

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Thimayya Marg
Near Gopinath Circle
Delhi Cantt-110010

B/49770/AG/ECHS/Policy/2019

OK Apr 2019

IHQ of MoD (Navy)/Dir ECHS (N)
DAV, Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres

**EXECUTIVE INSTRS: RELAXATION OF RULES FOR CONSIDERATION
OF REIMBURSEMENT IN EXCESS OF THE APPROVED RATES
PERTAINING TO MEDICAL CLAIMS UNDER ECHS**

1. Ref MoD (DoESW) letter No 22A (37)/2018/WE/D/WE/D(res-I) dated 15 Jan 2019 (copy att as Encl 1).

2. A High Powered Committee(HPC) has been constituted as under to review and approve the cases requiring reimbursement of medical expenses in excess of the CGHS rates:-

- (a) Chairman - JS, ESW.
(b) Members.

Govt Doctor (of Concerned Speciality) (i) Govt Hospital Specialist Doctor (of Concerned speciality).
(ii) Director/DS/US, DoESW.
(iii) Director (Medical), CO ECHS(Member Secretary).
(iv) Rep of MoD(Fin/Pen).

3. **Cases to be Decided by HPC.**

(a) **Cases Requiring Full Reimbursement.** Reimbursement in Govt Hosp is allowed 100%, as per Gol MoD letter No 22D(09)/2013/US(WE)/D (Res) dated 16 Jul 2016. However, the same is limited to CGHS rates in non Govt Hosps be it in emergency/prior sanction cases. The request for full reimbursement in the following cases will be examined on merit by HPC:-

(i) **Treatment was Obtained in Non Emp Hospital under Emergency Condition and the Patient was Admitted by Others When the Beneficiary was Unconscious or Severely Incapacitated and was Hospitalized for a Prolonged Period.** Certificate by the treating hospital as per Encl 2 to be attached with the claim besides other claim documents.

(ii) Treatment was Obtained in Non Empanelled Hospital under Emergency and was Admitted for Prolonged Period for Treatment of Head Injury, Coma, Septicemia, Multiorgan Failure etc. Certificate by the treating hospital as per Encl 3 to be attached with the claim besides other claim documents.

(iii) Treatment was Obtained in a Non Empanelled Hospital under Emergency for Treatment of Advanced Malignancy. Certificate by the treating hospital as per Encl 4 to be attached with the claim besides other claim documents.

(iv) Treatment was taken under Emergency in a Higher type of Accommodation as Rooms as per his/her Entitlement were not available during that Period. Certificate by the treating hospital as per Encl 5 to be attached with the claim besides other claim documents.

(v) Treatment was taken in Higher type of Accommodation under specific Conditions for Isolation of Patients to Avoid Contacting Infections. Certificate by the treating hospital as per Encl 6 to be attached with the claim besides other claim documents.

(vi) Treatment was Obtained in a Non Empanelled Hospital under Emergency when there was a Strike in Govt Hospitals. Certificate by the treating hospital as per Encl 7 to be attached with the claim besides other claim documents

Note. If an ECHS beneficiary meets more than one criteria, certificate as per enclosed format will be attached for all the conditions separately.

(b) Settlement of Medical Claim in Relaxation of Rules. Bill processing rules have been promulgated from time to time covering most of the issues and the same is a continuous process. However, there may be special conditions on case to case basis needing relaxation of rules for admitting claim/admitting higher rate than CGHS rates. Applicant will need to attach full justification of the case with supporting documents as per format at Encl 8.

(c) Approval of Air Fare with or without Attendant on the advice of the Treating Doctor for Treatment in another City even though He/She is not eligible for Air Travel/Treatment Facilities are available in city of Residence. Provision of air fare has been covered vide Gol MoD letter No 22D(18)/2017/WE/D(Res-I) dated 07 Aug 2018 as amplified by our letter No B/49783/AG/ECHS dated 17 Sep 2018 (Encl 9), However, there may be a non entitled category with or without attendant. In such cases, applicant will need to attach full justification of the case with supporting documents as per format at Encl 10.

