



CENTRAL SANSKRIT UNIVERSITY
Janakpuri, Delhi-58

Annexure-A

CHECKLIST FOR REIMBURSEMENT OF MEDICAL CLAIMS
(To be filled and checked by the Campus)

CATEGORY: - Inpatient Treatment/ Hospitalization/ Hospitalization under emergency condition.

Name of Campus: -

Name of the Employee/Retired Person: -

**Name of the Patient and
Relationship with Employee/ Retired Person**

Designation: -

Pay Level, Basic Pay/ Last Pay Drawn (as per 7th CPC): -

Ward Entitlement of the Beneficiary.....

Number of Original Bills/ Enclosures (Each enclosure must be serially numbered)	
Whether the Claim is submitted in Prescribed Medical Claim Form	
Whether the Certificate-B in original, duly verified and signed/ attested by treating physician is attached	
Whether the following document are enclosed (Indicate Yes/No)	
• Copy of Medical Identity Card	
• Original bills, containing the details of different charges viz. date-wise breakup details of hospital bill containing all particulars of Bed Charges, Doctor Charges, Lab Investigations, medicines, procedure provided etc., on proper format of the hospital	
• Cash Receipt/ Cash Memo (in original) issued by the Hospital/ Chemist/ Diagnostic Centre (The Bills for purchase of medicine should be computer generated. Handwritten medicine bill shall not be accepted)	
• Investigation Reports (if applicable)	
• Prescription of treating physician	
• Discharge Summary (Original/Copy)	
In case of implants, like IOL Lens, Stents, pacemaker, Knee/ hip implants etc., whether the original sticker with batch number and manufacturer details are attached	
Whether the hospital from where the IPD treatment is availed is empanelled by University or as defined under CGHS/CS (MA) Rules 1944.	
In case of treatment in emergency in non-empanelled/recognized hospital, whether an emergency certificate from the concerned hospital clearly stating that the patient was admitted/ treated on emergency basis with details of condition of the patient at the time of admission thereby justifying the emergency admission, is enclosed	
Whether the patient (in case of family member) is dependent on the employee/retired person (as per the service records)	
Whether the claim is submitted within the prescribed time limit of submission of claim (i.e. 06 months) from the date of completion of treatment/ discharge of patient from hospital	
Whether the detailed calculation sheet as per Annexure-C is attached.	
Remarks (If any)	

Total Amount Claimed:

Total Amount inadmissible:

Total Amount Admissible/Passed for payment:

(Dealing Assistant)

(Section Officer)

(Director of the Campus)

- Note:**
1. The Medical Reimbursement Claim form not supported by the checklist/detailed calculation sheet etc. will be returned.
 2. Before forwarding the Medical Claims to the Headquarters Office, Campus must adhere to the guidelines/instructions contained in Medical Attendance Rules of the University and Standard Operating Procedures.