



-16-

~~Sl. No. 52 (B)~~

(Signature)

EMPLOYEES' STATE INSURANCE CORPORATION
PANCHDEEP BHAWAN : CIG ROAD : NEW DELHI

No.D-12/16/1/2003-E.VI

Dated: 7/6/2006

MEMORANDUM

Subject:- Extension of medical facilities to ESIC Pensioners through the ESIC Pensioners Medical Scheme (ESIC-PMS)

Following the approval of the Standing Committee for implementation of the ESIC Pensioners Medical Scheme w.e.f. 1/4/2006, the scheme has already been circulated amongst all concerned alongwith certain clarifications vide Memo. of even number dated 13/1/2006. However, some of the Regional Directors/Jt. Directors I/c have sought further clarifications for effective implementation of the scheme. Accordingly, the following instructions are issued with the approval of Director General in concurrence with Fin. & A/cs. Division, Hqrs. :-

- i) **Appointment of Nodal Officers:-** Regional Directors/Jt. Directors I/c of Sub-Regional Offices shall be the Nodal Officers for reference to other approved hospitals, in case such facilities are not available in ESI Hospitals/Govt. hospitals, on the basis of certificate from the respective hospitals. They shall maintain a register of such cases with all requisite details with due attestation by the Drawing and Disbursing Officer.
- ii) **Appointment of AMAs :-** At present AMAs have been appointed by the Regional Directors/Jt. Directors for the purpose of providing medical facilities to the ESIC employees working under them. These AMAs shall be recognized for the purpose of the Pensioners' Medical Scheme also as per the existing terms and conditions till the issue of specific terms and conditions for AMAs later for pensioners by this office.
- iii) If the pensioners take treatment under emergent circumstances, the reimbursement within the ceiling for such treatment in a recognized/approved hospitals shall be considered only when the medical emergency is certified by the Medical Superintendent of the ESIC Hospital of the region.
- iv) The Nodal Officer shall ensure that the ESIC pensioners shall avail medical facilities through ESIC institutions including Model Hospitals in the first instance, failing which through ESIS Institutions, wherever agreements are already existing till finalization of separate agreement with each of the State Governments for provisions of medical facilities to the ESIC pensioners.

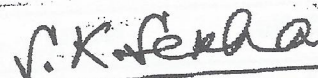
- v) Regional Directors/Jt. Directors I/c shall also explore the possibilities of tie-up arrangements with CGHS approved hospitals for the purpose of treatment of pensioners in their respective regions/sub-regions at Govt. approved rates and intimate the outcome for further action in the matter. This needs to be done apart from the agreement with the State Government.
- vi) Instruction as to the head under which the contribution, fee for medical card etc. received from the pensioners to be booked, is being issued by the Finance & Accounts Branch, Hqrs. Office separately.
- vii) In the event of scheme being misused by the pensioner, he shall be debarred from the membership of the scheme and liable for consequential penal action.
- viii) The following forms/formats are forwarded herewith for necessary action :-

1. *Application form for enrolment under ESIC-PMS-2006 (Revised).*
2. *Application form for option of fixed medical allowance under Rule 3(E).*
3. *Format of eligibility certificate for drawing fixed medical allowance.*
4. *Format of medical card.*
5. *Format of index card.*
6. *Application form for reimbursement.*
7. *Format of essentiality certificate 'A' (applicable for OPD treatment).*
8. *Format of essentiality certificate 'B' (applicable for indoor treatment).*
9. *Application form for seeking relaxation under rule 10 of ESIC-PMS.*

This issues with the approval of the Director General.

Hindi version will follow.

Encls. As above.


(S. K. SINHA)
JOINT DIRECTOR

To

1. All Regional Directors/Joint Directors Incharge D(M)D/D(M)Noida/SSMCs/Medical Superintendents of E.S.I.C. Model Hospitals/ODCs/JD(Fin.)/Account Branch-III, Hqrs.
2. All India Pensioners Federation, Chennai / ESIC Pensioners' Welfare Association, Delhi/Kolkata/Kerala/Mumbai/U.P./A.P.

APPLICATION FORM FOR ENROLMENT UNDER ESIC-PMS-2006

To

The Regional Director/Card Issuing Authority/Medical Supdts., Model Hospital
ESI Corporation,

PI
18

Dear Sir

I wish to avail medical facilities under ESIC-PMS Rules-2006 and submit the following particulars :-

1. Name (Pensioner) :
2. Residential Address with telephone no. :
3. Date of Retirement :
4. Office from which Retired :
5. Post held on retirement :
6. Last Basic Pay drawn :
7. Present Pension (excluding Dearness Relief) :
8. Whether willing to pay
Contribution based upon last
Basic pay or present pension :
9. Name of ESI Dispensary and its distance
from residence :
10. Name of ESI Hospital and its distance :
11. Following documents are enclosed :
 - (i) Combined photograph of 4cm x 6cm of self and dependant family members.
 - (ii) Copy of Ration Card attested by a group 'A' officer of ESIC or a Gazetted Officer, indicating names of dependant family members or an Affidavit attested by a Notary.
 - (iii) Eligibility certificate issued by the R.D., ESIC in Annexure-C in original under ESIC-PMS, if getting Medical Allowance.
 - (iv) Copy of P.P.O.

