



DAMODAR VALLEY CORPORATION
DVC Towers : VIP Road
Kolkata-700054

No. Medical/ Pensioner/ Indoor Medical Policy/ 657

June 14 2016.

OFFICE CIRCULAR

SUB : INDOOR MEDICAL FACILITY FOR DVC PENSIONERS / FAMILY PENSIONERS.

Corporation after careful consideration have decided to extend Indoor Health Care facility to all DVC Pensioners and their spouse including Family Pensioners in line with DVC employees through Tie-up (cashless) Hospitals/Reimbursement of medical expenses at DVC approved rates subject to annual limit of Rs.7,50,000/- (Rupees Seven Lakh Fifty thousand) for Group 'A' category pensioners (Pensioner+Spouse) and Rs.5,00,000/- (Rupees Five Lakh) for Group 'B', 'C' & 'D' category pensioners (Pensioner+Spouse) in each Financial Year. In case of family pensioners indoor treatment facility would be restricted to the deceased pensioner's living spouse only.

2. The quantum of contribution to be deducted from individual Pensioners/Family Pensioners shall be same for the financial year 2016-17 as it was deducted in financial year 2015-16. The Corporation reserves the right to revise the quantum of annual contribution to be paid by the Pensioners/Family Pensioners in future.

3. For availing the Indoor treatment through Tie-up (cashless) Hospitals or claiming reimbursement for Indoor treatment, details of the modalities are annexed at **Annexure**. For availing the Indoor Health care facilities the Pensioners / Family Pensioners (through Tie-up hospitals or for claiming reimbursement of the expenses incurred) need not visit the Medical Department, DVC Head Quarters.

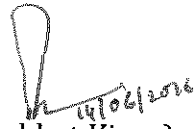
4. The Medical Department, DVC HQs. will implement the subject scheme for which a **Help Desk** will start functioning in the Medical Department, DVC HQs with immediate effect. The **Help Desk** will be Headed by One Medical Officer In-charge who may be contacted for seeking any information regarding the subject facility. The contact number of **Help Desk** is **033-66072104/033-23551289** and the Email IDs are **medical.pensioner@gmail.com** and **medical_pensioner@dvcindia.org**. The Help Desk will function on all working days (Monday-Friday) during office hours.

Contd.....P/2

5. All Pensioners/Family pensioners are requested to follow the conditions mentioned in the modalities as annexed at **Annexure**.

6. The erstwhile Comprehensive Group Mediclaim Insurance Policy issued vide Office Circular No. HQ/C&M/Health Insurance/726 dated 22nd July, 2013 and Office Memorandum No. HQ/C&M/Health Insurance/386 dated 1st April, 2016 stands superseded.

This issues with the approval of the competent authority and will be effective from the date of issuance of this order.


(Prabhat Kiran)
Chief Engineer-I & Incharge (HR)

Encl : As stated

Distribution : As per List 'C'

Copy to :

1. The Executive Director (C&M), DVC, Kolkata.
2. The Additional Secretary, DVC, Kolkata.
3. The Director of Health Services, DVC, Kolkata.
4. The General Manager & In-charge (Accounts), DVC, Kolkata.
5. The Joint Secretary (Coordination), DVC, Kolkata. : This has reference to Resolution No.8686 of 627th Meeting of the Corporation held on 6.5.2016.
6. The Sr. PS to Chairman, DVC, Kolkata.
7. The Sr. PS to Member-Secretary, DVC, Kolkata.
8. The Sr. PS to Member (Finance), DVC, Kolkata.
9. The PS to Member (Technical), DVC, Kolkata
10. The PS to Chief Vigilance Officer, DVC, Kolkata

MODALITIES FOR INDOOR TREATMENT FACILITIES FOR DVC PENSIONERS AND THEIR SPOUSE INCLUDING FAMILY PENSIONERS.

1. GENERAL CONDITIONS:

- a) The facility will be extended to all Pensioners and their spouse including Family Pensioners. In case of Family Pensioners indoor treatment facility would be restricted to the deceased pensioner's living spouse only.
- b) The quantum of contribution to be deducted from individual Pensioners/Family Pensioners shall be same for the financial year 2016-17 as it was deducted in financial year 2015-16. The Corporation reserves the right to revise the quantum of annual contribution to be paid by the Pensioners/Family Pensioners in future.
- c) The Indoor Health-care facilities will be provided through Tie-up (cash less hospitals) or by reimbursement of medical expenses borne by the Pensioners/Family Pensioners.
- d) The annual limit for such facility will be Rs. 7, 50,000/- (Rupees seven lakh fifty thousand) for Group 'A' category pensioners and for Group 'B', 'C' & 'D' category pensioners the annual limit will be Rs. 5, 00,000/- (Rupees five lakh) only respectively in each financial year.
- e) The cost of treatment will be paid / reimbursed as per the existing DVC rate approved by the Corporation (WBHS rate 2008) which may be revised from time to time.