(d) Representation from ECHS Beneficiaries Seeking Full Reimbursement under Special Circumstances. Though a fair No of conditions have been covered for special dispensation by HPC but there may be certain special circumstances not covered vide Para 3 (a) to (c) but still requiring full reimbursement. In such cases, applicant will need to attach full justification of the case with supporting documents as per format at Encl 11.

4. **Procedure.** The following procedure will be adopted to process such cases which will be further modified based on the feedback and degree of automation:-

- (a) Affected ECHS beneficiary meeting one or more conditions as listed at Para 3 above will submit his/her claim documents alongwith necessary certification as required as per formats given alongwith respective Encls at Para 3.
- (b) The documents will be submitted to OIC PC alongwith an application by ECHS beneficiary for consideration of the case by HPC. OIC PC will check the documents for completeness and endorse his recommendation/Non Recommendation as considered appropriate within 5 working days.
- (c) OIC PC will submit the documents to RC concerned wherein Dir RC will endorse his recommendations/Non recommendations after taking inputs of JD (HS) when available and will then forward the case to Claim Section at CO, ECHS within 05 working days.
- (d) OIC Claim Section of CO, ECHS will process the claim and the same will be forwarded to HPC alongwih his recommendation/non recommendation. Approval will be taken from MoD(DOESW) for all HPC cases irrespective of value of claim and whether the cases have been recommended/Not recommended by those in chain.
- (e) Once HPC examines the claim, the following process will be applied based on the outcome:-

(i) If cases are not recommended, these will be returned to OIC PCs through normal chain and will be processed as normal claims.

(ii) In case the cases are approved/additional reimbursement in part/full or any other relaxed criteria have been accepted in part/full, the claim will be processed alongwith copy of HPC approval letter. The documents will be returned by Claim Section, CO ECHS directly to OIC PC with copy of covering letter and HPC approval letter endorsed to RC concerned as well.

(iii) BPA will create a window in individual reimbursement section marked as HPC vide which HPC approved cases will be uploaded. Once BPA approves the claim as applicable, same will be forwarded to concerned CFA for further processing as hitherto fore.

5. Misrepresentation/wrong information used for such claims will make the ECHS beneficiary and his/her dependants ineligible for ECHS for lifetime.

6. All Regional Centres will circulate this letter to ECHS Polyclinics under their AOR for strict compliance.

7. **Date of Applicability.** All cases admitted/discharged/treated wef 0001 hr on 15 Jan 2019 onwards viz date of issue of letter at Para 1 above.

DK Dubey
Gp Capt
Offg Dir (Med)
for MD ECHS



(DK Dubey)
Gp Capt
Offg Dir (Med)
for MD ECHS

Copy to:-

MoD (DoESW)

wrt to your letter 22A(37)/2018/WE/D(Res-I) dated 15 Jan 19 and our ION B/49770/AG /ECHS/Treatment dated 26 Mar 19. Policy is being implemented from the date of issue of Govt. letter

MoD (Finance)

- for info wrt of para 2 of ibid letter in compliance with Gol MoD letter at Para 1 above

DGAFMS-DG-3A
AG Coord (a)
DGDC&W Sectt
DGMS (Army)/DGMS-5(B)
DGMS (Navy)/Dir ECHS (Navy)
DGMS (Air Force) (Med-7)
DGDS

- for info pl

UTI-ITSL
153/1, Above Farico Show Room
First Floor, Old Madras Road
Halasuru, Bangalore
Karnataka-560 008

- for info and suitable modification for processing of such claims in consultation with Dir S&A, CO ECHS

Office of the CGDA
Ulan Batar Road
Palam, Delhi Cantt-10

- for info pl.

for AMA ECHS
Embassy of India
Kathmandu, Nepal

- for info pl.

Internal

MD Sectt

- for info.

