action, if any, which should be taken and shall present the report to the Director of Health Services, Punjab. In presenting such report to the Director of Health Services the Committee may, if they think fit, draw the attention of the Director of Health Services of any



previous reports made by the Committee in connection with the insurance Medical Practitioner and to any action taken by the Director of Health Services on such reports and may recommend that account should be taken thereof determining what action, if any, should be taken.

### **23. Action on report of Medical Service Committee.**

(1)After investigation by the Medical Service Committee into any question relating to the conduct of an insured the Director of Health Services may refer the case to the Regional Office of the Corporation for action under Regulation 99 of the Regulations.(2)After an investigation by the Medical Service Committee into any question relating to the conduct of an Insurance Medical Practitioner, the Director of Health Services may take action in any one or more of the following ways:-  
(a)If the Director of health Services is satisfied, after consultation with the Allocation committee that owing to the number of persons included in his list the Insurance Medical Practitioner is unable to give adequate treatment to all those persons, he may impose a special limit on the number of persons for whom the Insurance Medical Practitioner may under take to provide treatment and in that event any number in excess of that limit shall be dealt with as though the list of that Insurance Medical Practitioner was by that number in excess of the general limit fixed for the Insurance Medical Practitioner in that area.  
(b)The Director of Health Services may recover from the Insurance Medical Practitioner, by deduction from his remuneration or otherwise, any expenses (other than expenses incurred in connection with an investigation by the Medical Service Committee) which have been reasonably and necessarily incurred by the Director of health Services or by any insured person or any person acting on his behalf or on behalf of the family of a deceased insured person owing to the Insurance Medical Practitioner's failure or negligence in complying with the terms of service and any expenses so recovered shall, in the case of expenses incurred by the insured person or by any person acting on his behalf or on behalf of the family of a deceased insured person, be repaid to the insured person or other person by whom the expenses have been incurred.  
(c)If the Director of Health Services is satisfied, on consideration of any report by the Medical Service Committee, that an Insurance Medical Practitioner has failed to comply with the terms of service applicable to him, he may recommend to the State Government that -(i)he be authorised to withhold such amount as he deems fit from the money payable as remuneration to the Insurance Medical Practitioner ; or(ii)the continuance on the Medical List of the Insurance Medical Practitioner will be prejudicial to the efficiency of the service and that he be authorised to remove the Insurance Medical Practitioner's name from the Medical List :Provided that before deciding to withhold any such amount or to remove the name of the Insurance Medical Practitioner from the list, the State Government shall afford to the Insurance Medical Practitioner concerned as reasonable opportunity of making representations to it on the matter.In this rule "negligence" includes failure to exercise reasonable skill and care in the treatment of a patient, failure to visit or treat a patient when necessary, failure to supply any necessary medicine or dressings for the use of a patient or failure to discharge the obligation imposed on Insurance Medical Practitioners to advise the patient as to the steps to be taken to obtain necessary treatment if the condition of the patient is such as to require treatment which is not within the scope of the Insurance Medical Practitioners; obligations under the terms of service.

## **24. Investigations of prescribing record keeping and certification.**

(1)Where it appears to the Director of Health Services after due investigation that there is prima facie case for considering that -(a)(i)an Insurance Medical Practitioner is not dispensing to the insured persons on his list such amount, of simple drugs and dressings as might ordinarily be expected to be reasonably necessary for the adequate treatment of those persons; or(ii)by person of the character or quantity of the drugs or dressings ordered by the Insurance medical Practitioner the charge imposed upon the funds available for the provision of medical benefit is in excess of what was reasonably necessary for the adequate treatment of those persons; or(b)an Insurance Medical Practitioner had failed to carry out his obligations under the terms of service appended to these rules, so far as the obligations involve the recording of clinical date regarding his patients;The Director of Health Services may refer the matter to the Allocation Committee.(2)Where it appears to the Corporation after due investigation that there is a prima facie case for considering that an Insurance medical practitioner has failed to exercise reasonable care in the issue of medical certificate to insured persons on his list or to person for whose treatment he is responsible under these rules, the Corporation may refer the matter to the Allocation Committee.(3)Any reference to the Allocation Committee under the preceding sub-rules shall be accompanied by a statement indicating the matters on which it appears to the Director of Health Services or the Corporation as the case may be that an explanation is required.(4)(a)The Allocation Committee shall furnish the Insurance Medical Practitioner concerned with a copy of the said statement and shall afford him reasonable opportunity of submitting to them a statement in writing and of appearing before and being heard by them.(b)A copy of any such statement by the Insurance Medical Practitioners shall be forwarded to the Director of Health Services or the Corporation as the case may be by the Allocation Committee for their observations and the Director of Health Services or his representative or a representative of the Corporation as the case may be shall be entitled in case of a hearing to attend and be heard by the Allocation Committee.(5)(a)After duly considering the case the Allocation Committee shall draw up a report of their findings on the question whether there has been a failure on the part of the Insurance Medical Practitioner to exercise due care or discretion in any of his proper functions referred to in sub-rules (1) and (2) and, if so, what is the extent and gravity of the failure together with a recommendation as to the action, if any, which should be taken.(b)The Allocation Committee shall forward the report to the Director of Health Services and the Corporation and shall furnish the Insurance Medical Practitioner with a copy of the report.(6)After consideration of the findings and recommendations of the Allocation Committee the Director of Health Services shall, in consultation with the Corporation where the findings relate to investigations of clarification, take action, in accordance with Rule 23(2).

