

NORTHERN POWER DISTRIBUTION COMPANY OF A.P. Ltd.

CORPORATE OFFICE :: WARANGAL - 506 004.

Circular Memo. No. CGM(HRD)/JS/GM(IR)/AS-IR/PO.F/F.No. 18/12. Dt: 14-12-12.

Sub : AP NPDCL / Wgl - Medical Reimbursement of medical bills to serving employees / Pensioner and their dependants / Family Pensioners - Further instructions - Reg.

Ref : 1. T.O.O. (Addl. Secy.-Per) Ms. No. 301, Dt : 31-03-2009
2. N.O.O. (CGM-HRD) Ms. No. OS, Dt: 06-04-2009
3. T.O.O. (ED/Mechl.) Ms. No. 16, Dt : 08-04-2011
4. T.O.O. (CGM - HRD) Ms. No. 77. Dt : 07-05-2011
5. N.O.O. (CGM - HRD) Ms. No. 203, Dt : 02-08-12
6. Circular Memo. No. ED(Mechl.) / AS(M&P) / PO(Med)/MR/M4/305/2011, Dt : 23-01-12.

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The APTRANSCO vide its Circular Memo. No. ED (Mechl.)/ AS(M&P)/ PO(Med)/ MR/ M4/ 305/ 2011, Dt: 23-01-12 under reference 5th cited has issued the following orders and directs to follow the guidelines scrupulously in forwarding the applications / proposals.

2. Accordingly, all the Chief Engineers' & Superintending Engineers' are requested to follow further guidelines scrupulously in forwarding the applications / proposals and a help desk may be formed with the person at zonal level / circle level who is looking after the medical subject to guide the employees / pensioners / family pensioners in forwarding the bills and applications duly following the rules in vogue for claims and seeking of credit cards.

1. The claim is to be preferred within 3 months from the date of discharge of the patient from hospital.
2. The application format should be in six page Nos. only as prescribed by AP NPDCL along with declaration certificate of dependency.
3. The application should be signed by the controlling officer/forwarding officer with date and stamp without the dated bills by the controlling officer, the same shall not be admitted.
4. All the columns in the check list of application has to be filled up by the employee/pensioner.
5. Essentially Certificate 'A' for outpatient treatment and 'B' for inpatient treatment to be invariably furnished and duly filled in and signed by the medical attendant / Doctor who treated the patient with date and seal of the Doctor.
6. The cash receipts are to be counter signed by the Doctor together with name & seal of office who treated the patient, Lab test, Pharmacy should be accompanied with prescription slips issued by Doctor.
7. The dated cash receipts are to be enclosed along with application.
8. The dated cash receipts and the amount claimed should be tallied for total claim.
9. The bills should be claimed only under Bill No. on each bill, without bill No. the same shall be rejected.
10. The employee / pensioner is required to furnish the total amount of reimbursement sanctioned to him / her in earlier occasions so far, without said details, bills shall not be forwarded.
11. The application for reimbursement of personal bills have to be furnished in two sets i.e., (one original and one duplicate).
12. The employee / pensioner is required to obtain prior permission from competent authority i.e., Chairman & Managing Director for taking treatment outside the state or unrecognized hospitals.
13. The detailed discharge summary shall be furnished along with application for claims & reimbursement.

(Contd ... 2)