Dy MD Sectt

- for info.

All Sections incl
Stats & Automation letter on ECHS website
and co-ord with UTI-ITSL for processing the claims.

S&A for uploading the letter on ECHS website and co-ord with UTI-ITSL for processing the claims.

Meel
File No.22A(37)/2018/WE/D(Res-I)
Government of India
Ministry of Defence
(Department of Ex-Servicemen welfare)
Sena Bhavan, New Delhi

Encl
(Kumt/Passat)

Dated 15 January, 2019

To,
The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

Subject: RELAXATION OF RULES FOR CONSIDERATION OF REIMBURSEMENT IN EXCESS OF THE APPROVED RATES PERTAINING TO MEDICAL CLAIMS UNDER ECHS.

Sir,

With reference to Gol, MoD letter No 22(1)/01/US(WE)/D(Res) dated 30 Dec 2002 and Gol, MoD letter No. 24(8)/03/US(WE)/D(Res) dated 19 Dec 2003 and in light of M/o Health and Family Welfare order No. Z.15025/ 38/2018/DIR/CGHS/EHS dated 22nd May 2018 and No. Z15025/51/2018/DIR/CGHS/EHS dated 6-6-2018, partial amendments are hereby made to the procedure for payment and reimbursement of medical expenses under ECHS with relaxation of rules for consideration of reimbursement in excess of the approved rates as per the details given under the succeeding paragraphs.

2. The request for full reimbursement which fall under the defined criteria indicated in para 3 below and cases indicated in para 4 below shall be examined by a High Powered Committee whose constitution is indicated in para 5 below. After recommendation of HPC, the concurrence of MoD (Finance/Pension) and approval of Secretary, ESW will be required in all these cases.

3. The request for full reimbursement which fall under the following defined criteria would be considered by the High Powered Committee.

- (i) Treatment was obtained in non empanelled hospital under emergency condition and the patient was admitted by others when the beneficiary was unconscious or severely incapacitated and was hospitalized for a prolonged period.
- (ii) Treatment was obtained in non empanelled hospital under emergency and was admitted for prolonged period for treatment of head injury, coma, septicaemia, multiorgan failure etc.
- (iii) Treatment was obtained in a non empanelled hospital under emergency for treatment of advanced malignancy.
- (iv) Treatment was taken under emergency in a higher type of accommodation as rooms as per his/her entitlement were not available during that period.

- (v) Treatment was taken in higher type of accommodation under specific conditions for isolation of patients to avoid contacting infections.
 - (vi) Treatment was obtained in a non-empanelled hospital under emergency when there was a strike in Govt. Hospitals.
4. Cases falling in the following categories would also be considered by the High Powered Committee.
- (i) Settlements of medical claims in relaxation of rules.
 - (ii) Approval of air fare with or without attendant on the advice of the treating doctor, for treatment in another city even though he/she is not eligible for air travel/treatment facilities are available in city of residences.
 - (iii) Representation from ECHS beneficiaries seeking full reimbursement under special circumstances, which are not covered under para 3 above

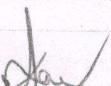
5. Composition of the High Powered Committee would be as follows :

1. JS, ESW	- Chairman
2. Government Hospital Specialist Doctor (of concerned speciality)	- Member
3. Director/DS/US, DoESW	- Member
4. Director(Medical), CO, ECHS	- Member-Secretary
5. Representative of MoD(Fin/Pen)	- Member

6.. The other terms and conditions mentioned in the procedure for payment and reimbursement of medical expenses under ECHS vide GoI, MoD letter No.24(8)/03/US(WE)/D(Res) dated 19th Dec. 2003 shall remain unchanged.

7. This has the concurrence of Ministry of Defence(Finance/Pension) vide their U.O. No32(23)/2018/Fin/Pen dated 3-1-2019.