## **Part IV – [25. Provision of alternative arrangements.**

### **[Substitution by Punjab Government Notification No.**

**6033/7014-C-Lab.-57/56372, dated 24.6.1957.]**

- In respect of any area for which it considers necessary the State Government may provide general medical services to insured persons either :-(a)by setting up State Insurance Dispensaries for insured persons staffed by full-time or part-time Insurance Medical Officer; or(b)by making suitable

arrangement for mobile dispensary to visit a central spot near the places of residence of insurance persons; or(c)by making suitable arrangements for general medical services at any hospital, dispensary, clinic or other institution maintained by the State Government, local body, a private institution or a Private/individual on such terms as may be agreed to by the Corporation; or(d)by making such other arrangements as may be deemed adequate.][25A. Allotment and reallotment of insured persons to State Insurance Dispensaries, etc. - Where arrangement for general medical services is provided under Rule 25, the State Government shall as far as practicable and subject to such conditions as may be fixed allot or re-allot each insured person to the dispensary or the institution indicated by him at the time of filling in the declaration form under Employees' State Insurance (General Regulations) or at any subsequent time.] [Added by Punjab Government Notification No. 6033/7014-C-Lab.-57/56372, dated 24.6.1957.]

## **26. Conditions of service of full-time Insurance Medical Officers and other staff.**

(1)Insurance Medical officer. - (a) the State Government may, subject to such conditions as may be laid down by the Corporation, appoint a suitable medical officer already in its service or any person possessing such medical qualifications as may be laid down by the State Government in consultation with the corporation, as an Insurance Medical Officer.(b)An insurance Medical officer shall receive such salary and non-practising allowance as may be determined by the State Government with the consent of the Corporation.(c)An Insurance Medical Officer shall receive such allowances and at such rates as may be sanctioned from time to time for Medical Officer of the State Government on similar grades in the localities in which they are stationed. An Insurance Medical officer shall be entitled to leave and leave salary under the leave rules which may, from time to time, be applicable to other similar State Government servants on similar salaries.(d)An Insurance Medical Officer shall be entitled to travelling allowance for journeys performed on official duties on the scale laid down in the State Government rules applicable to Medical officers of the State Government on similar salaries.(e)A full-time Insurance Medical Officer shall not undertake private practice.(f)An Insurance Medical Officer shall be subject to such other conditions of service as may be fixed by the State Government, in consultation with the Corporation.(g)Notwithstanding anything contained in sub-rules (b) to (e) the pay, allowances and other conditions of service of an Insurance Medical officer shall, if he is a person already in the service of the State Government, be such as may be determined with the consent of the Corporation, by the State Government by a general or special order.(2)Subordinate staff. - (a) The State Government may, with the consent of the Corporation, appoint such ancillary, technical or non-technical staff and such other subordinate staff as may be necessary for the proper provision of medical benefit for insurance persons by the State Government.(b)The technical, non-technical and subordinate staff shall perform such duties as the Insurance Medical officer, or, if there are more Insurance Medical officers than one, the senior Insurance Medical Officer, may, subject to any orders of the State Government, from time to time direct.(c)The technical, non-technical and subordinate staff shall be subject to such conditions of service and draw such salaries and allowances and receive such other benefits as may be fixed by the State Government with the consent of the Corporation.

