**Appendix ‘A’**

(Refer to Para 7(a) of letter No B/49774/AG/ECHS/Referral dt ____ Dec 2009)

**LIST OF GENERAL SERVICE SPECIALITIES**

<table>
<thead>
<tr>
<th>Type of Speciality</th>
<th>Type of Speciality</th>
<th>Type of Speciality</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medicine</td>
<td>General Surgery</td>
<td>Obstetrics and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gynaecology</td>
</tr>
<tr>
<td>ENT</td>
<td>Ophthalmology</td>
<td>Paediatrics</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>Psychiatry</td>
<td>Dermatology</td>
</tr>
<tr>
<td>Dental</td>
<td>Anaesthesia</td>
<td>Pathology</td>
</tr>
<tr>
<td>Microbiology</td>
<td>Blood Bank (Blood Transfusion)</td>
<td>Radio diagnosis</td>
</tr>
</tbody>
</table>

**Appendix ‘B’**

(Refer to Para 7(b) of letter No B/49774/AG/ECHS/Referral dt ____ Dec 2009)

**LIST OF SPECIALIZED SERVICES**

<table>
<thead>
<tr>
<th>Specialised Services</th>
<th>Specialised Services</th>
<th>Specialised Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>Medicine</td>
<td>Obstetrics and Gynaecology</td>
</tr>
<tr>
<td>-------------------------</td>
<td>------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Neuro Surgery</td>
<td>Neuro Medicine</td>
<td>Gynaecological Oncology</td>
</tr>
<tr>
<td>Plastic and Reconstructive Surgery</td>
<td>Cardiology</td>
<td>Infertility and assisted reproduction</td>
</tr>
<tr>
<td>Cardio Thoracic Surgery</td>
<td>Respiratory Diseases</td>
<td>Gynaecological Endocrinology</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>Gastro enterology</td>
<td>Materno foetal Medicine</td>
</tr>
<tr>
<td>Genito Urinary Surgery</td>
<td>Endocrinology</td>
<td></td>
</tr>
<tr>
<td>Paediatric Surgery</td>
<td>Nephrology</td>
<td>Paediatrics</td>
</tr>
<tr>
<td>Oncology (Surgery)</td>
<td>Rheumatology</td>
<td>Neonatology</td>
</tr>
<tr>
<td>Gastro Intestinal Surgery</td>
<td>Clinical Haematology</td>
<td>Cardiology</td>
</tr>
<tr>
<td>Traumatology</td>
<td>Clinical Immunology</td>
<td>Neurology</td>
</tr>
<tr>
<td>Joint Replacement Surgery</td>
<td>Oncology (Medical)</td>
<td>Haematology</td>
</tr>
<tr>
<td>Spinal Surgery</td>
<td>Critical care medicine</td>
<td>Nephrology</td>
</tr>
<tr>
<td>Prosthetic Surgery</td>
<td>Interventional Cardiology</td>
<td>Oncology</td>
</tr>
<tr>
<td>Laparoscopic Surgery</td>
<td>Medical Genetics</td>
<td></td>
</tr>
<tr>
<td>Endovascular Surgery</td>
<td>Geriatric Medicine</td>
<td></td>
</tr>
<tr>
<td>Geriatric Surgery</td>
<td>Radiotherapy</td>
<td>Pathology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Onco Pathology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Radio Diagnosis &amp; Molecular Pathology</td>
</tr>
<tr>
<td>Imaging</td>
<td>Transplant Pathology</td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>-------------------------------</td>
<td></td>
</tr>
<tr>
<td>CT Scan</td>
<td>AIDS &amp; Virology</td>
<td></td>
</tr>
<tr>
<td>MRI</td>
<td>Molecular Immuno Pathology</td>
<td></td>
</tr>
<tr>
<td>Interventional and Vascular Radiology</td>
<td>Genetic Pathology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transfusion Medicine</td>
<td></td>
</tr>
</tbody>
</table>

13

Appendix 'C'

(Refer to Para 8(b) (iv) of letter No B/49774/AG/ECHS/Referral dt ___ Dec 2009)