Yours faithfully


(A.K. Karn)
Under Secretary to the Govt. of India

Copy to :

1. MoD (Fin/Pension)
2. DGADS
3. CGDA, New Delhi
4. JS, ESW
5. DGAFMS
6. MD, Central Org.(ECHS)

Enclosure 2
(Refers to Para 3(a)(i))

**CERTIFICATE: RELAXATION OF RULES FOR CONSIDERATION
OF REIMBURSEMENT IN EXCESS OF THE APPROVED RATES
PERTAINING TO MEDICAL CLAIMS UNDER ECHS**

1. I, No. _____, Name _____ am an ECHS beneficiary having ECHS Card No. _____.

OR

Name _____ is an ECHS beneficiary having ECHS Card No. _____ and is wife/Son/Daughter/Parent/Brother/Sister of No. _____ Name _____.

2. Said patient, Name _____ was brought to this Hospital (Name _____) located at _____ in emergency condition. Emergency is justified due to the following reasons: - (Details of medical condition by Hosp).

3. Patient was unconscious/severly incapacitated and brought by Name _____, resident of _____, Mob No. _____ at _____ hrs on _____ (Date) at my hospital.

4. Patient was hospitalized from _____ to _____ in my hospital.

5. Medical condition of the patient did not allow him/her to go to any Service/Govt./Emp Hospital.

Sign of Individual/Next of Kin/Dependant
With Date

Sign of Treating Hosp
with Stamp and date

Enclosure 3
(Refers to Para 3(a) (ii))

**CERTIFICATE: RELAXATION OF RULES FOR CONSIDERATION
OF REIMBURSEMENT IN EXCESS OF THE APPROVED RATES
PERTAINING TO MEDICAL CLAIMS UNDER ECHS**

1. I, No. _____, Name _____ am an ECHS beneficiary having ECHS Card No. _____.

OR

Name _____ is an ECHS beneficiary having ECHS Card No. _____ and is wife/Son/Daughter/Parent/Brother/Sister of No. _____ Name _____.

2. Said patient, Name _____ was brought to this Hospital (Name _____) located at _____ in emergency condition. Emergency is justified due to the following reasons: - (Details of medical condition by Hosp)

3. Patient had head injury/was in coma/had Septicemia/suffered multiorgan failure/Multiple fractures (RTA)/etc (Acute emergency which has to be specified) and was brought _____ at/Came at _____ (Time) hrs on _____ (Date) at my hospital.

4. Patient was hospitalized from _____ to _____ in my hospital.

5. Medical condition of the patient did not allow him/her to go to any Service/Govt./Emp Hospital.

Sign of Individual/Next of Kin/Dependant
With Date

Sign of Treating Hosp
with Stamp and date

Enclosure 4
(Refers to Para 3(a)(iii)

**CERTIFICATE: RELAXATION OF RULES FOR CONSIDERATION
OF REIMBURSEMENT IN EXCESS OF THE APPROVED RATES
PERTAINING TO MEDICAL CLAIMS UNDER ECHS**

1. I, No. _____, Name _____ am an ECHS beneficiary having ECHS Card No. _____.

OR

Name _____ is an ECHS beneficiary having ECHS Card No. _____ and is wife/Son/Daughter/Parent/Brother/Sister of No. _____ Name _____.

2. Said patient, Name _____ was brought to this Hospital (Name _____) located at _____ in emergency condition. Emergency is justified due to the following reasons: - (Details of medical condition by Hosp)

3. Patient was admitted as a case for advance malignancy (Specify nature) _____ at _____ (time) hrs on _____ (Date) at my hospital.

4. Patient was hospitalized from _____ to _____ in my hospital.

5. Medical condition of the patient did not allow him/her to go to any Service/Emp Hospital.

**Sign of Individual/Next of Kin/Dependant
With Stamp**

**Sign of Treating Hosp
with Stamp and date**

Enclosure 5
(Refers to Para 3(a)(iv))

**CERTIFICATE: RELAXATION OF RULES FOR CONSIDERATION
OF REIMBURSEMENT IN EXCESS OF THE APPROVED RATES
PERTAINING TO MEDICAL CLAIMS UNDER ECHS**

1. I, No. _____, Name _____ am an ECHS beneficiary having ECHS Card No. _____.

OR

Name _____ is an ECHS beneficiary having ECHS Card No. _____ and is wife/Son/Daughter/Parent/Brother/Sister of No. _____ Name _____.

