





## Checklist for Settlement of Medical Claims through EHS Cell.(Checklist Form)

EHS Beneficiary should submit a filled-up application with supporting documents to EHS department for claiming reimbursement of medical expenditure and settlement of any advance within **06 (Six) months** of discharge from hospital / treatment taken.

Claim settlements documents should be submitted through proper channel. Competent authority for settling claim will be DDA and Account section.

**Application should be submitted along with the following documents-**

 or 	Sl.No.	Particular
	1.	<b>Covering letter/</b> self-representation by beneficiary.
	2.	Duly filled <b>Medical Claim /Reimbursement Form.</b>
	3.	<b>Checklist Form</b> for reimbursement.
	4.	Photocopy of Valid AIIMS, Deoghar <b>Smart EHS card.</b>
	5.	<b>Most recent payslip</b> showing deduction of EHS monthly contribution.
	6.	<b>OPD Prescription</b> of treating medical officer/ <b>Discharge Summary</b> (For admitted patients)
	7.	Appropriately filled up, signed and sealed <b>E-DRF form.</b>
	8.	Appropriately filled up, signed and sealed <b>E-ITRF form.</b>
	9.	Summary of medical bills claimed ( <b>Master Sheet</b> showing total claim value, filled in chronological order as per underneath format).



<b>Master Invoice Sheet</b>						
Sl.No.	Bill Number	Bill Date	Bill Amount			
			In-house Bill Amt.	Outside Bill Amt. (B)	CGHS rate of (B) [for EHS Office Use]	
<b>Aggregate Bill Amount</b>			--- (A)		---(C)	
<b>Total Bill Amount (A + C)</b>						---
			10. <b>All the original bills</b> (attested by treating Consultant & EHS beneficiary) in chronological sequence. [EHS beneficiary must keep the photocopies of all the bills for his convenience].			
			11. <b>In case treatment is taken in emergency;- (a+b+c)</b>			
			a.	Permission copy of M.S/ Executive Director (if applicable) / Intimation copy to EHS Cell during emergency for approval of treatment outside.		
			b.	A <b>self-explanatory letter</b> from beneficiary, explaining emergency circumstances.		
			c.	<b>Emergency treatment certificate</b> from concerned hospital must also be submitted.		
			12. <b>Affidavit on stamp paper</b> by claimant, no objection from any or legal heirs on stamp paper and copy of death certificate, <i>in case of death of card holder</i> .			
			13. Photocopies of claim paper & affidavit on stamp paper <i>in case original papers have been lost</i> .			
			14. Bank details ( <b>Salary Account Details</b> only) of EHS beneficiary on the specified space of Claim Reimbursement Form.			
			15. Utilization Certificate ( <b>Implant related</b> ).			