FACILITY AVAILABILITY IN SERVICE HOSPITALS

NAME OF POLYCLINIC : _________________________________

NAME OF HOSPITAL : ___________________________________

A. GENERAL SERVICES

<table>
<thead>
<tr>
<th>Type of Speciality</th>
<th>Type of Speciality</th>
<th>Type of Speciality</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medicine</td>
<td>General Surgery</td>
<td>Obstetrics and Gynaecology</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Paediatrics</td>
<td></td>
</tr>
<tr>
<td>Dermatology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td>Pathology</td>
<td></td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>Blood Bank(Blood)</td>
<td>Radio diagnosis</td>
</tr>
</tbody>
</table>
### B. SPECIALIZED SERVICES

<table>
<thead>
<tr>
<th><strong>Specialised Services</strong></th>
<th><strong>Specialised Services</strong></th>
<th><strong>Specialised Services</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Surgery</strong></td>
<td><strong>Medicine</strong></td>
<td><strong>Obstetrics &amp; Gynaecology</strong></td>
</tr>
<tr>
<td>Neuro Surgery</td>
<td>Neuro Medicine</td>
<td>Gynaecology Oncology</td>
</tr>
<tr>
<td>Plastic and Reconstructive Surgery</td>
<td>Cardiology(consultation and diagnostics)</td>
<td>Infertility and assisted reproduction</td>
</tr>
<tr>
<td>Cardio Thoracic Surgery</td>
<td>Interventional Cardiology</td>
<td></td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>Gastro enterology</td>
<td></td>
</tr>
<tr>
<td>Genito Urinary Surgery</td>
<td>Endocrinology</td>
<td></td>
</tr>
<tr>
<td>Paediatric Surgery</td>
<td>Nephrology</td>
<td></td>
</tr>
<tr>
<td>Oncology (Surgery)</td>
<td>Rheumatology</td>
<td></td>
</tr>
<tr>
<td>Gastro Intestinal Surgery</td>
<td>Clinical Haematology</td>
<td></td>
</tr>
<tr>
<td>Traumatology</td>
<td>Clinical Immunology</td>
<td></td>
</tr>
<tr>
<td>Joint Replacement Surgery</td>
<td>Oncology (Medical)</td>
<td></td>
</tr>
<tr>
<td>Prosthetic Surgery</td>
<td>Respiratory Diseases</td>
<td></td>
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<tr>
<td>Laparoscopic Surgery</td>
<td>Radiotherapy</td>
<td></td>
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<tr>
<td>Geriatric Surgery</td>
<td>Nuclear Medicine</td>
<td>Pathology</td>
</tr>
<tr>
<td>Onco Pathology</td>
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<td></td>
</tr>
<tr>
<td>Transfusion Medicine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Other (Specify)

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Speciality</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT Scan</td>
<td>Orthodontia</td>
</tr>
<tr>
<td>MRI</td>
<td>Prosthodontia</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Dated: (Signature of CO/Comdt Hospital/Designated Offr)

Note: PLEASE MARK AGAINST SPECIALITIES FOR WHICH ECHS PATIENTS CAN BE REFERRED.

PLEASE MARK AGAINST SPECIALITIES FOR WHICH SPARE CAPACITY IS NOT AVAILABLE.

---

**Appendix ‘D’**

(Refer to Para 9(a) of letter No B/49774/AG/ECHS/Referral dt _____ Dec 2009)

---

**LIST OF MILITARY POLYCLINICS WITHOUT SERVICE HOSPITAL**

**Ser No Polyclinic**
1. Janglot
2. Moga
3. Sangrur
4. Sirsa
5. Jaisalmer
6. Ajmer
7. Saharanpur (Sarsawa)
8. Bharatpur
9. Balasore
10. Nagpur
11. Yelahanka
12. Dimapur
13. Shajahanpur
14. Kotdwara
15. Haldwani
16. Mumbai (Upnagar) Powai

Appendix ‘E’
(Refer to Para 10 of letter No B/49774/AG/ECHS/Referral dt ____ Dec 2009)
EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME

ECHS POLYCLINIC ......................(Station)

REFERRAL FORM

Part I

OPD Regn No ................................. date ........................