## **27. Allowances for other Insurance Medical Officers.**

- Where the State Government appoints a part-time Insurance Medical Officer or confers the duties and powers of an insurance Medical officer on a Medical Officer units service in addition to his duties, such Medical Officer shall be paid such allowances as may be fixed by the State Government with the consent of the Corporation.[27A. Nature and scale of medical benefit to the families of the insured persons. - The medical benefit provided to the families of insured persons under these rules shall be according to the following scales :-] [Inserted by Punjab Government Notification No. 9927/9814-C-Lab.58/76684, dated 22.9.1958.](1)general medical service, which will include treatment at the State Insurance dispensary or at the clinic of an Insurance Medical practitioner or other authorised institution and shall consist of -(i)all treatment other than treatment involving the application of special skill or experience;(ii)such preventive treatment as vaccination and inoculation;(iii)free provisions of drugs and dressing that may be considered necessary but as far as possible in accordance with the State Insurance medical formulary laid down by the Corporation and exclusive of such medicines as can be prescribed only by specialists for insured persons;(2)free maternity service to the wife of an insured person consisting of:-(i)reasonable ante-natal and post-natal treatment at the dispensary or clinic or other authorised institution;(ii)attendance by a midwife at the confinement at the residence of the insured person.

## **27B. Provision of General Medical Services.**

- The State Government shall arrange to provide general medical services to the family of an insured person at a State Insurance dispensary, clinic of an Insurance Medical practitioner or other institution; provided that the State Government may make arrangement separately for the family of the insured person at an independent State Insurance dispensary or at other institution established or organised for the purpose.]

## **Part V – Miscellaneous**

### **28. Delegation of powers.**

- [(1)] [Rule 28 renumbered as sub-rule (1) and new sub-rule (2) inserted by Punjab Government Notification No. 6033/7014-C-Lab.57/56372, dated 24.6.1957.] The State Government may delegate any of the powers or duties conferred or imposed upon it by these rules to such of its officers as it may, with the consent of the Corporation, specify in this behalf.(2)[ Without prejudice to the provisions of sub-rule (1) the State Government may delegate powers of duties conferred or imposed upon it by Rule 25-A to such officers of the Corporation as it may deem fit.] [ibid.]

### **29. Local Medical Committees.**

- The Insurance Medical practitioners in any area may form a Local Medical Committee under these Rules, and if they do so and give notice to the Director of Health Services of the formation of such a committee, he may recognise it for consultation in all matters relating to these rules if he is satisfied

that the Committee is representative of the Insurance Medical Practitioners of the area.[30. Relaxation. - The State Government may by special or general order relax, with the consent of the Corporation, any rule under such circumstances and subject to such conditions as they may deem fit.] [Added by Punjab Government Notification No. 142-S-Lab.56/18365, dated 14.3.1956.]

I

#### Terms of Service for Insurance Medical Practitioners

**1. Incorporation of provisions of Rules, Regulations, etc. - (a) Any provisions of the Punjab employees' State Insurance (Medical Benefit) Rules, 1953 and hereinafter called the Rules affecting the rights and obligations of Insurance Medical practitioners shall be deemed to form part of these terms of service.**

(b) The employees' State Insurance (General) Regulations, 1950, shall apply to insurance medical practitioners as if they were insurance medical officers appointed under those regulations.

**2. Persons for whose treatment the Insurance Medical Practitioner is responsible. - (1) The persons for whose treatment an Insurance medical practitioner is responsible are :-**

(a) all insured persons whom he has accepted or agreed to accept for inclusion in his list and who have not been notified to him by the Director of Health Services as having ceased to be on his list; (b) all insured persons who have been assigned to him and who have not been notified to him by the Director of Health Services as having ceased to be on his list; (c) any insured persons, who need treatment in case of accident or other emergency; and (d) all persons for whom he may be required under the terms of the Allocation Scheme to provide treatment pending their acceptance by a or assignment to an Insurance Medical Practitioner. (2) An Insurance Medical practitioner who is appointed under Rule 13 of the Rules to undertake the treatment of persons on the list of an Insurance Medical Practitioner whose name ceases to be included in the medical list shall, for the period of his appointment, be responsible for the treatment of any persons on that list. (3) The acceptance of an insured person shall be signified by the signing of the Medical Acceptance Card by the Insurance Medical practitioner and the sending of the card to the Director of Health Services within such period as may be provided in the Allocation Scheme. (4) Notwithstanding anything contained in this paragraph, an Insurance Medical Practitioner shall not be responsible under these terms of service for the treatment in hospital of a person admitted thereto for treatment unless he is a member of the staff of that hospital.