2. Said patient, Name _____ was brought to this Hospital (Name _____) located at _____ in emergency condition. Emergency is justified due to the following reasons: - (Details of medical condition by Hosp)

3. Patient is authorised General/Semi Private/Private room (specify) and was given higher type of room _____ (specify type of room provided) as rooms as per his/her entitlement was not available during the period from _____ hrs on _____ to _____ hrs on _____ at my hospital.

4. Patient was hospitalized from _____ to _____ in my hospital.

5. Medical condition of the patient did not allow him/her to go to any Service/Govt/Emp Hospital.

**Sign of Individual/Next of Kin/Dependant
With Stamp**

**Sign of Treating Hosp
with Stamp and date**

Enclosure 6
(Refers to Para 3(a)(v)

**CERTIFICATE: RELAXATION OF RULES FOR CONSIDERATION
OF REIMBURSEMENT IN EXCESS OF THE APPROVED RATES
PERTAINING TO MEDICAL CLAIMS UNDER ECHS**

1. I, No. _____, Name _____ am an ECHS beneficiary having ECHS Card No. _____.

OR

Name _____ is an ECHS beneficiary having ECHS Card No. _____ and is wife/Son/Daughter/Parent/Brother/Sister of No. _____ Name _____.

2. Said patient, Name _____ was brought to this Hospital (Name _____) located at _____ in emergency condition. Emergency is justified due to the following reasons: - (Details of medical condition by Hosp)

3. Patient is authorised General/Semi Private/Private Ward as per his/her entitlement however he/she was suffering from _____ (write ailment with condition) which needed isolated room to avoid contacting infection and therefore was provided isolated room/private room from _____ hrs(time) on _____ (date) to _____ Hrs(Time) on _____ Date.

4. Patient was hospitalized from _____ to _____ in my hospital.

5. Medical condition of the patient did not allow him/her to go to any Service/Govt/Emp Hospital.

**Sign of Individual/Next of Kin/Dependant
With Stamp**

**Sign of Treating Hosp
with Stamp and date**

Enclosure 7
(Refers to Para 3(a)(vi)

**CERTIFICATE: RELAXATION OF RULES FOR CONSIDERATION
OF REIMBURSEMENT IN EXCESS OF THE APPROVED RATES
PERTAINING TO MEDICAL CLAIMS UNDER ECHS**

1. I No. _____, Name _____ am an ECHS beneficiary having ECHS Card No. _____.

OR

Name _____ is an ECHS beneficiary having ECHS Card No. _____ and is wife/Son/Daughter/Parent/Brother/Sister of No. _____ Name _____.

2. Said patient, Name _____ was brought to this Hospital (Name _____) located at _____ in emergency condition. Emergency is justified due to the following reasons: - (Details of medical condition by Hosp)

~~3. Govt. Hospital in the city were 'on strike' form _____ hrs (time) on _____ (Date) on the day of admission.~~

~~4. Patient was hospitalized from _____ to _____ in my hospital.~~

~~5. Medical condition of the patient did not allow him/her to go to any Service/Govert/Emp Hospital.~~

**Sign of Individual/Next of Kin/Dependent
With Stamp**

**Sign of Treating Hosp
with Stamp and date**

Enclosure 8
(Refers to Para 3(b))

JUSTIFICATION FOR SETTLEMENT OF MEDICAL CLAIMS IN RELAXATION OF RULES

1. I, No _____ Rank _____ Name _____ ECHS Card
No. _____ am an ECHS beneficiary.

OR

Name _____ is an ECHS beneficiary having ECHS Card No _____ and is
wife/Son/Daughter/Parent/Brother/Sister of Army No _____ Name _____.