ECHS Card No .................................

Name of patient .............................. Age ...... Relationship with ESM ............

Service No ......................... Rank ............. Name of ESM .............................

Tele No .................................

Brief Clinical Notes

Provisional Diagnosis
Vide Referral Serial No ………………………………….. the above named is referred for

(a) Admission ………………………………………………. (Specify)
(b) Investigation ………………………………………………. (Specify)
(c) Consultation for ………………………………………………. (Specify)

Referred to ……………………………………………………………………………………

(Specify Hospital, Nursing Home, Diagnostic Centre)

Place : Signature of Med Officer
(with stamp)
Dated :  

OIC POLYCLINIC

* Travel reimbursement allowed (Yes/No).
* Attendant reimbursement allowed (Yes/No).
Place :
Dated :

Part II
SUMMARY OF THE CASE

(To be completed by the empanelled hospital, nursing home, diagnostic centre and consultant)

Clinical Summary/Investigation Reports (for Diagnostic centres)

Final Diagnosis ........................................... ICD Code No ...................................

Treatment Summary
Place: (Signature and Stamp)
Date:

**Part III**

**Final Disposal**

(a) Admission to ........................................................................................................

(Specify Hospital, Nursing Home, Diagnostic Centre)

(b) To follow treatment as specified.

Place: Signature of Med Officer ECHS
with stamp
Dated:

---

**Appendix ‘F’**

(Refer to Para 11 of letter No B/49774/AG/ECHS/Referral
dt ____ Dec 2009)
ECHS REFERRAL FLOW CHART

VERIFICATION
OF ECHS
MEMBER

Specialists Medical Dental

Medical Officer Officer

Gynaec

Further Diagnostic Tests / Treatment / Hospitalisation Required

E
On Advice of Concerned M
- Specialists Polyclinics E
- Specialists Service Hospitals R
- Specialists Govt Hospital G
- Specialist Empanelled Facility E

N

C

General Service Specialised Service Y
Is facility available in Service Hospital On Advice of :

MO Polyclinics / Specialist Poly clinic

Yes No

Choice of Patient Spare capacity to treat Empanelled Facility ECHS patient

Yes No

Service Hospital
Appendix ‘G’

(Refer to Para 14 of letter No B/49774/AG/ECHS/Referral dt _____ Dec 2009)

ECHS POLYCLINIC, ____________________________

EMERGENCY INFORMATION REPORT (EIR)

(To be issued by OIC Polyclinic)

Particulars of ECHS member

ECHS No ____________________________ Date of membership _______________

Service No ___________ Rank ___________ Name ____________________________

Patient Particulars

Name ____________________________ Relationship ___________ Age ____________

Diagnosis ____________________________________________________________

Emergency Detail
1. Provisional Diagnosis :

2. Name of Hospital :

3. Date and Time of Admission :

4. Date and Time Information Received at Polyclinic :

5. Remarks.

Regd No

Date : Signature of OIC Polyclinic

(Affix Polyclinic Stamp)

Encl ‘1’
Tele: 25684945 Central Organisation, ECHS
ASCON: 6833 Adjutant General's Branch
1. A number of requests and representations had been recd from ex-servicemen orgs and environment to review the referral system in ECHS in view of the following :-

**REFERRAL TO EMPANELLED HOSPITALS IN DELHI/NCR**

B/49774/AG/ECHS/Referral 10 Aug 09

Air HQ (VB), DPS

HQ Western Command (A ECHS/Med)
(a) Inconvenience and hardships to the patients from ECHS Polyclinics (non-mil) who have to shuttle between Polyclinic and MHs for consultation/referral for speciality/super speciality. The problem gets compounded because of old age and medical condition of the ECHS beneficiaries.

(b) The issue of hardships faced by our veterans on acct of present referral system was brought out by the Army Cdrs during the Army Cdrs Conf in Apr 09.