**3. Right of an Insurance Medical practitioner to have a patient removed from his list. - Subject to such conditions as may be imposed by the Allocation Scheme in this behalf an Insurance Medical Practitioner may have the name of any person removed from his list by giving notice at any time to the**

**Director of Health Services stating the reasons for such a request. The removal will become operative at the expiration of fourteen days from the receipt of such notice by the Director of health Servies, or upon the acceptance or assignment of an insurance person to another Insurance Medical Practitioner whichever is earlier: provided that a notice given or expiring during a spell of sickness or temporary disablement of an insured person shall take effect only fourteen days after the date when the insured person is fit to resume work.**

**4. Evidence of an insured person's title to obtain treatment. - (1) An Insurance Medical Practitioner is entitled to require an insured person claiming to be on his list and applying for treatment, regarding whose identity he has reasonable doubts, to produce his Identity Card.**

(2) If such person fails to produce his Identity Card, the Insurance Medical Practitioner is required to give any treatment necessary at that time (including the supply of any drugs or dressings which he would be required to supply to a person on his list and ask him to produce the Identity Card or any other evidence from the employer that he is an insured person when revisits next. If the insured person fails to do so the Insurance Medical Practitioner shall still provide treatment but he may demand and accept from the application a reasonable fee for any treatment given, including any drugs or dressings supplied, provided that he grants the applicant a receipt and intimates the particulars of the case to the Director of Health Services.

**5. Range of Service. - (1) An Insurance Medical Practitioner is required to render to his patients all proper and necessary treatment. such treatment includes the performance of, or th administration of anesthetics or assistance at, an operation performed by and of the kind usually performed by a general medical practitioner, if administration of the anesthetic or the rendering of such other assistance does not involve the application of special skill or experience of a degree or kind which general practitioners as a class cannot reasonable be expected to possesses.**

(2) An Insurance Medical Practitioner is required to arrange for the confinement of an insured woman on his list either by himself or by a registered midwife or trained dai; for which such separate fee, as the State Government, may specify will be paid for the person who conducted the confinement. (3) In the case of emergency including abnormal or difficult maternity cases the Insurance Medical Practitioner is required to render whatever services are, having regard to the circumstances in the best interest of the insured person. (4) In determining whether a particular service is a service involving the application of special skill and experience, regard is to be had to the question whether services of the kind are or are not usually undertaken by general practitioners

practising in the area in which the question arose.

**6. Duties of Insurance Medical Practitioner. - (1) If the condition of the patient is such as to require treatment or examination which is not within the scope of the Insurance Medical Practitioner's obligations under these terms of service, the Insurance Medical practitioner shall inform the patient of the fact and shall take all necessary steps to enable him to receive such treatment or to have such examination made at such hospital or institution as has been notified for the purpose by the Director of Health Services.**

While referring a case to a hospital the Insurance Medical Practitioner shall, if the condition of the patient so requires, arrange for his transport, by an ambulance or otherwise and any expenses which the Insurance Medical Practitioner has to incur to such transport shall be reimbursed to him by the Director of Health Services.(2)Clinic hours.. - Subject to the approval of the Director of Health Services, the Insurance Medical Practitioner shall fix the time at which his clinic shall remain open for treatment of insured persons. Notice of the time fixed shall be given in such manner as the Director of Health Services may from time to time direct and shall be indicated on a notice board displayed prominently at the Insurance Medical Practitioner's clinic.(3)Clinic accommodation. - An Insurance medical Practitioner is required to provide proper and sufficient clinic and waiting-room accommodation for his patients, having regard to the circumstances of his practice.(4)Inspection of clinic and waiting-room accommodation. - An Insurance Medical practitioner, on receipt of a written request, shall at all reasonable time admit any officer of the corporation duly authorised in this behalf or the Director of Health Services or any person [not below the rank of a gazetted medical officer of the State government] [Added by Punjab Government Notification No. 6-S-LP-55/7429, dated 14.2.1955.] authorised for the purpose by the Director of Health Services or by the Allocation Committee set up under Rule 7 to any clinic or waiting-room for the purposes of inspecting the said clinic or waiting-room.(5)Visiting. - An Insurance Medical Practitioner is required to visit and treat an insured person at his residence whom he has accepted on his list and whose condition is such that the insured person cannot reasonably be expected to come to his clinic.(6)Medical Certificates. - An Insurance Medical practitioner is required to issue to his patients, free of charge, any certificates reasonably required in respect of sickness, maternity, employment, injury and death under the Regulations, or as may be required from time to time by the Corporation or the Director of Health Services.(7)Duty to supply drugs and dressings. - (i) an insurance Medical practitioner is required to supply to a patient free of charge all drugs and dressings as may be required for the proper treatment of the insured person as far as possible in accordance with the State Insurance medical formulary; provided that such drugs and dressings as may be notified by the State Government shall be made available to the Insurance Medical practitioner by the State Government in such manner and subject to such conditions as it may from time to time specify.(ii)The prescription shall be given to the insured person with the medicines.(8)Records. - An Insurance Medical Practitioner is required -(a)to keep such records as the State Government or the Director of health Services may, from time to time, specify in consultation with the Corporation;(b)to maintain a medical record in respect of each insured person on his list on the form laid down and supplied by the Corporation for the purpose and in accordance with the instructions issued by the Corporation