2. My claim has been processed as per current rules wherein only a sum of Rs _____
has been admitted as against a preferred claim of Rs _____. Additional amount is
requested to be admitted.

OR

My claim amounting to Rs _____ has been rejected as per current rules and
the same is requested to be admitted.

OR

Rules be relaxed to admit additional sum of Rs _____.

(Justification with medical facts should be given in the category applicable).

Sign of Applicant with date

Tele: 011-25682392/2011&2027
 Fax: 011-25683475
 E-Mail: dirpfcechs-mod@nic.in

Central Organisation, ECHS
 Adjutant General's Branch
 IHQ of MoD (Army)
 Maude Lines
 Delhi Cantt – 110 010

B/49783/AG/ECHS

 Sep 2018

IHQ of MoD (Navy) (SO ECHS)
 Air Headquarters (VB) (D Fin P)
 HQ Southern Command (A/ECHS)
 HQ Eastern Command (A/ECHS)
 HQ Western Command (A/ECHS)
 HQ Central Command (A/ECHS)
 HQ Northern Command (A/ECHS)
 HQ South Western Command (A/ECHS)
 EoI, Kathmandu, Nepal

TRAVELLING ALLOWANCE FOR ECHS PATIENTS

1. Refs :-

- (a) Para 12 of GOI (MoD) letter No 24(8)/03/US(WE)/D(Res) dt 19 Dec 2003.
- (b) GOI (MoD) letter No 22(02)/11/US (WE) / D (Res) dt 10 May 2013.
- (c) GOI (MoD) letter No 22D(18) /2017/WE/D (Res-I) dt 07 Aug 2018 (copy enclosed).

2. Govt has eased out TA norms as per Para 1 (c) above wherein patients can travel by any mode including own vehs / Pvt transport and claim TA limited to entitled Expcdr / actual whichever is less.

Admissibility

- 3. No DA is admissible for any move of ECHS member or their dependent/ Attendant for outstation treatment.
- 4. TA will only be admissible to ECHS beneficiaries on the following grounds:-
 - (a) Travelling Allowance for onward and return journey undertaken for medical treatment is admissible to ECHS beneficiaries for treatment in another city, if such treatment is **not available in the same city**. Referral to outstation specialised centres will only be on the recommendations of an authorised service medical doctor or an ECHS medical doctor. The actual referral will have to be signed by the Officer In Charge (OIC) of the Polyclinic.

- (b) Non availability of treatment in the city implies that there is no Service/Private empanelled hospital providing the required treatment in the town/city of Parent Polyclinic of ECHS beneficiary.
- (c) In case desired treatment is not available in the station of parent PC, patient can choose any city within the RC where this treatment is available. TA will be, however, allowed only if it happens to be closest station from the parent PC city.
- (d) Patient can choose any city (any emp hosp in the country) for treatment. While treatment is allowed but TA will be allowed if the selected facility is Not available in any city of RC.

Journey By Rail

5. Amount admissible will be limited to rail fare as per entitled class as applicable at the time of retirement by shortest/main route, or actual expenditure, whichever is less. Original ticket(s) is/ are to be attached in support of expenditure alongwith the claim.

Journey by Civil Air

6. Reimbursement of air travel in emergency case will be considered on merits of individual case by the Ministry in consultation with MoD (Fin) provided the Medical Officer of Polyclinic or the Specialist at Service Hospital certifies in writing that the air travel was absolutely essential and that travel by other means i.e. by rail or road etc would have definitely endangered the life of the patient or involved the risk of serious aggravation of the condition of the patient.

