



Indian Council of Forestry Research & Education
(An autonomous body under Ministry of Environment and Forests, Govt. of India)
P.O. New Forest, Dehra Dun.

No.12-3/PHS/2014-ICFRE

Dated: 08 April, 2015

To,

All Directors of Institutes under ICFRE

Subject:- Procedure for settlement of medical claims under ICFREPHS - submission of checklist alongwith medical reimbursement claims by the Pensioners.

Sir,

Please refer to this office letter No. 11-5/PHS/2013-ICFRE, dated the 28th November, 2014 vide which the prescribed application form, certificate 'A'/'B' alongwith modified check-list have been circulated for preferring reimbursement of medical claims by the Pensioners. It has been noted that Pensioners are not submitting modified check-list and other relevant documents alongwith their medical claim bills which is not proper.

It is, therefore, requested that instructions may be issued to concerned officer/official, dealing with the reimbursement of medical claims of Pensioners, that medical claim bills without having the check-list and other relevant documents may not be entertained until all these formalities are completed by the Pensioner concerned.

Yours faithfully.


(Vivek Khandekar)
Secretary

Indian Council of Forestry Research & Education.

DAM
07/04 2/14

Copy to:- The DDG (Admin.), ICFRE

**Indian Council of Forestry Research and Education Pensioners Health Scheme
(ICFREPHS)
MODIFIED CHECKLIST FOR REIMBURSEMENT OF MEDICAL CLAIMS**

1. ICFREPHS Token No. :
2. Validity of ICFREPHS Card & Entitlement : from.....to.....
Pvt./Semi Pvt./General
3. Full name of Card Holder (Block Letters) :
4. Name of Primary Card Holder (PCH) and relationship with the PCH :
5. The following documents are submitted (Please tick () the relevant column)
 - (a) Application (Annexure I) : Yes/No
 - (b) Photocopy of ICFREPHS Card : Yes/No
 - (c) No. of Originals Bills :
 - (d) Copy of discharge summary : Yes/No
 - (e) Copy of referral by Specialist/CMO : Yes/No
 - (f) Whether the hospital has given Break up for lab investigations : Yes/No
 - (g) Original papers have been lost /original Prescription slip etc. are not attached for requirement for treatment in future the following documents are submitted -
 - I. Photocopies of claim papers : Yes/No
 - II. Affidavit on Stamp Paper : Yes/No
 - (h) In case of death of card holder the following documents are submitted
 - I. Affidavit on Stamp paper by Claimant : Yes/No
 - II. No objection from other legal heir on Stamp papers : Yes/No
 - III. Copy of death certificate : Yes/No
 - (i) Declaration of having Mediclaim Policy, if applicable : Yes/No

Dated Signature of ICFREPHS Card Holder

Name of the Bank..... Branch.....SB A/c No.....
 IFS code.....Branch MICR codeTel.No. of Bank
 Branch.....

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(ICFREPHS)
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 HS code.....Branch MICR code.....Tel.No. of Bank
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