(c) DGAFMS/DGMS (Army) had highlighted that service to serving soldiers and their dependents was suffering because of excessive load of ECHS beneficiaries on Army/Base/Zonal hospital OPDs.

(d) Deliberations during ECHS Seminar at Chandimandir on 16 Jul 09 substantiated above problems.

2. Review of ECHS referral system had accordingly been included as one of the priority issues in the ‘Time Bound Action Plan’ to give momentum to ECHS as directed by COAS.

3. Earlier ECHS policy governing referrals had been formulated with the aim of controlling excessive referrals to empanelled hospitals through evaluation of patient by a Service Specialist as also to ensure that spare capacity of service hospitals is fully utilized. This was necessary for a mega-medical scheme during its stabilization phase. While the scheme is yet to see its final state, it has now become inescapable to review and refine the referral system. The review primarily covers ECHS Polyclinics (non-mil) or those without service hospitals. Revised policy is contained in succeeding paras.

4. The revised referral policy in respect of Polyclinics in Delhi/NCR will as follows:

<table>
<thead>
<tr>
<th>Ser No</th>
<th>NAME OF POLYCLINIC</th>
<th>POLICY OF REFERRAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Delhi Cantt and Lodhi Road</td>
<td>All referrals to empanelled hospitals in NCR having MOA with Stn Cdr will be subject to non availability of spare capacity with Base Hospital/Army Hosp (R&amp;R).</td>
</tr>
</tbody>
</table>

20
(b) Noida, Gurgaon & Faridabad

(i) Direct referral to empanelled hospitals in NCR having MOA with Stn Cdr.

(ii) Cases for Jt Replacement will be referred to Army Hospital (R&R) for evaluation.

(c) Hindan

(i) All referrals to empanelled hospitals in NRC having MOA with Stn Cdr, will be subject non-availability of spare capacity with 11 AFH.

(ii) Cases for Jt Replacement will be referred to Army Hospital (R&R) for evaluation.

5. Referral will only be made once all available facilities of the Polyclinic are fully utilized. Choice of empanelled hospital/ diagnostic centre will with the ECHS member.

6. ECHS Cells have been established at Army Hosp (R&R) and Base Hosp Delhi Cantt. Prior written intimation by the ECHS Cells about non-availability of Specialist/facilities / bed space for a particular duration will become an authority for OsIC Polyclinics Delhi Cantt, Lodhi Road and Hindan to refer patients directly to empanelled hospitals.

7. On remarks by the service specialists of Army Hosp (R&R)/BHDC indicating treatment from empanelled hospital, ECHS Cell at these hospitals will directly refer patients to the empanelled hospital of patient’s choice. Photocopy / fax of such referral form will be forwarded to the originating ECHS Polyclinic.

8. In case veteran desires to be treated at Service Hospital, referral will be made to Army Hospital (R&R) / Base Hospital Delhi Cantt / 11 AFH as per his choice.

9. The above policy will be implemented with effect from 01 Sep 09. Following letters are hereby superseded :

(a) B/49774/AG/ECHS dated 23 Aug 2006.

(b) B/49774/AG/ECHS/Referral dated 18 May 2009.

(c) B/49774/AG/ECHS/Referral dated 01 Jul 2009.
10. The policy shall be reviewed after six months.

Sd/- x x x x x x x
(A Srivastava)
Maj Gen
MD ECHS

Copy to :-
Integrated HQ MoD (Navy)
HQ WAC, Subroto Park (PMO)
HQ Delhi Area, Delhi Cantt -10
Army Hosp (R&R), Delhi Cantt -10
Base Hospital Delhi Cantt – 10
Regional Centre ECHS, Delhi Cantt -10

Encl ‘2’
(Refer to Para 8(b)(iv) of letter No B/49774/AG/ECHS/Referral
dt _____ Dec 2009)
Tele : 23094763 Dte General of Med Services (Army)
Adjutant General’s Branch
Army Headquarters
‘L’ Block, New Delhi – 110 001
1. Further to this HQ letter No B/75068/DGMS-5V dt 02 May 2006.