14. Employee with I.D. No. / Pensioner with PPO No. and contact number to be mentioned on the application form.
15. All the original medical bills are to be endorsed by the employee as "Paid by me" and affix signature for personal bills claim. The claims shall be supported by payment receipt of the hospital.
16. An attested Xerox copy of age proof of patient incase of dependant son / daughter of employee / pensioner.
17. The treatment for Ophthalmology and Dental and other ailments should be taken in recognized hospitals by AP TRANSCO / AP NPDCL only, other than in recognized hospitals reimbursement is not allowed except in emergency conditions.
18. The bills of Ophthalmology and Dental should be furnished with bill no. & date issued by the hospital authorities.
19. If employee of AP NPDCL spouse is working in AP TRANSCO / AP NPDCL / Other DISCOMS / Central Government / State Government / Corporation / Local Bodies and private Organisation should submit a declaration stating that they shall avail medical facility from any one side only and also a no-objection certificate from the department where spouse is working, shall be submitted.
20. In case any fracture cases, bills shall be admitted only with MLC No. or on FIR in case of RTA / Accidents / Fracture.
21. All the employees / pensioners / family pensioners are directed to affix their signature / attendant on completion of inpatient treatment obtained on credit card and also seek a copy of the bills.
22. If the application does not confirm to any one of the above points, the application shall not be processed for admission of claim.
23. The Head of the Department shall affix signature with date of receipt of medical claims, any bill beyond 3 months from date of discharge shall not be entertained except in case of death, 6 months period from the date shall only be allowed for claim.
24. The detailed bill should be along with break up of investigations / operation charges / pharmacy charges / accommodation etc.,
25. Bills preferred for medical reimbursement from the insurance company also be allowed only for balance portion of the bills unclaimed against the insurance, if any, on production of original payment receipts along with bills.

Procedure for issue of credit cards :

- i. The patient shall be admitted in recognized hospitals only and on estimation from the hospital with IP No. / ID No. of employees / PPO No. of pensioners and disease code as per CGHS tariff accompanied with two passport size photos of the patient with attestation of the controlling officer on the back side of the two passport size photos be sent to the Chief General Manager (HRD) through proper channel.
- ii. If the patient requires continuous treatment and in need for credit card for second and subsequent times he / she shall submit the tentative bill obtained from the hospital for the amount already issued as credit card for the treatment of further estimation.

All the relevant formats are enclosed herewith :

- i. Medical claim form
- ii. Family Declaration
- iii. Proforma of declaration certificate of dependency to be declared every year.
- iv. Non-Drawal / declaration to be submitted along with bills.

3. Apart from the above, the medical reimbursement bills received in the Circle Office should be thoroughly scrutinized by the AO (Exp.) of Circle in terms of existing orders / rules in vogue. The claims should be verified with reference to CGHS / NIMS rates as the case may be and applicable and scrutiny statement should be made out clearly furnishing the details of Bills, amount claimed, amount allowed and amount disallowed duly recommending the amount for sanction. Bills received without scrutiny statement of AO (Exp.) of Circle Office shall not be considered.

(Contd.....3)

4. The Superintending Engineer / Operations while submitting the medical bills to the Corporate Office / Warangal should invariably indicate amount recommended by the AO (Exp.) for reimbursement, name of the patient, name of the employee / pensioner, family pensioner, designation etc., in the covering letter without fail.

5. While submitting the medical claims, the Superintending Engineer / Operations should invariably indicate the so far avilment particulars (medical reimbursement sanction, credit cards issued) by verifying the medical records, sanctions at Circle level and at Corporate Office level from 01-04-2009 onwards in the following heads :

- i. Under minor ailments (normal ceiling)
- ii. Under major ailments (modified medical scheme)
- iii. Under self funded scheme.

6. In many cases, it is observed that medical reimbursement bills are submitted to the Corporate Office / Warangal at a time in bunches. As such, the Superintending Engineer / Operations should ensure that the medical bills are scrutinized at AO (Exp.) wing in time and submitted to the Corporate Office / Warangal and avoid sending bills in bunches to the Corporate Office / Warangal.

7. Concerned Officers shall recover the amounts towards the inadmissible items along with compliance report simultaneously keeping track of the incumbent's avilment particulars, making necessary entries in Service Register / Pension records as the case may be as instructed in the sanction orders.