in this behalf from time to time;(c)to furnish returns to such forms as may be laid down by the Corporation or the State Government or the Director of Health Services;(d)upon knowledge of the death of an insured person, to forward the medical record to the Director of Health Services within seven days.(9)Consultation, etc., with Medical Referee. - An insurance Medical practitioner is required -(a)to furnish in writing to the Medical Referee within such reasonable period as the latter may specify any clinical information which he may require with regard to any insured person to whom the Insurance Medical Practitioner has issued or declined to issue a medical certificate;(b)to meet the Medical Referee, at his request, for the purpose of examining in consultation any patient in respect of whom the Insurance Medical Practitioner has sought the advice of the Medical Referee;(c)to afford to the Medical Referee access at all reasonable time to the Insurance Medical Practitioner's clinic or other place where the records required by these terms of service are kept, for the purpose of the inspection of such records, and to furnish to the Medical Referee such records or necessary information with regard to any entry therein as he may request; and(d)to answer any inquiries of the Medical referee with regard to any prescription or certificate issued by the Insurance Medical Practitioner or to any statement made in any report furnished by him under these terms of service.

**7. Arrangements for practice. - An insurance Medical practitioner shall not carry on [any insurance] [Added by Punjab Government Notification No. 6-S-LP-55/7429, dated 14.2.1955.] practice elsewhere than at his place of residence, or at the clinic stated in his application except upon conditions which appear to the Director of Health Services or on appeal, to the State government, to be such as to enable his obligations under these terms of service, and in particular his obligation to visit his patients, to be adequately carried out. Any conditions so imposed may include a requirement that the insured persons on the list of the Insurance medical practitioner are to be notified at the Insurance medical practitioner's expense of any special arrangements under which his practice is carried on.**

**8. Acceptance of fees. - An insurance Medical Practitioner shall not demand or accept any fee or other remuneration in respect of any medical treatment, whether under these terms of service or not, rendered to insured person except as provided in para 4(2).**

**9. Revision of terms of service. - (1) The State Government may, with the consent of the Corporation, after the terms of service from such date as may be approved by the Corporation by giving notice of the proposed alteration to each Insurance Medical Practitioner.**

(2)Except in the case of an alternation which results from the coming into operation of any Act of



Parliament, the State Government shall, before making an alteration, consult the organisation or organisations which in their opinion is or are representative of the Insurance Medical Practitioners, and the alteration shall not come into operation within a period of three months from the date of the issue of the notice.

**10. Suspension of system. - (1) The State Government will be at liberty to suspend in consultation with the Corporation the system as a whole if it is found that the system does not work properly or efficiently and shall give three months' notice to each Insurance Medical Practitioner of the date from which the suspension is to take effect.**

(2) The State Government may have the name of any individual Insurance Medical Practitioner removed from the list after giving due notice of not less than three months to the Insurance Medical Practitioner, except in case of gross negligence and misconduct when the period of notice need be only one month.

**11. Withdrawal from medical list. - As Insurance Medical Practitioner is entitled at any time to give notice to the Director of Health Services that he desires to cease to be an Insurance Medical Practitioner and his name shall be removed from the medical list at the expiration of three months from the date of such notice or of such shorter period as the Director of Health Services may agree :**

Provided that if representations are made to the State Government that the continued inclusion of a practitioner as an Insurance Medical Practitioner would be prejudicial to the efficiency of the Employees' State Insurance Scheme, he shall not except with the consent of the Corporation and subject to such condition as the Corporation may propose, be entitled to have his name removed from the list pending the termination of the proceedings on such representation.

**12. Casual absence of an Insurance Medical Practitioner. - An Insurance Medical Practitioner shall make all necessary arrangement for securing the treatment of his patients where he is unable for any cause, e.g., temporary absence from home or other reasonable cause to give treatment personally and shall inform the Director of Health Services, the Medical Referee and the Local office of the Corporation of any standing arrangements for that purpose and he shall not absent himself from his practice for more than one week without first informing the Director of Health Services of his proposed absence and of the person or persons responsible for conducting his practice during such absence.**

**13. Continued absence or disability of an Insurance Medical Practitioner. -** Where the Director Health Services is satisfied that owing to the continued absence or bodily or mental disability of an Insurance Medical practitioner his obligations under the terms of service are not being adequately carried out, he may, with the consent of the Corporation, give notice to the persons on his list that the Insurance Medical Practitioner is for the time being in his opinion not in a position to carry out his obligations under the terms of service.