Journey by Road

7. Road journey by public bus can be performed between places not connected by rail or otherwise, at the discretion of the patient in the entitled class as applicable at the time of retirement by shortest/main route. ECHS beneficiary can also travel by taxi/ private car / ambulance / any mode of transport, however, the amount will be reimbursed based on certificate rendered by ECHS patient in support of the expenditure alongwith the claim. Amount admissible will be restricted to rail fare as per entitled class/ Govt bus rates (when places not connected by rail) as applicable at the time of retirement by shortest / main route or actual expenditure whichever is less.

Journey by Sea or by River Steamer

8. The amount admissible will be limited to the steamer fare as per entitled class, as applicable at the time of retirement to the nearest port. However, if the journey is performed by Air, the amount will be restricted to steamer fare as per entitled class as applicable at the time of retirement to the nearest port or actual expenditure whichever is less.

Conveyance for Attendants

9. Conveyance is admissible for one attendant when accompanying a patient, provided escorting is considered essential by the medical authorities. The Service Medical Doctor or the ECHS Medical Doctor attending to the patient should certify, in writing, that it is unsafe for the patient to travel alone and an attendant/escort is necessary to accompany the patient. Entitlement of attendant for travelling allowance will be the same as applicable to the patient.

Organ Donor

10. Reimbursement of Travelling Allowance to the Kidney Donor in connection with the journeys undertaken for donation of Kidney is admissible at the following rates:-

- (a) If the Donor is a non-ECHS beneficiary. Will be admissible at the rates applicable to the recipient ECHS beneficiary.
- (b) If the Donor is another ECHS beneficiary. Will be admissible at the rate applicable to the Donor.

Ambulance Charges

11. Ambulance service authorised in polyclinics/Military Hospital may be utilised for patients when being referred to Service/Epanelled Hospital in the same city. However, if Ambulance is not provided and Medical Authority (Medical Officer of Polyclinic or the Specialist at the Service Hospital) certifies in writing that conveyance of the patient by any other mode would definitely endanger the life of the patient or involve the risk of serious aggravation of his /her condition, expenditure incurred on engagement of Ambulance used to convey the patient will be reimbursed provided that the journey is undertaken within the same city.

12. Station Commanders, who reimburse claim, must ensure the following:-

- (a) Pay range for admitting travel class entitlement of patient will be the pay scale of ESM at the time of retirement.
- (b) Road journey by public bus can be performed between places not connected by rail or otherwise, at the discretion of the patient in the entitled class as applicable at the time of retirement by shortest/main route. ECHS beneficiary can also travel by taxi/ private car / ambulance / any mode of transport, however, the amount will be reimbursed based on certificate rendered by ECHS patient in support of the expenditure alongwith the claim. Amount admissible will be restricted to rail fare as per entitled class/ Govt bus rates (when places not connected by rail) as applicable at the time of retirement by shortest / main route or actual expenditure whichever is less.
- (c) No TA is admissible in case referred in the same city.
- (d) No DA will be admissible under any circumstances.
- (e) No advance is admissible for the journey.
- (f) Reimbursement of air fare not permissible except in cases of emergency, as specified at Paragraph No 5 and 7 above.

13. ECHS beneficiary is supposed to put the claim to Stn HQ through Parent PC under which the said parent polyclinic has been placed. To ensure timely payment and avoid any misuse, the following norms will be followed :-

(a) Documents to be Submitted.

- (i) Proof of membership (Photocopy of ECHS Card/ Receipt authenticated by OIC Polyclinic). Date of membership to be clearly visible.
- (ii) Referral form mentioning referral No of the Polyclinic.
- (iii) Emergency certificate by treating Hospital (if applicable).
- (iv) Emergency bills superscribed in Red (if applicable).
- (v) Contingent bill.
- (vi) Original tickets of the patient, original tickets of the attendant (if applicable).
- (vii) Certificate by outstation Service Hosp about treatment having been taken as referral ID is not generated in such cases.
- (viii) Details of bank account number, IFSC code, name & address of bank is required for E-payment, hence a cancelled cheque is reqd to be attached.