Encls : As above (09 papers)

G. VEERAMALLU
CHIEF GENERAL MANAGER (HRD)

To

All the Superintending Engineers / AP NPDCL / Warangal
All the Divisional Engineers / AP NPDCL / Warangal

Copy to :

The Chief Engineer / Zone / Warangal & Nizamabad.
The Chief General Managers / AP NPDCL / Warangal
The General Managers / AP NPDCL / Warangal
The P.S. to Director / Operation / P&MM / Projects / HRD / Finance / NPDCL / Wgl.
The Company Secretary Gr. III / AP NPDCL / Warangal.
The Pay Officer / AP NPDCL / Warangal.
All the Senior Account Officers / Corporate Office/ AP NPDCL / Warangal.
All the Assistant Secretaries / AP NPDCL / Warangal.
All the Personal Officers/ AP NPDCL / Warangal.

The De / Tech to Chairman & Managing Director / AP NPDCL / Warangal.

The Company Secretary / APE Employees Union (Regd. No. 1104) H.No. 2-8-474/2, Srinagar Colony, NGO's Colony road, Hanamkonda.

The Company Secretary / APSE Employees Union (Regd. No. 327) H.No. 2-8-464/3, Srinagar Colony, Ngo's Colony Road, Hanamkonda.

The Company President / Telugunadu Vidyuth Karmika Sangam (Regd. No. B1245), H.No. 10-3-241, Sapthagiri Residency, Flat No: 101, Vidyanagar, Karimnagar.

The Company Secretary / Telangana Rastra Vidyuth Karmika Sangam (H-58) O/o. SE/OP/Karimnagar.

The Company Secretary, United Electricity Employees Union (Reg. No. 1829) H.No. 4-1-258, Indiranagar Colony, Khammam.

The Company Secretary / APSEB Engineers Association (Regd. No. 874 / 75) H.No. 2-7-633, Subedari, Hanamkonda, Warangal.

The Company Secretary , Telangana Vidyuth Engineers' Association, (Regd. No. 1438/2007) O/o:DE/Con/Karimnagar.

(Contd 4)

The General Secretary / AP Power Diploma Engineers Association (Regd. No. B-473) H.No. 1-7-1008/DIPEE Bhavan/Hunter Road, Warangal.

The Company Secretary / APSEB Assistant Engineers Association (Regd. No. 1185) O/o. DE/Const/Warangal.

The Company Secretary / APSEB Accounts Officers Association (Regd. No. C-5) O/o. CGM(Expr.) / NPDCL/Wgl.

The General Secretary / APSEB Junior Accounts Officers Association O/o. Corporate Office / Warangal.

The General Secretary / APSEB Secretariat (P&G) Employees Association (Regd No. 54/1969, O/o. CGM(HRD)/APNPDCL / Warangal.

The Company Secretary / BC Employees Welfare Association (Regd. No. 1681) O/o. AAO/ERO/R/Hanamkonda.

The General Secretary, SC-ST Employees Welfare Association O/o. AAO/ERO/T/Hanamkonda. H.No. : 6-1-210, Royal Towers, Flat No. 202, (Sri Sriram Nayak, Sr. Asst. / CRS / Wgl)

The Company Secretary, Electricity OC Employees Welfare Association (APNPDCL), H.No. 3-285/9, Shayamala Durga Das Colony, Hanamkonda - 506370.

The Secretary General, Telangana Genco, Transco, Discoms SC/ST employees Welfare Association, (Regd. No. 202 of 2010) # C-37, A-Colony, Ramagundam, Karimnagar (D).

The Founder President Telangana Electricity Employees Association, Regd.No. H.61/2005, D.No. 14-3-237, Goshamahal, Begum Bazar, Hyderabad.

The Founder & State President, A.P.E.E.M.M. Association D.No. 12-3-670-1, Jesus Nagar, Opp: D4 section, APCPDCL, Ananthapur - 515001.

The Secretary / NPDCL Pensioners' Welfare Association (Regd. No. 607/07) H.No. 2-7-689, Plot No. 195, Excise Colony, HNK, Warangal.

The Secretary / The Dist. APSEB Retired Officials Welfare Association Regd. No. 205/2005, VDO's Colony, 6-1-15, Khammam - 507002

The Secretary APSEB Retired Officials Welfare Association. # 1-7-852, 12th Lane, Santhinagar, Hunter Road, Hanamkonda - 506001.