**14. Disputes, etc. - the terms of the service relating to the following matters are contained in Rules 20 to 24 -**

(a)The investigation of questions arising between Insurance Medical Practitioners and their patients and other investigations to be made by the Medical Service Committee and the action which may be take by the Director of Health Services, as the result of such, including the withholding of remuneration from the Insurance Medical Practitioners where there has been a breach of the terms of service.(b)The investigation in respect of prescribing.(c)The investigation of certification.(d)The investigation of record-keeping.

**15. Issue of notices to Insurance Medical Practitioners. - Any notice which the State Government or the Director, Health Services, is required or authorised by these terms of service to give to an insurance Medical practitioner shall be sufficiently given if it has been delivered to him to sent by post to him at the address which he has last notified to the Director of Health Services as being his place of residence.**

**16. Remuneration of Insurance Medical Practitioners. - (1) the rate of payment for an Insurance Medical Practitioner shall be fixed by the State Government with the approval of the Corporation. Payment shall be made according to the number of insured persons on his list at the beginning of the quarter to which it relates; provided that no Insurance Medical practitioner shall have more than [persons] [Substituted for the figure '2,000' by Punjab Government Notification No. 8938-S/6146-C-LP/55/59311, dated 22nd September, 1955.] [For 750 family units on inclusions of families, as the case may be] [Added by Punjab Government Notification No. 9188-II-Lab-II-61/2792, dated 18th August, 1961.], on his list at any time.**

[Provided that the State Government may, with the consent of the Corporation raise the limit of maximum number of family units from 750 to 1,000 on the list of an Insurance Medical Practitioner

at a place where the special circumstances so require.] [Notification No. G.S.R. 120/CA 34/48/Section 96/Amd. (1)/64, dated the 7th April, 1964.](2)The payment shall be made within one month of the end of quarter to which it relates.(3 the capitation fee shall be deemed to include remuneration for -(i)such medical treatment, attendance, etc., as the Insurance Medical Practitioner is required to provide;(ii)maintenance of such surgical and diagnostic instruments as may be laid down for the purpose;(iii)supply of emergency medicines, injections and dressings [(Such medicines as are included in the list of special medicines and which are used in emergency may be replaced)] [Added by Punjab Government Notification No. 6-S-LP-55/7429, dated 14.2.1955.];(iv)use of doctor's clinic, telephone, staff, etc.(v)payment in respect of conveyance for domiciliary visits; and(vi)payment in respect of the supply of drugs and dressings not including such drugs and dressings as may, under the provisions of para 6(7) be made available by the State Government, and maintenance of such supply of proper and sufficient medicines and dressings as may be specified.[Removal from the Medical List. - (1) If the Insurance Medical Practitioner fails to maintain proper and sufficient equipment, clinic and waiting -room accommodation for patients and also fails to make up the deficiency within such period as may be fixed by the Allocation Committee set up under Rule 7, the case for the removal of his name from the Medical List shall be considered by the Director of Health Services, Punjab.] [New paragraph added by Punjab Government Notification No. 9188-II-Lab-II61/27942, dated 18th August, 1961.](2)If the Insurance Medical Practitioner, after one year of coming on the list of Insurance Medical Practitioners, fails to have thirty insured persons on his list, his name may be removed by the Director of Health Services, from the Medical List.][17. An Insurance Medical practitioner, shall have minimum of 30 insured persons on his list within one year of his joining as Insurance Medical Practitioner. If after one year of the practitioner's coming on the medical list he does not have this minimum number of insured persons his name may be removed by the Director of Health Services, from the medical list. This limit may, however, be relaxed by the Director of Health Services, if there is no Insurance Medical Practitioner available within a radius of one mile.] [Added by Punjab Government Notification No. 6334-C-LP-56/3329, dated 13th August, 1956.]

## II

Application should be marked outside on the cover"Application for inclusion in Medical List"Form of application for use of candidates of inclusion in medical List as Insurance Medical Practitioner under the Employees' State Insurance Scheme(To be returned to the Director of Health Services, Punjab).

**1. Name in full (in block letters) .....**

**2. Date and place of birth .....**

**3. Next of kin .....**

**4. Married or single .....**

**5. Basic Medical qualifications and other post-graduate qualifications -**

University of Examining Board, Particulars of Qualification, Date of Qualifications

**6. [(a)] [Item 6 renumbered as sub-item (a) and new sub-item (b) added by Punjab Government Notification No. 6-2-LP-55/7429, dated 14.2.1955.] Are you registered ? If so, state registration No.**

(b)[ Whether member of any medical association ? If so, give particulars.] [Item 6 renumbered as sub-item (a) and new sub-item (b) added by Punjab Government Notification No. 6-S-LP-55/7429, dated 14.2.1955.]