2. It has been observed that ECHS members referred to service hospitals by the ECHS Polyclinics could not be treated at times in these hospitals due to non-availability of concerned specialist facility/beds/specialist. This leads to an avoidable inconvenience to the ECHS members. In order to overcome this communication gap, all Senior Registrars/COs of the hospitals mentioned at appendix ‘A’ will keep themselves updated daily on the availability of all specialist officers/beds in their respective hospitals. The same will also be communicated to the OIC Polyclinic daily to avoid referral to the specialist who is not available and also to avoid admitting a patient when a bed is not available.

3. The OIC Polyclinic in turn will also confirm the availability of the concerned specialist facility/bed from the Senior Registrar/CO of the hospitals before the ECHS members are referred to the service hospitals. In hospitals where only one specialist is available leave roster of the concerned specialists will be fwd to the OIC Polyclinic.
4. In case the concerned specialist facility/bed is not available in the Service hospital, the ECHS member will be referred to the empanelled facility by the OIC Polyclinic directly.

Sd/-x-x-x-x-x-x-x-x

(Suresh Hiwale)

Lt Col

JDMS (ESM Cell)

For DGMS (Army)

**Copy to :-**

Cent Org ECHS

Maude Line

Near Old Base Hosp

Delhi Cantt

---

**Appendix ‘A’**

---

**BED AVAILABILITY AT SERVICE HOSPITAL FOR ECHS MEMBER**

<table>
<thead>
<tr>
<th>Srl No</th>
<th>NAME OF HOSPITAL</th>
<th>COMMAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>CH (SC)</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>MH TRIVANDRUM</td>
<td>SOUTHERN COMMAND</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>MH CHENNAI</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>MH SECUNDERABAD</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>CH(EC)</td>
<td>EASTERN COMMAND</td>
</tr>
<tr>
<td>6.</td>
<td>151 BH</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>CH WC</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>AH (R&amp;R)</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>BH DELHI CANTT</td>
<td>WESTERN COMMAND</td>
</tr>
<tr>
<td>10.</td>
<td>MH JALANDHAR</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>MH AMRITSAR</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>166 MH</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>MH AMBALA</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>CH(CC)</td>
<td>CENTRAL COMMAND</td>
</tr>
</tbody>
</table>

**Encl `3`**

(Refer to Para 8(b)(iv) of letter No B/49774/AG/ECHS/Referral dt ____ Dec 2009)

Tele : 23094763 Integrated HQ of MoD (Army)

Adjutant General Branch

Dte General of Med Services (Army)
ECHS REFERRAL POLICY STATIONS

1. Refer this Dte Gen letter No B/75068/DGMS-5B/ECHS dated 27 Dec 2006 (Copy enclosed).

2. It has been observed that despite clear cut instructions on the subject, representations are still being received at this Dte Gen that patients have to make several unnecessary trips to service hospitals for specialist opinion/referral to empanelled hospitals.

3. You are requested to disseminate the contents of the letter so as to ensure that ECHS Members do not have to make unnecessary trips to service hospitals.
Sd/-x-x-x-x-x-x

(PK Singh)

Col

Dir MS (Health)

for DGMS (Army)

Copy to :-

Cent Org ECHS - for info wrt your note No B/49774/AG/ECHS/Referral


Maude Line

Delhi Cantt

Encl ‘4’

(Refer to Para 14 of letter No

B/49774/AG/ECHS/Referral

dt ____ Dec 2009)

Tele : 011- 25684945 Central Organization, ECHS

Mii : 36833 Adjutant General’s Branch

2. Presently, all individual medical bills are being processed through this HQ. It has been decided that the time taken for processing of these bills needs to be reduced without compromising on the efficiency of scrutiny.

3. Over five years of experience, the following problems have been noticed in the above procedure :-

(a) The procedure is time consuming.

(b) Virtually no value addition after SEMO/Stn HQ level.

(c) Avoidable paper work and addl effort.

(d) Results in dissatisfaction amongst the veterans.