11. Family particulars (Under ESIC-PMS)

S.No.	Name	Date of Birth	Relationship with pensioner
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- 1.
- 2.
- 3.

12. Undertaking

I hereby declare that :-

- a) I will abide by all Rules of ESIC-PMS as amended from time to time.
- b) All the family particulars submitted by me are correct.
- c) All the dependants shown in Para 11 above normally reside with me and the income of any of the above family members does not exceed Rs. 1500/- per month.

Date _____

Signature of Pensioner

Name

(A/C)

FOR OFFICE USE ONLY

1. All entries in the application checked & all documents found correct.

2. Indicate, if any shortages

3. Contribution payable for this financial year in Rs.

Signature of Dealing Asstt.

Signature of verifying officer (at RO) and his/her recommendations

4. Medical Card to be issued / not to be issued.

Signature of Regional Director

5. Subsequent to approval of R.D., contribution of Rs. paid by the Pensioner vide Demand Draft/ Cheque No. dated Issued by the bank ----- --- branch at -----/challan No. deposited in deposited in the bank----- branch at-----

6. Medical Card No. Issued to the pensioner and entered at Sr. No. of the Medical Card Register of R.O.

Form of Application for option of fixed medical allowance under Rule 3(E)

To,
The Regional Director / Jt. Director I/c/M.S., Model Hospital
Employees State Insurance Corporation
Regional Office / Sub-Regional Office

Dear Sir,

I, hereby opt for fixed medical allowance under Rule 3(E) of ESIC-PMS. As such, I request you to kindly issue me Eligibility Certificate and oblige so that I may draw fixed medical allowance from your office.

Dated : _____

Signature of Pensioner

Name _____

Eligibility Certificate for drawing Medical Allowance

1. Certified that the ESIC Pensioner Shri _____ has submitted documents in support of the fact that he resides at the address

_____.

2. Certified that the ESIC Pensioner Shri _____ who has opted to avail fixed medical allowance under Rule-3 (E) of ESIC-PMS is entitled to receive fixed medical allowance under ESIC-PMS.

**Signature of Card Issuing Authority /
concerned Regional Director Jt. Director I/C with Stamp**

Dated



MEDICAL CARD

<p>(LOGO OF ESIC)</p> <p>EMPLOYEES' STATE INSURANCE CORPORATION</p> <p>PENSIONERS' MEDICAL CARD</p>	<p>Medical Card No.....</p> <ol style="list-style-type: none"> 1. Name of Pensioner. 2. Post held on retirement. 3. Last basic Pay Drawn. 4. Pension on date of issue of card 5. Residential Address. 6. Dispensary allotted. 7. Rate of contribution paid per month. 8. Signature of Pensioner. 9. Signature & Stamp of Card Issuing Authority. 																								
<p>Particulars of family :-</p> <table border="1"> <thead> <tr> <th>S.No.</th> <th>Name</th> <th>Date of Birth</th> <th>Relation</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td></td></tr> </tbody> </table> <p>4 x 6cm photograph of the family members to be affixed.</p> <p>To be signed and stamped by Card Issuing Authority.</p>	S.No.	Name	Date of Birth	Relation	1.				2.				3.				4.				5.				<p>INSTRUCTIONS TO THE CARD-HOLDER</p> <ol style="list-style-type: none"> 1. The Card-holder must keep this card under safe custody, any loss of the card should be reported to the Card Issuing Authority and the nearest Police Station.
S.No.	Name	Date of Birth	Relation																						
1.																									
2.																									
3.																									
4.																									
5.																									



INDEX CARD

ESIC Pensioners' Medical Scheme

- 1. No. or Name of ESI Dispensary :
- 2. Name of Card Holder :
- 3. Medical Card No. :
- 4. Residential Address :
- 5. Telephone No. (Res.) :
- 6. Particulars of family :

S.No.	Name	Date of Birth	Relationship with pensioner
1.			
2.			
3.			
4.			
5.			

Application form for Reimbursement of medical expenses incurred in a hospital to which the ESIC-Pensioner was referred by E.S.I. Hospital or by a Hospital authorized under ESIC-PMS.

To

**The Regional Director/Jt Director I/C/M.S., Model Hospital
E.S.I. Corporation
Regional Office/Sub-Regional Office,**

Dear Sir,

I am submitting my Medical Reimbursement Claim for the expenses incurred by me for treatment of myself / my dependent family member. I am submitting the following information/documents for further action.

