

**BY SPEED POST/FAX**

F.No.D-12015/12/2016-Ad.VI(A)  
Government of India  
Ministry of Finance  
Department of Revenue  
(Central Board of Direct Taxes)

North Block, New Delhi  
13<sup>th</sup> May, 2016.

To

**All the Pr. CCIT/DGIT,**

**Subject:- Forwarding of a proposal of medical re-imburement(more than Rs. 2.00 lakhs)  
in respect of Gazetted officers of Income Tax Department-Regarding.**

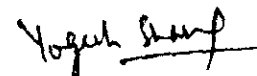
Sir/Madam,

I am directed to refer to the subject cited above and to say that proposals of medical re-imburement received in the Board are being referred to the IFU(B&A) DT for their concurrence, who has been requesting that such proposals should be referred to their office alongwith documents as per duly filled in Checklist(copy enclosed).

2. Accordingly, all the Cadre Controlling Authorities are requested to send the medical re-imburement bills in respect of officers as per requirement of IFU(B&A)DT.
3. It has also been observed that some proposals of medical re-imburement are not being forwarded by the Pr. CCIT/CCA concerned and received directly from lower level which may be avoided. In future, such bills will not be entertained by the Board.
4. The above said instructions may be circulated to all officers in the department for information and compliance.

Yours faithfully,

**Encl: As above.**



**(Yogesh Sharma)**

**Under Secretary to the Govt. of India  
Tel. No.23095565.**

Copy to: **DBC** for uploading on the website.

**CHECKLIST FOR SUBMISSION OF PROPOSAL FOR RE-IMBURSEMENT OF MEDICAL CLAIM.**

S.NO.	Detail about the Patient	Remarks	Page no.
1	Whether the patient is/was a CGHS beneficiary availing benefits under the scheme. If so attach a copy of the CGHS card.		
2	Whether Medical claim form (duly filled in) was submitted.		
3	Whether the claim was submitted within the stipulated period of six months from the date of discharge from the hospital?		
4	Name & Address of the Hospital from where the treatment was taken/is being taken.		
5	Whether the treatment was obtained from the Government hospital or CGHS empanelled Private hospital or a Private hospital. Please state the status of the concerned hospital.		
6	In case of CGHS empanelled hospital, attach a copy of concerned order/OM of M/o H&FW.		
7	In case of treatment obtained from a Private hospital under emergency, whether emergency certificate is enclosed in original?		
8	In case of treatment taken from CGHS empanelled Private hospital, whether the same was taken with prior permission of the competent authority? If YES, a copy of it may be attached.		
9	Disease(s) for which treatment was taken and if the same is covered under the list of emergency cases.		
10	Whether the claim for re-imburement has been approved by the H.O.D. If YES, attach a copy of relevant note sheet.		
11	Details of payment made by the employee.		
12	Whether 'Prescription Slips' of the treating doctor/hospital are enclosed?		
13	Whether the medical bills of the hospital are enclosed in original and certified?		
14	Total amount of bills given by the hospital.		
15	Whether the discharge summary has been enclosed in original?		
16	A chart indicating each item of expenditure, eligibility/admissibility as per CGHS rates/CS(MA) rules vis-à-vis the amount charged by the hospital needs to be attached.		
17	Whether any Package rate has been prescribed for the concerned disease under CGHS? If yes, the amount thereof. (Attach a copy of relevant O.M.)		
18	Amount admissible for reimbursement as per CGHS/CS(MA) rates, duly certified by the H.O.D.		
19	A copy of CGHS rate list highlighting the treatment/procedures done in the hospital.		
20	Outer pouch.		

\*Strike out whichever is not applicable.