**PROCEDURE FOR PAYMENT AND REIMBURSEMENT OF MEDICAL EXPENSES UNDER ECHS**

Integrated HQ of MOD (Army)

Maude Line

Delhi Cantt – 110 010

B/49778/AG/ECHS/Policy 19 Aug 2008

IHQ of MoD (Navy)/DGMS/(N) for OIC ECHS

Air HQs (VB)/AOA/DPS

HQs SC, EC, WC, CC, NC, SWC(A/Med)

HQs WNC, SNC & ENC

HQs WAC, CAC, EAC, TC, SWAC, & MC IAF
4. In order to overcome the above difficulties and based on the directions of Secy (ESW), the authority is delegated to lower HQ since there is no loss to the State. Therefore, the individual medical claims will also be processed and sanctioned like claims for reimbursement to empanelled hospitals, by the appropriate CFA.

5. Diagrammatic representation of the revised system is att as per Appx ‘A’. For bills below Rs 2 Lakh, Regional Centres have been kept out of this loop to save time.

6. This procedure will be implemented with immediate effect. Bills already despatched to Regional Center/Central Org, ECHS will be processed as done hithertofore.

7. Sanction by the CFA on behalf of Central Org, ECHS will be granted. A sample of the sanction is attached as Appx ‘B’

8. Necessary amendments to Govt letter will be carried out after the overall review of ECHS.

Sd/-x-x-x-x-x-x

. (KJS Makker)

Wg Cdr

Offg Dir(Med)

For Managing Director

Encls : (As above)

_________________ - Please ensure dissemination of above contents to all

(All Regional Centres) concerned under AOR.
Kendrya Sainik Board - For info.

Internal

Web JCO

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**Appx ‘A’**

(Refer para 5 of letter Central)
REVISED CHANNEL OF PROCESSING OF INDIVIDUAL REIMBURSEMENT BILLS

Payment
1. Claims above 2 lakhs will be sent to Regional Centre (except RC, Chandimandir and Regional Centre Delhi) as hitherto.

2. Claims above 4 lakhs will be fwd to Central Org ECHS for further processing.

**Appx ‘B’**

(Ref Para 7 of Central Org ECHS letter No B/49778/AG/ECHS/Policy dt 19 Aug 08)

**SANCTION OF CFA FOR**

**EMERGENCY TREATMENT IN NON-EMPANELLED HOSPITAL**

**DEBITABLE TO MAJOR HEAD — 2076, MINOR HEAD — 107**
1. Under the provisions of Government of India, Ministry of Defence letter No 24(8)/03/US/(WE)/D(Res) dated 19 December 2003, on 'Procedure for Payment and Reimbursement of Medical Expenses" under ECHS, read in conjunction with Serial 1 of Appendix to Govt of India, Ministry of Defence letter No 24(3)/03/US(WE)/D(Res)(i) dated 08 September 2003 and Central Org ECHS letter No B/49778/AG/ECHS/Policy dt 19 Aug 2008, sanction of CFA is hereby accorded for payment to ______________________ [(Retd) as per the following details :]

(a) ECHS Card No/Regn No : ______________________

(b) Name of patient : ______________________

(c) Name of the Hospital : ______________________

(d) Period of Hospitalisation : ______________________

(e) Diagnosis : ______________________

(f) Amount Sanctioned : Rs ______________________

(Rupees ______________________ only)

File Ref : (Sanction of CFA)
PROCEDURE FOR PAYMENT AND REIMBURSEMENT

OF MEDICAL EXPENSES UNDER ECHS

1. Reference:-

Encl ‘5’

(Refer to Para 14 of letter No B/49774/AG/ECHS/Referral

dt _____ Dec 2009)

Tele: 011-25684945 Central Organization, ECHS

Mil: 6833 Adjutant General’s Branch

IHQ of MOD (Army)

Maude Line, Delhi Cantt – 10

B/49773/AG/ECHS/Policy 01 Dec 2008

IHQ of MoD (Navy)/DGMS/(N) for OIC ECHS

Air HQs (VB)/AOA/DPS

HQs SC,EC,WC,CC,NC,SWC(A/Med)

HQs WNC,SNC & ENC

HQs WAC, CAC, EAC, TC, SWAC, & MC IAF
(a) GOI, MOD letter No 24(8)/03/US(WE)/D(Res) dated 19 Dec 2003.
(b) This HQ letter No B/49778/AG/ECHS/Policy dated 16 May 2007.
(c) This HQ letter No B/49778/AG/ECHS/Policy dated 19 Aug 2008.