**7. Full residential address .....**

**8. Full address of clinic .....**

**9. Distance between residence and clinic .....**

**10. Date from which practising in the locality .....**

**11. Clinic accommodation .....**

Serial No.	No. of rooms	Area in Sq. Ft.	Used for
------------	--------------	-----------------	----------

1			
2			,
3			,
4			,
5			,

**12. Have (1) a separate consultation room ?**

(2)space where patients can wait under cover ?(3)your own dispensing arrangements ?

**13. clinic hours .. Morning ..... Evening.....**

**14. For how many hours of you attend at the clinic yourself?**

**15. What ancillary staff do you employ in the clinic ?, Designation  
Compounder Clerk Attendant Other, Full-time, Part-time**

**16. [] [ Clause 16 deleted and Clauses 17, 18, 19, 20 and 21 renumbered as 16, 17, 18, 19 and 20, respectively, by Punjab Government Notification No. 6-S-LP-55/7429, dated 14.2.1955.] (a) Are you employed in part-time work ?**

(b) If so, state hours spent daily (in such appointments).....

**17. [] [ Clause 16 deleted and Clauses 17, 18, 19, 20 and 21 renumbered as 16, 17, 18, 19 and 20, respective, by Punjab Government Notification No. 6-S-LP-55/7429, dated 14.2.1955.] Is a conveyance maintained ?**

If so, state nature.

**18. [] [ Clause 16 deleted and Clauses 17, 18, 19, 20 and 21 renumbered as 16, 17, 18, 19 and 20, respective, by Punjab Government Notification No. 6-S-LP-55/7429, dated 14.2.1955.] Have you a telephone/telephones.**

If so, state numbers, clinic ..... residence.....

**19. [] [ Clause 16 deleted and Clauses 17, 18, 19, 20 and 21 renumbered as 16, 17, 18, 19 and 20, respective, by Punjab Government Notification No. 6-S-LP-55/7429, dated 14.2.1955.] Previous, if any, dismissal or disciplinary action by the Registration Council .....**

**20. [] [ Clause 16 deleted and Clauses 17, 18, 19, 20 and 21 renumbered as 16, 17, 18, 19 and 20, respective, by Punjab Government Notification No. 6-S-LP-55/7429, dated 14.2.1955.] If selected on the medical list how many insured persons are you prepared to have on your list .....**

I, ..... a candidate for inclusion in the medical in the medical list as an Insurance Medial Practitioner under the Employees' State Insurance Scheme, declare that the particulars given above are true and correct to the best of my knowledge and belief. I have read and understood the terms of service and agree to abide by them if included in the medical list. Date ..... Signature of candidate

### III

#### Allocation Scheme

**1. Clinic, etc., of the practitioner. - In order to ensure that an Insurance Medical Practitioner has proper and sufficient clinic and waiting-room accommodation for his patients, having regard to the circumstances of the practice, the Allocation Committee shall before approving applications from practitioners for inclusion in the medical list have regard to the following factors :-**

(1)The place of practice shall be within a reasonable distance of the places where the insurance persons reside;(2)the practitioner shall, if possible, reside at or near his place of practice;(3)there shall be reasonable accommodation where patients may wait under cover and separate accommodation where the patient can be seen and examined in privacy;(4)the practitioner shall be physically fit;(5)there shall, if possible, be a telephone connection.

**2. Period within which notice of acceptance must be given. - Notice of acceptance of an insured person must be sent by the Insurance Medical practitioner by sending the medical acceptance card to the Director of Health Services within seven days of the date of acceptance.**

**3. Duty of practitioner on refusing to accept applicant. - It shall be the duty of an Insurance Medical Practitioner who refuses to accept an insured person, who applies for acceptance -**

(a)to give the applicant such treatment, if any, as may be [necessary] [Substituted by Punjab Government Notification No. 6-S-LP-55/7429, dated 14.2.1955, for the words 'required by him'.] pending his acceptance by or assignment to another Insurance Medical Practitioner;(b)to inform the applicant of the name and address of any neighbouring Insurance Medical Practitioner(s) to whom application for acceptance might be made and to inform him of the address of the Director of Health Services for the purpose of enabling the person, if necessary to secure assignment to an Insurance Medical Practitioner.