2. CONDITIONS FOR AVAILING TIE-UP (CASH LESS) FACILITY:

- a) Pensioners/Family Pensioners can avail Indoor health care facilities through Tie-up (cash less) hospitals in line with DVC employees.
- b) The Pensioners/Family Pensioners may contact the "Corporate Desk" of the Hospital at the time of admission.
- c) The Tie-up (cash less) facility will be extended only through the list of hospitals annexed as **Annexure - A**.
- d) The Pensioners/Family Pensioners must carry their original Pension Payment Order Book (PPO) at the time of admission in the Tie-up hospitals and submit photocopy of the same to the hospital.
- e) The Pensioners/Family Pensioners must also carry any one photo ID proof (Voter ID / PAN Card / Aadhar Card / Driving License / Passport) and submit photocopy of the same to the hospital.
- f) Immediately after admission, the hospital authority will send a communication (through e-mail or Fax) to Medical Department, DVC to ascertain the credit limit of the concerned patient. The Medical Department will communicate its reply within shortest possible time (within 24 hrs.)
- g) Excess medical expenditure beyond the credit limit/inadmissible consumables in respect of Pensioners/ Family Pensioners will have to be borne by them and will have to be paid before discharge from the hospital. If any Pensioners/ Family Pensioners opts for better quality of implant/device, the difference of cost is to be borne by them and to be paid before discharge from Hospital.
- h) Immediately on discharge of patient, the concerned Tie-up (cash less) Hospital will send an e-mail to the Medical Department, DVC, intimating the details of treatment done and the total amount of bill for record and for necessary action by the Medical Department.

3. CONDITIONS FOR REIMBURSEMENT OF INDOOR MEDICAL EXPENSES :

- a) The Pensioners / Family Pensioners can get Indoor treatment in any Hospital/Nursing Home of their choice (within India) and claim reimbursement of the expenses incurred limited to the conditions mentioned above under General conditions.
- b) The Pensioners / Family Pensioners will submit their claim for reimbursement in the enclosed format (**Annexure-B**) duly certified by the Hospital authority. The following supporting documents are required to be submitted for claiming the reimbursement:
 - i) Self attested photo copy of PPO Book.
 - ii) Self attested photo copy of any one: Voter ID / PAN Card / Aadhar Card / Driving License / Passport.
 - iii) Prescription of Doctor for admission.
 - iv) All bills and cash receipts in original.
 - v) Original Discharge Summary of the discharged patient. In the event of death of the patient, Death Certificate (photocopy) issued by the Municipality/Corporation/Local Body has to be submitted.
 - vi) Original Invoice / Sticker in case of any implantation.
 - vii) Bank details of Pension Account along with a cancelled cheque.
 - viii) Reimbursement Claim Certificate duly filled up and signed by the treating doctor and Hospital / Nursing Home.
- c) In the event of death of the patient (Pensioners / Family Pensioners), the successor may claim reimbursement by producing Succession Certificate issued by **First Class Judicial Magistrate** along with all supporting documents as mentioned in Para- 3(b) above. In such case, the claimant will have to furnish separate Bank details (Name of the Account Holder, Name of the Bank and Branch, Branch Code, Account Number, IFSC Code) along with a cancelled cheque of that account.
- d) All bills along with supporting documents should be sent to the Director of Health Services, Damodar Valley Corporation, DVC Towers, VIP Road, Kolkata- 700054 within 30 days of discharge from the hospital/Nursing Home.
- e) While sending the bills to the Director of Health Services, the pensioner/family pensioner must furnish his/her contact details (Phone No./e-mail Id) and complete postal address for further correspondence.
- f) After scrutiny and passing of the bills, the amount will be transferred to the Bank Account via NEFT/RTGS and an Advice Note mentioning the sanctioned amount will be communicated to the pensioners/family pensioners on the address of communication (e-mail ID or postal address) sent by them.



DAMODAR VALLEY CORPORATION
DVC TOWERS, VIP ROAD
KOLKATA-700 054.

ANNEXURE-A

LIST OF TIE UP (CASHLESS) HOSPITALS FOR PENSIONERS/FAMILY PENSIONERS.