2. Following paragraph may be added to this HQ letter at para 1 (c) for allowing review and reconsideration of the claims being rejected:-

"In case any claim preferred by an ECHS member is not recommended, it will not be rejected from any intermediate functionary due to any reason, whatsoever. Claim will be fwd to Central Organisation, ECHS for review alongwith detailed reasons for rejection"

Sd/

(ALK)
Copy to :-

__________________________ - Please ensure dissemination of above contents to all

All Regional Centres ECHS concerned under AOR

Kendirya Sainik Board - For info please.

Internal :-

Web JCO

P & FC Sec

29

Encl '6'

(Refer to Para 16 of letter No B/49774/AG/ECHS/Referral
dt ____ Dec 2009)

Tele: 011-25684945 Central Organisation ECHS

Mil: 233 36833 Adjutant General’s Branch

Integrated HQ of MoD
RE-IMBURSEMENT OF DIALYSIS CHARGES

1. In a Stn which does not have an empanelled facility for Haemodialysis, the treatment can permitted in the non-empanelled hospital as a life saving treatment.

2. Haemodialysis can also be permitted in a non-empanelled hospital when the facility in an empanelled hosp is not available to an ECHS member due to its limited capacity.
3. The following are the guidelines :-

   (a) EIR should be raised by OIC Polyclinic with an endorsement stating that Haemodialysis is not available in a Service/Empanelled hospital in the stn. Non availability of Haemodialysis in empanelled hosp be examined with ref to provn of Para 2 above.

   (b) Bills are to be processed for a period of one month at a time.

   (c) The maximum amount admissible will be as per CGHS package applicable in the area or the amount claimed, whichever is less.


Sd/-x-x-x-x-x-x

(KJS Makker)

Wg Cdr
Offg Dir (Med)
for Offg MD

**Copy to** :-

All Comd HQs

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**Encl ’7’**

(Refer to Para 25 (b) of letter No
B/49774/AG/ECHS/Referral

dt _____ Dec 2009)

Tele: 011-25684945 Central Organisation ECHS

Mil: 233 36833 Adjutant General’s Branch

Integrated HQ of MoD

B/49774-P/AG/ECHS/Referral 05 Apr 07

IHQ of MoD (Navy)/DGMS (N) for OIC ECHS

Air HQ (VB)/AOA/DPS

HQs SC, EC, WC, CC, NC, SWC (A/Med)
MEDICAL CARE FOR ECHS BENEFICIARIES IN REMOTE/HILLY AREAS

1. Representations have been received from the environment that ECHS beneficiaries residing in remote/hilly areas face great inconvenience for getting referrals even for minor ailments from their nearest Polyclinics due to distance/terrain.

2. It has been decided that ECHS beneficiaries will henceforth be permitted to avail the facilities/services or nearest Govt Health Care Centres/Primary Health Centre/Govt Hospitals (deemed empanelled) without prior referral from the Polyclinic subject to the following conditions :-

   (a) Distance from nearest Polyclinic should be more than 50 Kms.
   (b) Applicable for residents of following states only :-

      (i) Jammu & Kashmir.
      (ii) Himachal Pradesh.
      (iii) Uttranchal.

      (iv) North Eastern States of Sikkim, Arunachal Pradesh, Mizoram, Manipur, Tripura and Nagaland.
      (v) West Bengal : District – Darjiling only.
      (vi) Karnataka : District – Chikmagalur, Kodagu only.
      (vii) Tamil Nadu : District – Nilgiris only.
      (viii) Chattisgarh : Distt – Bastar and Dantewara only.
      (ix) Orissa : District – Koraput only.
   (c) Treatment permitted for maximum period of 07 days.

