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Dated:

No. 99/1/04-UTFII(12)-2013/ CHANDIGARH ADMINISTRATION FINANCE DEPARTMENT

Chandigarh, dated the 11,2,13

To

All Administrative Secretaries/ Heads of Departments/Offices in Chandigarh Administration

submission Proforma/checklist regarding Subject:medical bills for reimbursement.

Sir,

I am directed to address you on the subject noted above and it has been observed that while seeking approval for reimbursement of medical claims beyond Rs. 75000/- from this department, the respective Administrative Departments do not send the case complete in all respects indicating the relationship of the dependent/family member of a Govt. Servant and the period of treatment etc which lead to unnecessary delay in approving the reimbursement of the medical claim(s). The matter has accordingly been considered in its entirety and the departments are advised that while sending the case for approving the reimbursement of medical claims to this department, they may ensure that their proposal contain the information in the following format: -

Verified Claimed Period of Treatment Relationship Name of p/, amount Name of taken from amount treatment Nodal Officer the Govt. Dependent the and Servant/ concerned Pensioner Controlling Officer

and also contain the following documents for perusal

Affidavit clearly indicating that the spouse/parent in r/o which the medical reimbursement claim has been submitted 2. is fully dependent upon him/her and that he/she is income tax payee.

Certificate to the effect that the bill has been verified by PMO/DHS and a certificate from Controlling Officer to 3. effect that the claim of all the medicines is reimbursed under the Medical Attendance Rules, 1940.

Certificate to the effect that the audit functionary working 4. in the department has also verified the bill.

Yours faithfully.

t Finance-Ii for Finance Secretary, Chandigarh Administration.