SL.NO.	NAME OF HOSPITALS	CONTACT DETAILS
1.	Apollo Speciality Hospital OMR 05/639 Old Mahabalipuram Road, Chennai-600096	044-33221111/044-24961111 Fax-044-33221999 email-santanuc.in@gmail.com
2.	Medanta - Abdur Razzaque Ansari Weavers Hospital, Ranchi-835217	info@medanta.org Fax: 0651-7123200 T:0651-7123100
3.	K.M.Memorial Hospital & Research Centre (Pvt.Ltd), Bokaro.	06542235993 Fx:06542 236390 Email:kmmhrc@indiatimes.com Web:www.kmmhospital.com
4.	B.P.Poddar Hospital & Medical Research Ltd, New Alipore, Kolkata.	033-24458901/9831560000 Fx:033-24577009, www.bppoddarhospital.net Email:bpphmrl@bppoddarhospital.net
5.	Medica Superspecialty Hospital, EM Bye-pass, Kolkata	www.medicahospitals.in 033-6460 4260/62.Fx:033-2426 4967
6.	The MISSION Hospital, Durgapur	Mail:info@themissionhospital.in 0343-2535 555/9233355555
7.	DESUN Hospital & Heart Instt, EM Bye-pass, Kolkata.	www.desunhospital.com 033-2443 4567 Fx:033-244 39 003
8.	B.M.Birla HRC, Alipore, Kolkata.	033-2456 7890/2456/7777 Fx:033-24567000
9.	Apollo Gleneagles Hospital, Kol	033-23203040/2320/2122 Fx:033-2305 184/5218 Mail:hospital@apollogleneagles.in
10.	Disha Eye Hospital Pvt.Ltd., Barackpore	033-5611729/3737/5404586 Fax:033-5608106 disha@cal2.vsnl.net.in
11.	CAMRI (BDRC Pvt.Ltd.), Burdwan	0342-2541182/2628376/2628178 Fax:2628152 Email:camri.office@gmail.com
12.	Vivekananda Hospital Pvt.Ltd., Dr.Zakir Hussain Avenue, Bidhan Nagar, Durgapur-713206	(0343) 253-2430/1002/1003/1004 Fax No.(0343) 253-7707
13.	Susrut Eye Foundation & Research Centre, Sector-III, Salt Lake City, Kol- 700106.	033 2358 0201/23341828 Fax No.033- 23340651.Email.susrut36@gmail.com
14.	AMRI Hospital, Salt Lake City, Sector- III, Kolkata.	Ph:033-24612626 Fax No.033-24404803 E.mail :amri@amrihospitals.in Web:www.amrihospitals.in
15.	Vision Care Hospital (in technical collaboration with AMRI Hospital), EM bye pass, Kolkata-99	Emergency No.033-66060000 Ph:033-66060606/1000 E.mail:info@amrihospitals.in
16.	Bhagwan Mahavir Medica Superspecialty, Hospital, Ranchi. P.H.E.D colony, Booty More, Bariyatu Road, Jharkhand, Ranchi-834009.	Tel:0651-6606000 ranchi@medicahospitals.in



DAMODAR VALLEY CORPORATION

PENSIONERS INDOOR TREATMENT REIMBURSEMENT CLAIM FORM

Certificate granted to Mr. / Mrs.....

Wife/Husband of Mr./Mrs.....

PPO No.

CERTIFICATE

(To be completed in the case of patient who are admitted to Hospital /Nursing Home for treatment)

PART - 'A'

(To be signed by treating Doctor of Hospital/Nursing Home)

I, Dr..... hereby certify

That the patient was admitted to Hospital/Nursing Home

From to

for treatment of

SL. NO.	NAME OF MEDICINES/INVESTIGATIONS/ROOM RENT ETC.	AMOUNT(RS.)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Signature of the treating Doctor of Hospital/Nursing Home)
(With Seal)

PART - 'B'

I certify that the patient has been under treatment at the
Hospital/Nursing Home and that the services 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 treating Doctor of Hospital/Nursing Home)
(With Seal)

COUNTERSIGNED

I certify that the patient has been under treatment at the
.....Hospital/Nursing Home and that the facilities provided were the
minimum which were essential for the patient's treatment.

(Signature of the Medical Superintendent)

.....Hospital/Nursing Home
(with Seal)

Place:

Date:

PART - 'C'

SELF DECLARATION BY THE PENSIONERS/FAMILY PENSIONERS

I, Shri/Smt. PPO No.....
Certify that myself/my spouse was under treatment from to at
..... Hospital/Nursing Home and an expenditure of
Rs..... (Rupees)
had been incurred for this treatment as per the bills enclosed herewith.

Place :

(Signature of the Pensioner/Family Pensioner)

Date :

(Please mention Postal Address /e-mail Id & Phone No.)