3. Parent Polyclinic will be notified of such treatment undertaken at the earliest (within two working days). Info can be sent by person/telephone/mail/fax/telegram. Parent Polyclinic will generate a referral immediately on receipt of information and attach the same with the claim when
received. Claims for reimbursement of expenditure incurred should be submitted to Parent Polyclinic within one month of completion of treatment. The claim will include the following:

(a) Application of claim by the member. Summary of case including diagnosis and outcome/further advise by treating doctor/hospital to be enclosed.

(b) Photocopy of ECHS Smart Card/Regn Slip.

(c) Prescription/Clinical notes of treating doctor.

(d) Bills of medicines/investigations/treatment procedure in original duly authenticated by treating doctor/hospital, alongwith a photocopy. In cases of treatment in Govt Hospitals, consultation is normally free. Bills, therefore, would pertain to medicines and treatment/investigation charges only, as applicable.

4. The bills will be processed by Parent Polyclinic as per procedure laid down vide this HQ letter No B/49773/AG/ECHS dated 25 May 04 read in conjunction with this HQ letter No B/49773/AG/ECHS/R dt 28 Oct 04 for treatment in Govt Hospital and payment made through cash assignment of local Station Headquarters. Sanction of Central Organisation, ECHS is not required.

5. In cases of Emergency, patients can get admitted to any hospital. Emergency bills will continue to be processed as per existing instructions. Similarly in cases where further treatment is advised by local Govt Hosp, and/or major treatment procedure is required, patient will be referred to suitable Service/Empanelled Hospital through Parent Polyclinic as per existing procedure.
Sd/-x-x-x-x
(RK Kalra)
Maj Gen
MD ECHS
Copy to :-
DGAFMS/DG-3A
DGMS (Army)/DGMS 5(B) - for info please.
DGMS (Navy)
DGMS (Air Force)
All HQ Area/Sub Area - Please disseminate the above contents to all
All Regional Centres Polyclinics under jurisdiction.

Encl '8'
(Refer to Para 25 (b) of letter No B/49774/AG/ECHS/Referral
dt ____ Dec 2009)
Tele: 011-25684945 Central Organisation ECHS
Mil: 233 36833 Adjutant General’s Branch
Integrated HQ of MoD
MEDICAL CARE FOR ECHS BENEFICIARIES IN REMOTE/HILLY AREAS

1. Further to this Organisation letter No B/49774-P/AG/ECHS/Referral dt 05 Apr 2007.

2. Para 2(b) of this Org letter quoted in ref may please be deleted and reconstructed as under :-

‘Applicable for residents of following stats only :-

B/49774-P/AG/ECHS/Referral 25 Apr 07
IHQ of MoD (Navy)/DGMS (N) for OIC ECHS
Air HQ (VB)/AOA/DPS
HQs SC, EC, WC, CC, NC, SWC (A/Med)
HQs WNC, SNC & ENC
HQs WAC, CAC, EAC, TC, SWAC & MC IAF
(i) Himachal Pradesh.

(ii) Uttranchal.

(iii) North Eastern States of Sikkim, Arunachal Pradesh, Mizoram, Manipur, Tripura, Nagaland and Meghalaya (less district Shillong).

(iv) West Bengal: District – Darjiling only.

(v) Karnataka: District – Chikmagalur and Kodagu only.

(vi) Tamil Nadu: District – Nilgiris only.

(vii) Chattisgarh: Distt – Bastar and Dantewara only.

(viii) Orissa: District – Koraput and Mayurbhanj only.

Sd/-x-x-x-x

(G Ghose)

Col

Dir (Med)

For MD ECHS

Copy to :-

DGAFMS/DG-3A

DGMS (Army)/DGMS 5(B) - for info please.

DGMS (Navy)

DGMS (Air Force)

All HQ Area/Sub Area - Please disseminate the above contents to all All Regional Centres Polyclinics under jurisdiction.

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