

A Contribution from Volunteers

STEP – BY - STEP PROCEDURE

HOW TO CLAIM REIMBURSEMENT OF COST OF CONTINUOUS TREATMENT (CT) MEDICINES

Version 25 Jun 2020 → 02 Nov 2020 → 07 Jun 2021

For any queries, WhatsApp message to Cdr Santhanam @ 97400 72879

References

1. CO ECHS Letter B/49761/AG/ECHS dated 23 Mar 20, 24 Apr 20, , 02 Jun 20 , 07 Aug 20, 06 Oct 2020, 01 Jan 2021 – REIMBURSEMENT OF MEDICINES – SPECIAL SANCTION IN VIEW OF COVID-19
2. CO ECHS Letter B/49761/AG/ECHS dated 16 Apr 2021 REIMBURSEMENT OF MEDICINES – SPECIAL SANCTION IN VIEW OF COVID-19

A) INTRODUCTION

- The above letters provide sanctions for ECHS Beneficiaries to purchase medicines as per Prescription of Polyclinic Doctor / Service Hospital/Empanelled Hospital/Sehat OPD, irrespective of NA or otherwise. and submit claims for reimbursement.
- The Beneficiaries can purchase medicines any day before or on 31 Jul 2021 as per date of prescription. If purchased in Jul 2021, it can be purchased for 30 days.

B) PROCEDURE TO CLAIM REIMBURSEMENT

a) Preparation of the Claim - Keep the following documents scanned to submit your Reimbursement Claim by Email.

- i) 32 KB or 64 KB ECHS Smart Card of the patient(s) – Write Card Holder's Mobile Number, Personal number, Full Local Address, and affix signature of the patient at the bottom left-hand side

(Required to be submitted with each set of claim)

OR

- ii) If You **Do Not have an ECHS Smart card**, a copy of the Valid Temporary Slip (signed by OIC PC is valid) issued on Patient Name - Write Mobile Number, Personal number, Full Local Address and affix signature of the holder at the bottom left hand side.

(Required to be submitted with each set of claim)

The information contained in this document is only for the information of the intended recipient.
The contents shall not be modified & published, without the prior written consent of the
Administrator, Helping Hands for ECHS WhatsApp group

A Contribution from Volunteers

- iii) For Dependent Children above 18 Years – In addition to above **(i) or (ii)**, enclose the Valid Self Attested Dependency Certificate.
- iv) Copy of Prescription issued by the Doctor, as defined above
- v) Copy of cheque leaf of main ECHS Beneficiary Bank account and affix signature at the bottom left (Preferably, use Cheque leaf of the Bank from where Pension is being drawn)

OR

In case Cheque leaf is not available, enclose Copy of First Page of Bank Passbook containing Bank Name, Account Number, IFS Code, and Bank full address

(Required to be submitted with each set of claim)

- vi) Fill up the Contingent Bill and sign below 'RECEIVED PAYMENT'.
- vii) Affix a Revenue Stamp if the total amount in contingent bill exceeds Rs 5000.00 In case Revenue Stamp is not available in your State (Karnataka) , bring out this difficulty in the covering letter of the claim.

viii) Contingent Bill

- a. For each Patient, a separate Contingent Bill should be prepared
 - b. **Patient concerned** should sign the Contingent Bill below **"RECEIVED PAYMENT"**
 - c. In the contingent bill '**COUNTERSIGNED**' will be by **OIC Polyclinic**.
 - d. You can have One Contingent Bill for more than One Month purchase. However, each Month should have a separate Serial Number in the Contingent Bill.
 - e. A sample is shared with this Procedure
-
- ix) Copy of Medicines Purchased Bills, Date wise. List of medicines in the bill should exactly match the Doctor's prescription and shown in the Contingent Bill, for which it is claimed.
 - x) Write the Patient Name, Mobile Number and affix Signature of Main ECHS Beneficiary in each copy of the Bills in bottom left hand side.

A Contribution from Volunteers

- xi) Vitamin, Minerals and Supplements are NOT allowed , unless otherwise prescribed by the Doctor for treating the Primary Illness. If it is not prescribed by Doctor, DO NOT claim for these items.
- xii) A Covering Letter from the ECHS Beneficiary addressed to OIC Parent PC Clinic and signed by Beneficiary. The letter should indicate the following, as a minimum:
 - a. Indicate what is enclosed with this letter
 - b. Name of Patients. For Spouse or Dependent write “Wife or Husband Of or Dependent Of” the Name of Main ECHS Beneficiary, who is submitting the claim
 - c. Personal No, Rank, Full Local address, Mobile Number , Patient Aadhaar Card Number (Provide it if available)
 - d. Affix the signature of the main ECHS Beneficiary in the covering letter

b) Submission of Claims

- Once you have the above documents completed in all respects, SCAN each sheet and SAVE in your Computer or Laptop in .pdf format

NOTE:- Do not Save as an image on Scanning or take a photograph of the documents as the size of the document may be very large and cannot be sent by email. All mobile phones can be installed with free scanning apps.
- Double check your claim and ensure no errors. Typically Bills must match with the Prescription, is one example.
- Email the above set of scanned documents to your Polyclinic email ID. (You can find the email ID easily using your ECHS Mobile App)
- Submit the originals of bills and other scanned copies to your Polyclinic. Obtain a receipt of having submitted, from the Polyclinic on the second copy of covering letter, for your record. You can send the originals by Regd Ack Due or Speed post as well to the PC.

A Contribution from Volunteers

- Once your claim is verified by the Polyclinic and uploaded in the UTI Portal, you will receive a Claim ID as a SMS message. This is an 8-digit number. Using this you can track the status of your claim online from mobile or computer.
(Refer Procedure to Track your claim status published by me on 10 Oct 2020).
- If there are any queries on your claim from various stages, provide answers / details promptly, so that your claim moves towards payment. The queries can be seen when you check claim status.

JAI HIND