**4. Assignment of persons to practitioners. - (i) If any insured person, having been refused acceptance by the Insurance Medical Practitioner to whom he applied gives notice to the Director of Health Services that he desires to be assigned to an Insurance Medical Practitioner, the matter shall stand referred to the Allocation Committee, who shall assign him to such Insurance Practitioner**

**as they think fit.**

(ii) Where the Director of Health Services on the death, removal or withdrawal of an Insurance Medical Practitioner from the medical list, has nominated one or more successors to the practice and issued notices under Rule 13 to any person whose name appears on the doctor's list, the persons shall be deemed to be included in the list of the Insurance Medical Practitioners named in the notice as from the date of the notice unless and until the person has chosen another Insurance Medical Practitioner or given notice in writing to the Director of Health Services of his desire not to be so included. (iii) In making any assignment the Allocation Committee shall have regard to the distance between the residence of the person and the various Insurance Medical Practitioners and touch other circumstances as appear to them to be relevant. (iv) The Allocation Committee may authorise their Chairman or any other member of members to exercise the power of assignment under this paragraph in cases in which action is necessary before a meeting of the Committee can conveniently be held.

**5. Provision of treatment in emergencies. - (i) If the Insurance Medical Practitioner responsible for a person's treatment is not available for giving the person any treatment immediately required owing to an accident or other emergency, it shall be the duty of an Insurance Medical Practitioner who may be summoned or to whom the insured person is taken to give any necessary treatment.**

(ii) Where an Insurance Medical Practitioner renders emergency treatment the Director of Health Services shall, as soon as information thereof comes to his notice, inform the Insurance Medical Practitioner on whose list the name of the person appears. (iii) The Allocation Committee shall have power on application to exempt an Insurance Medical Practitioner, on the ground of age or infirmity from any liability for emergency night calls to insured persons not on his list.

**6. Limitation of Practitioners List. - (i) The number of insured persons on the list of Insurance Medical Practitioner shall be limited to a maximum of [1,000] [Substituted for the figure '2,000' by Punjab Government Notification No. 6-S-LP-55/7429, dated 14.2.1955.] persons [or 750 family unit on inclusion of families, as the case may be:**

Provided that the Allocation Committee shall have the powers to fix a lower maximum number for an Insurance Medical Practitioner in consideration name for inclusion in the Medical List.] [Added by Punjab Government Notification No. 9188-II-Lab-II-61/27942, dated 18th August, 1961.] [Provided further that the State Government may, with the consent of the Corporation raise the limit of maximum number of family units from 750 to 1,000 on the list of an Insurance Medical Practitioner at a place where the special circumstances so required.] [Vide Notification No. G.S.R. 120/CA 34/48/S. 96/Amd. (1)/64, dated the 7th April, 1964.] (ii) The imposition of a limit of numbers shall not exempt an Insurance Medical Practitioner from any liability to give treatment

immediately required to any person who applies for acceptance, or to give emergency treatment under paragraph 5 of this scheme.(iii)If the number of persons exceeds the limit fixed under paragraph 6(i) above the Insurance Medical Practitioner shall not accept further persons on his list until he has taken steps to bring the number within the limit by informing the Director of Health Services within the names of the necessary number of persons on his list for whom he intends to discontinue responsibility for treatment, in which event the Director of Health Services shall thereupon give notice to the person in accordance with Clause 7 of this scheme.

**7. Right of Insurance Medical Practitioner to have person removed from his list. - (i) If an Insurance Medical Practitioner gives notice to the Director of Health Services of his desire to have a person removed from his list, the Director of Health Services shall notify the person accordingly, and shall inform him that he should apply to another Insurance Medical Practitioner for acceptance. The person's name shall be removed from the Insurance Medical Practitioner's list as from the date on which the person is accepted by a assigned to another Insurance Medical Practitioner, or at the expiration of a period of fourteen days from the date of receipt of such notice by the Director of Health Services, which ever first occurs.**

(ii)If an Insurance Medical Practitioner has given notice to the Director of Health Services of his desire to have a person removed from his list and the person is, at the date when the removal would take effect, receiving treatment from the Practitioner, the Insurance Medical Practitioner shall notify the Director of Health Services of the person's incapacity, and the removal shall not take effect,unless the person in the meantime applies to and is accepted by another Insurance Medical Practitioner until fourteen days from the date of receipt of a notice by the Director of health Services from the Insurance Medical practitioner that in the Insurance Medical Practitioner's view the person's condition is such that he no longer requires treatment from him; but this paragraph shall not apply apply in any case in which owing to the chronic nature of the person's illness, treatment is being given at less frequently intervals than one week.