Stock File // Spare.

// FORWARDED BY ORDER //

PERSONAL OFFICER

NORTHERN POWER DISTRIBUTION COMPANY OF A.P. Ltd.

Claim for reimbursement of Medical charges for inpatient treatment

(Check list to be signed and furnished by the APNPDCL Employee)

(THROUGH PROPER CHANNEL)

1. All the columns of the application form have been filled in properly ()
2. The bill has been submitted along with Essentially Certificate-A for the treatment at out-patient by furnishing all the particulars and signed by the medical attendant who treated the patient. ()
3. The bill has been submitted along with the Essentiality Certificate-B for the treatment as in-patient by furnishing all the particulars and signed by the medical attendant who treated the patient and countersigned by the head of the hospital. ()
4. The name of the disease has been indicated in the Essentially Certificates in block letters. ()
5. The period of treatment has been specially indicated in the essentially certificate ()
6. The case doctor has signed on the Essentially Certificate and countersigned by the Head of the Hospital (with stamp). ()
7. All the columns of Essentially Certificate-A/B have been filled in PROPERLY ()
8. All the cash receipts are within the period of treatment. ()
9. The cash receipts have been countersigned by the Doctor (with stamp) who treated the patient. ()
10. The name of the patient and name of the doctor has been indicated In all the cash receipts. ()
11. All the cash receipts enclosed to the medical reimbursement claim are dated. ()
12. The total amount of cash receipts tallied with the amount claimed. ()
13. The duplicate bill with the copies of the original bills has been submitted. ()
14. All the cash receipts enclosed to the medical reimbursement application has to be signed by the employee declaring as "Paid by me". ()

(SIGNATURE OF THE EMPLOYEE / CLAIMANT)

Certificate to be furnished by the
Forwarding Officer.

1. The bills is submitted within three months from the date of completion of treatment.
2. The application is as prescribed by the APNPDCL
3. The application form has been signed by the employee/ countersigned by the controlling officer with dates.
4. The name of the disease is indicated in Block Letters in the essentiality certificate certifying that it is a chronic disease.
5. The medical bill of the employee has been thoroughly scrutinized in the light of the instructions and guidelines issued in Para 14 of Boards Memo. No. DP/DM(A)F3/2487/85-16, Dt: 25-04-89 READ WITH N.O.O. (CGM-HRD) Ms. No. 08 dt: 6-04-2009, N.O.O. (CGM-HRD) Ms. No. 77, dt : 07-05-2011, N.O.O. (CGM-HRD) Ms. No. 203, dt:02-08-2012 and circular Memo. No. CGM (HRD) / JS/GM(IR) / AS.IR/PO.F/F.No.18-12, Dt: 14-12-2012 and the statement is furnished.
6. The total amount of reimbursement so far sanctioned to the employee is Rs.....
7. Prior permission from the competent authority for taking treatment outside the state has been obtained in Memo. No., Date:
8. The claim is within the powers of Director (HRD) / Chief General Manager (HRD) Superintending Engineer as per the existing rules in vogue.
9. Amount so far availed Rs. In spells (under minor ailments / major ailments / self funding medical scheme) at Circle level and at Corporate Office as per the records.

- 1.
- 2.
- 3.
- 4.
- 5.

Signature of the claimant.

