



कार्मिक संबंध समूह
निगमित नीति अनुभाग
ग्रीन हिल्स, भूतल, 'ए' विंग, तेल भवन, देहरादून-248003
Employee Relations Group
Corporate Policy Section
Green Hills, Ground Floor, 'A' Wing, Tel Bhavan, Dehradun-248003

As on: 28/03/2025

Subject: Reimbursement of expenditure on Home Nursing Care

The current instructions on the above subject are as under:-

Home nursing care is health care or supportive care provided to the patients at home by health care professionals. This support allows for earlier discharge of medically fragile patients from traditional inpatient settings and the required special nursing or physiotherapy needs can be continued in a domestic setting.

2. Home nursing care was introduced as a welfare measure in cases where patient suffering from any of the following disorders is not able to maintain his or her personal hygiene and take care of basic needs-
 - a. Paralytic disorders
 - b. Terminal cancer
 - c. Severe Neuro muscular disorder, dementia etc.
 - d. Poly Arthritis with crippling deformities
 - e. Loss of bladder and bowel function
3. Effective 04.10.2012, additional new categories have been included of medical disorders for availing Home Nursing care as mentioned below:-

Additional Categories	Charges to be reimbursed
Patients requiring domiciliary dialysis (CAPD etc.)	Qualified Nurse: Equivalent to existing day charges for 12 hrs as per class of city.
Patients recovering from poly-trauma (injury of more than one system of body) / major fractures of spine or pelvis or multiple long bone fractures for a period not exceeding two months.	Qualified Nurse / Attendant: Equivalent to existing day / night charges for 12 hrs as per class of city. Qualified Physiotherapist: Equivalent to existing per visit charges subject to not more than one visit per day as per class
Patients chronically bedridden due to terminal illness / organ or systemic failure.	Qualified Nurse / Attendant: Equivalent to existing day / night charges for 12 hrs as per class of city. Qualified Physiotherapist: Equivalent to existing per visit charges subject to not more than one visit per day as per

Major total joint replacement surgery for a period not exceeding two months.	Qualified Physiotherapist: Equivalent to existing per visit charge subject to not more than one visit per day as per class of
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4. Effective 16.09.2022, maximum duration permitted for different category of diseases to avail the Home Nursing Care facility, as mentioned below:

Sl. No.	Category	Type of Home Nursing Care facility permissible	Maximum Duration permissible
1	Paralytic disorders *	Nurse	2 months
		Attendant	2 months
		Physiotherapist	2 months
2	Terminal cancer *	Attendant	2 months
		Nurse	2 months
3	Severe Neuro muscular disorder, dementia etc *	Attendant	2 months
		Physiotherapist	2 months
4	Poly Arthritis with crippling deformities *	Attendant	2 months
		Physiotherapist	2 months
5	Loss of bladder and bowel function *	Attendant	2 months
6	Patients chronically bedridden due to terminal illness / organ or systemic failure *	Nurse	2 months
		Attendant	2 months
		Physiotherapist	2 months
7	Patients requiring domiciliary dialysis (CAPD etc.)	Nurse	Only on the day of Dialysis
8	Patients recovering from polytrauma (injury of more than one system of body) / major fractures of spine or pelvis or multiple long bone fractures for a period not exceeding two months.	Nurse	2 months
		Attendant	2 months
		Physiotherapist	2 months
9	Major total joint replacement surgery for a period not exceeding two months.	Physiotherapist	2 months

* Note:

- 1) Patients belonging to categories mentioned under **Sl. No. 1-6 only** would be eligible for extension of the facility beyond the maximum permissible duration subject to examination and recommendation by a Medical Board and approval of concerned L-1 / Key executive.
- 2) The extension beyond the permissible duration would be granted for a stipulated time period as mentioned in table above based on the due recommendation of the Medical Board.
- 3) Medical Board would comprise of treating doctor (in-house / empaneled), Head / In-charge Medical and HR / SEE representative.
- 4) If deemed necessary, Medical Board or their representative(s) may visit the patient for further medical evaluation for extension of Home Nursing facility.

5. Effective 16.09.2022, monetary ceiling for Home Nursing Care, as mentioned below:

Description	X Class Cities		Y Class Cities		Z Class Cities	
	Day	Night	Day	Night	Day	Night
Qualified Nurse per shift of 12 hours per day	800	1000	600	800	400	600
Attendant for basic care per shift of 12 hours per day	400	500	300	400	200	300
Qualified Physiotherapist per visit subject to not more than one per day	400		300		200	

6. The services of Nurse / Physiotherapist / Attendant are to be availed from a Nursing Bureau providing such services. However, in situations where a Nursing bureau is not available or the same is not able to meet the requirement, the employee can hire the required services directly. The payment receipt in such cases should be obtained as per prescribed proforma and certified by the treating Doctor and ONGC Doctor / Head or In-charge-Medical.
- (Proforma placed at Annexure)**
7. The employee/retired employee will have to claim reimbursement of said expenditure in prescribed form no. MED-BIL-01 together with payment receipt(s).
8. Payment shall be made by **cheque/online digital mode** only, payment proof shall be submitted along with the receipt.
9. Level-1 executives are empowered to sanction the expenditure on this account. At the locations where L-1 executive is not available, Level-II executive will exercise this power.

Team – Corporate Policy

This document is for information purpose only.

For further clarity, Consolidated O.O. No. ONGC/ER/CP/MED/024 may be referred to.

Payment Receipt

Towards home care by nurse/physiotherapist/attendant hired directly by the employees/patient

(Please strike which is not applicable)

Received a sum of Rs. ----- from Mr./Ms. ----- towards providing home care services as Qualified Nurse/Qualified Physiotherapist/Attendant for _____ number of day shifts/ _____ number of night shits/ _____ number of visits for the period from _____ to _____.

Signature_____ Name_____ Contact _____ Tel.
No._____ Reg. No. (for qualified Nurse) _____ Address

Declaration by the Employee/ Patient (Please strike which is not applicable)

This is to certify that I have engaged the services of Qualified Nurse/Qualified Physiotherapist/ Attendant and made payment as mentioned above.

Signature of Employees (Name _____) ID/CPF
No._____ Name patient & relation with employee

Contact _____ Tel. _____

Verification by the treating Doctor (Please strike which is not applicable)

This is to certify that Mr. / Mrs. /Ms. _____ age _____ is under my treatment for _____ (name of disease) and this is to verify that the services of Qualified Nurse/Qualified Physiotherapist/ Attendant as mentioned above have been obtained on my recommendation.

(Signature & Seal & Registration No.)

(To be verified by Head or In-charge Medical of ONGC health centre/hospital for duration of home care beyond two months)

Verified that the services of Qualified Nurse/Qualified Physiotherapist/Attendant as mentioned above have been obtained in accordance with the prescribed instructions and the expenses claimed may be reimbursed.

Signature & Designation of ONGC Doctor/Head or In-charge Medical