(b) Mandatory Endorsement of Claim ID. TA is auth in case patient is given Out Stn referral. All OPD / IPD referrals are followed by claim ID (Hosp claims / Indl reimbursement claims). These will be prominently endorsed in red colour on Top Right Corner of the contingent bill. No bill will be passed without claim ID unless the patient has been treated in a Service Hosp for which a certificate will be attached.

(c) OIC PC will endorse on the contingent bill that the place to which TA is being allowed is the nearest city from parent PC and no emp facility exists in the city of Parent PC in accordance with GOI (MoD) letter No 22D(18) /2017/WE/D (Res-I) dt 07 Aug 2018. Automation is being also attempted wherein OIC PC will be able to confirm about TA entitlement at the time of giving City based referral.

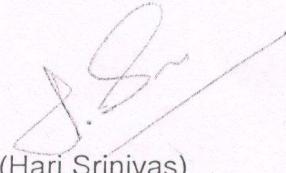
(d) In case of patient having accompanying member, copy of such claims will also be forward to concerned Regional Centre for records.

14. Two sets of documents as per Para 12 above will be prepared and disposed as under till the time 'Online billing' process for TA commences :-

- (a) One copy to be retained at PC.
- (b) One copy to be sent to Stn HQ.

15. In case of claim of attendant, three sets of documents will be prepared wherein the third copy will be sent to concerned RC for monitoring.

16. Local Stn HQs will not put any requirement of additional docs to ensure uniformity in processing.



(Hari Srinivas)
Gp Capt
Dir (P&FC)
for MD ECHS

Encls : four pages.

Copy to :-

MoD (DoESW) - for info wrt letter at Para 1(c) above.

- Please hand over one copy to each Stn HQ & PC under AOR.

(All RCs)

UTI ITSL

- For creating a provision of TA entitlement for beneficiary by OIC PC once he / she decides Place of treatment. Available facilities with valid MoA be mapped as discussed on 13 Sep 2018.

Internal :

All Secs

- for info. S & A Sec to upload on ECHS website.

**Enclosure 10
(Refers to Para 3(c))**

**JUSTIFICATION APPROVAL OF AIR FARE WITH OR WITHOUT ATTENDANT ON THE
ADVICE OF THE TREATING DOCTOR FOR TREATMENT IN ANOTHER CITY EVEN
THOUGH HE/SHE IS NOT ELIGIBLE FOR AIR TRAVEL/TREATMENT FACILITIES ARE
AVAILABLE IN CITY OF RESIDENCE**

1. I, No _____ Rank _____ Name _____ ECHS Card No. _____ am an ECHS beneficiary.

OR

Name _____ is an ECHS beneficiary having ECHS Card No _____ and is wife/Son/Daughter/Parent/Brother/Sister of Army No _____ Name _____.

2. I was evacuated from _____ (station) on medical advice/without medical advice with/without attendant by air till _____ on _____ (date with time).

3. I am not entitled for air travel due to _____.

4. (a) My justification for allowing airfare is as under (Detailed justification):-

(b) Justification for Attendant (where accompanied):-

Sign of Applicant with date

Sign of Applicant with date

Enclosure 11
(Refers to Para 3(d))

REPRESENTATION FROM ECHS BENEFICIARIES SEEKING FULL
 REIMBURSEMENT UNDER SPECIAL
 CIRCUMSTANCES, WHICH ARE NOT COVERED

1. I, No _____ Rank _____ Name _____ ECHS Card
 No. _____ am an ECHS beneficiary.

OR

Name _____ is an ECHS beneficiary having ECHS Card No _____ and is
 wife/Son/Daughter/Parent/Brother/Sister of Army No _____ Name _____.

2. My condition is not covered by any of the stated condition in GoI MoD(N) letter No 22A
 (37)/2018/WE/D(Res-I) dated 15 Jan 19 (**Encl 1**), however, the following peculiarities of my
 condition justify relaxation of rules/full reimbursement in my case(Details to be given):-

Sign of Applicant with date

Sign of Applicant with date