ATTESTATION OF THE
FORWARDING OFFICER
(WITH STAMP)

COMPULSORY	
Contact Phone No.s	
Res :	Office :

FORM OF APPLICATION FOR MEDICAL CLAIMS
(FOR IN-PATIENT TREATMENT)

1. Name of the employee :
2. Date of birth :
3. Designation and basic pay :
4. Section and office in which employed / office where pension is being paid. :
5. Employee ID No.
PPO No. if retired. :
6. Place of retirement (Pensioners) :
7. Present office address :
8. Actual Residential address :
9. Name of the patient and relationship (in case Of children state age also with age proof). :
10. Office and place where wife / Husband is employed (if both are employed). In that case a joint declaration regarding non-drawal of medical reimbursement in the office of Spouse is to be enclosed. (No objection certificate from department, where spouse is working to be enclosed). :
11. Name of the medical attendant and address and name of the hospital. :
12. Name of the disease in block letters :
13. Period of treatment as inpatient / Outpatient as Indicated in the certificate. :
14. If the case pertains to accident while on duty, a Detailed report on the accident is to be furnished :
15. If the case pertains to road accident a copy of FIR From the concerned Police Station is to be obtained and furnished. :

16. Details of medical charges incurred Medical attendance :
a. The No. and dates of consultation and fees paid for each consultation. :
b. The No. and dates of injections and fees paid for each injection. :
c. Details of Laboratory test (x-ray charges etc.,) :
d. Cost of medicines (Details of the consolidated medicines shall be furnished in the essentiality certificate). :
17. Hospital treatment :-
a. Accommodation Charges. :
b. Diet Charges :
c. Lab Charges (details shall be furnished) :
d. Surgeons fee. :
e. Asst. Surgeon's fee :
f. Anesthetist fee :
g. Theatre Charges :
h. Nursing Charges :
i. Blood charges :
18. Total amount claimed :
19. Less advance taken on :
20. Net amount claimed :
21. No. of enclosures :

DECLARATION TO BE SIGNED BY THE EMPLOYEE/CLAIMANT

I hereby declare that the statements furnished above are true to the best of my knowledge And belief and the person for whom the above medical expenses were incurred is wholly dependent on me.

Place :

SIGNATURE OF THE EMPLOYEE/CLAIMANT

Date :

Countersigned and forwarded to Member Secretary/Dy. Secretary (General Services) for necessary action.

Signature of the Controlling Officer)
(with date and designation and stamp)

Note :-

The claim shall be supported by essentiality certificate and cash receipts of the expenses shall be Counter signed by the doctor/Medical Officer.

All the cash receipts shall be within the period of treatment as indicated in the essentiality certificate. They must necessarily contain the name of the patient, name of the doctor and date of issue.

The claim of the employee other than those opted for treatment at the dispensary of Vidyut soudha shall be only for chronic diseases like T.B. or other major operations and the same shall be indicated by the Doctor in the essentiality certificate.

All the medical bills shall be submitted to their controlling officers within three months from the last date of the treatment period/from the date of the bill who in turn after scrutiny, forward to the sanctioning authority as per the powers delegated in B.P.Ms.No. 238, Dt: 13.12.1995 so as to enable this office to sanction the amount immediately.

CERTIFICATE 'B'

(To be completed in the case of patients who are admitted in the Hospital for treatment)

Certificate granted to Mrs. Mr./Miss _____

Wife/Son/Daughter of Mrs./Mr. _____

Employed in the _____

PART – 'A'

(To be signed by the Medical Officer in charge of _____
Case of the Hospital)

1. Dr. _____ here by certify

- (a) That the patient was admitted to Hospital on the advice of _____
(name of the Medical Officer)/on my advice.
- (b) That the patient has been under treatment at _____
And that the under mentioned.

Medicine prescribed by me in the connection were essential for the recovery/prevention of serious deterioration I the condition of the patient. The medicines are not stocked in the _____(name of the hospital) for supply to private patients and do not include proprietary preparation for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods toilets or disinfectants.

Sl.No	Name of the Medicine	Price	S.No	Name of the Medicine	Price

- (c) That the injections administered were not for immunizing prophylactic purposes.
- (d) That the patient is/was suffering from _____ (chronic/not Chronic/major operation minor operation) and is/was under treatment from _____ to _____ as in-patient and from _____ to _____ as out patient.
- (e) That the X-ray, Laboratory tests etc, for which an expenditure of Rs. _____ was incurred were necessary and were undertaken on my advice of _____ .