1. Name of Pensioner
2. Medical Card No.
3. Rate of monthly contribution during period of treatment
4. Name of the patient & relation with pensioner.
5. Period of treatment.
6. Name of Hospital/address where treatment was taken.
7. Name of Hospital
8. Particulars of amount claimed.
 - (i) Total cost of medicines Rs.....
 - (ii) Accommodation charges Rs.
 - (iii) Charges for lab, tests Rs.
 - (iv) Doctors' fee, if any, Rs.....
 - (v) Any other expenses Rs.
 - (vi) Total Amount claimed
9. List of enclosure :-
 - (i) Photocopy of Medical Card.
 - (ii) Total No. of vouchers/bills in original, countersigned by M.S.
 - (iii) Reference Slip.
 - (iv) Essentiality Certificate issued by the M.S. of the hospital where treatment was taken.

Dated :

Signature of Pensioner
Name of Pensioner

**ESSENTIALITY CERTIFICATES
CERTIFICATE 'A'**

(to be completed in the case of patients who are not admitted to hospital for treatment)

Certificate granted to Mrs.Mr./Miss _____ wife/son/daughter of
Mr. _____ pensioner of _____
I, Dr. _____ hereby certify.

- a) that I charged and received Rs. _____ for consultation on _____ (Dates to be given) at my consulting room, at the residence of the patient.
- b) that I charged and received Rs. _____ for administering _____ intravenous/intramuscular/subcutaneous injections on _____ (dates to be given) at _____ my consulting room / the residence of the patient.
- c) that the injections administered were not were for immunizing or prophylactic purposes;
- d) that the patient has been under treatment at _____ hospital/my consulting room and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the _____ (name of hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

NAME OF MEDICINES

PRICE

- 1.
- 2.

- e) that the patient is/was suffering from _____ and is/was under my treatment from _____ to _____.
- f) that the patient is/was not given pre-natal or post-natal treatment;
- g) that the X-ray, laboratory test, etc. for which an expenditure of Rs. _____ was incurred was necessary and were undertaken on my advice at _____ (name of the hospital or laboratory);
- h) that I referred the patient to Dr. _____ for specialist consultation and that the necessary approval of the _____ (name of the Chief Administrative Officer of the State) as required under the rules was obtained.
- i) That the patient did no require/required hospitalization.

Dated :

Signature and designation
Of the Medical Officer and
HOSPITAL/DISPENSARY to which attached.

CERTIFICATE 'B'

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

Certificate granted to Mrs./Mr./Miss _____ wife/son/daughter of Mr. _____ pensioner of _____.

PART 'A'

I, Dr. _____ hereby 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 medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in 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 preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants;

NAME OF MEDICINES

PRICE

- 1.
- 2.
- 3.

- c) that the injections administered were/were not for immunizing or prophylactic purposes;
- d) that the patient is/was suffering from _____ and is/was under treatment from _____ to _____.
- e) That the X-ray, laboratory tests, etc., for which an expenditure of Rs. _____ was incurred were necessary and were undertaken on my advise at _____ (name of hospital or laboratory).
- f) That I called on Dr. _____ for specialist consultation and that the necessary approval of the _____ (name of the Chief Administrative Medical Officer of the State) as required under the rules, was obtained.

SIGNATURE AND DESIGNATION

I certify that the patient has been under treatment at the _____ 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 at the hospital**

COUNTERSIGNED

Medical Superintendent

..... **Hospital.**

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

Medical Superintendent.

Place : _____

_____ **Hospital.**

NOTE :- Certificate (d) is compulsory and must be filled in by the Medical Officer in all cases.

-28-

PMS-9

FORM OF APPLICATION FOR SEEKING RELAXATION UNDER RULE 10 OF ESIC-PMS

To
**The Regional Director/Jt Director I/C
E.S.I. Corporation,
Regional Office/Sub-Regional Office,**

Dear Sir,

I submit the following particulars along with photocopies of relevant documents for seeking relaxation (under ESIC-PMS Rule 10) for indoor treatment taken by me / my dependent in emergent conditions in the Hospital not recognized under ESIC-PMS.

1. **Name of the Pensioner**
2. **Medical Card No.**
3. **Name of the Patient**
4. **Relation with Pensioner**
5. **Name & Full Address of Hospital from which treatment taken in emergency.**
6. **Disease for which indoor treatment was taken.**
7. **Exact distance of the Hospital (In which treatment was taken) from the residence of pensioner (or location of accident, if applicable).**
8. **Exact distance of the nearest ESI hospital from the residence or place of accident.**
9. **Whether such a relaxation was obtained to pension earlier also?**
10. **Period of treatment.**
11. **Total expenditure for treatment.**
12. **Amount as per calculation of pensioner strictly as per ESIC-PMS Rules.**
13. **If the relaxation is granted, does the pensioner undertake to accept the amount reimbursed as per Schedule – 2 of ESIC-PMS?**

14. Enclosures :-

Enclose photocopies only (original papers will be demanded

Only if relaxation is granted) of the following documents :-

- a. **Medical Card.**
- b. **Certificate from the Medical Superintendent of Hospital regarding emergent nature of case.**
- c. **Admission/Discharge slip, prescription slips.**
- d. **Vouchers/bills**

Signature of the Pensioner