- (f) That I called on Dr. _____ for specialist consultation and that the necessary approval of _____ Officer of the State) as required under the rules was obtained.

Signature and Designation of the
Medical Officer in charge of the case
at the Hospital (With stamp)

PART – B

I Certify that the patient has been under treatment at _____
_____ Hospital and that the service of the special nurses for Which an
expenditure of Rs. _____ was incurred vide bills and Receipts attached were essential for the
recovery/prevention of serious deterioration in the condition of the patient.

Signature of the Medical Officer
In charge of the case of the Hospital (with stamp)

COUNTERSIGNED
Medical Superintendent

_____ Hospital.

I certify that the patient has been under treatment at _____
Hospital and that the facilities provided were the minimum which were essential for the patient treatment.

Place :

Date

MEDICAL SUPERINTENDANT
(with Stamp)

Note : Certificates not applicable should be struck off.
Certificate (d) is compulsory and must be filled in by the Medical Officer in all the cases.
The name of the disease shall be followed by the word "Chronic" / Major Operation for
reimbursement of Medical charges as per Regulation 4(f) of the A.P.S.E.B Regulations for
Reimbursement of Medical charges. The list of consolidated medicines shall be furnished in Block
Letters.

The minimum facilities certificate may be signed either by the Medical superintendent
of the Hospital concerned or another Gazetted Medical Officer who has been authorized
in this behalf by the Medical Superintendent.

FAMILY DECLARATION

This is to certify that the following are the family members and they are fully dependent on me.

Sl.No.	Name	Relation ship	Date of Birth/Age

The above information is given by me true to the best of my knowledge.

Signature of the Employee/Pensioner,
ID No./PPO.No.

DECLARATION CERTIFICATE OF DEPENDENCY

To be filled year in the month of January and to retain with HODs'

Should be given in respect of Wife/Husband/Children/Parents Dependents of Smt/Sri _____

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I hereby declare true to the best of my knowledge and believe that Smt/Sri _____

_____ aged _____ whose photos affixed Above is solely dependent on me and He/she is not having any source of income either from land property or by way of any pension. Any false found contrary to my declaration I am liable for disciplinary proceeding under Discipline and Appeal Regulations in vogue.

Signature of the Employee/Pensioner,
ID No./PPO.No.

Head of the unit

The above declaration is truly recorded

Note : For Employee : Self, souse & children (*), Mother/Father
Women Employee : Self, Husband, children (*), Mother-in-law/Father- in-Law or Mother/Father
Pensioners : Self, souse & children (*), Mother/Father
Family Pensioner : Self, Dependent children (*).

* Children up to 25 years are dependent or till they earn or marriage which ever is earlier.

The photos to be affixed above should be latest.

DECLARATION CERTIFICATE OF DEPENDENCY

Should be given in respect of Wife/Husband/Children dependents.
(each time as and when claim is preferred)

I hereby declare true to the best of my knowledge and belief that my mother/father/wife/husband/son/daughter Smt. /Sri / Kum. _____ aged _____ is solely dependent on me and he/she is not having any source of income either from land property by way of any pension. Any false found contrary to my declaration. I am liable for disciplinary proceeding under discipline and appeal regulations in vogue.

SIGNATURE OF THE EMPLOYEE/PENSIONER

THE ABOVE DECLARATION IS TRUE RECORDED

HEAD OF THE UNIT
(Signature with date)
(SHOULD AFFIX WITH OFFICE SEAL)

NON-DRAWAL DECLARATION TO BE SUBMITTED ALONG WITH BILLS

I _____ S/o/H/o/W/o. _____
O/o. _____ declare that I have
availed/not availed Credit Card facility previously for Rs. _____ and so far, no
reimbursement/Reimbursement of Medical expenses sanctioned Rs. _____ to me during existing
medical policy, the relevant sanction copy is herewith enclosed.

Signature

(Name of the Employee & Designation)
With ID.No./PPO.No.

Countersigned

Signature of the Controlling Officer
With Stamp & Date