

# **CENTRAL ELECTRICITY REGULATORY COMMISSION**

Core-3, 7<sup>th</sup> Floor, SCOPE Complex, Lodhi Road, New Delhi-110 003

## **NOTIFICATION**

New Delhi, 17 November, 2005

No.2/1(21)/2005 – CERC - In exercise of powers conferred under Section 91 of the Electricity Act, 2003 (36 of 2003), the Central Electricity Regulatory Commission (hereafter called the Central Commission) hereby notifies the following regulations for indoor and outdoor treatment namely:-

### **1. Short Title and Extent of Application**

- 1.1 These regulations may be called the Central Electricity Regulatory Commission (Indoor/Outdoor Medical Facilities) Regulations, 2005.
- 1.2 They shall come into force from the date of their notification in the official Gazette.
- 1.3 They shall apply to the employees of the Central Commission on regular appointment, deputation or short term contract.
- 1.4 They shall not apply to the Chairperson and Members, who are entitled for separate medical facilities as applicable to a Group 'A' officer of the Central Government drawing an equivalent pay.

### **2. Definitions**

- 2.1 **“Controlling Officer”** means an officer designated by the Competent Authority to be a Controlling Officer.
- 2.2 **“Competent Authority”** means the Chairperson of the Central Commission and may include any other officer so designated by him in this behalf.
- 2.3 **“Employee”** means any person appointed by and on the rolls of the Central Commission, who is allowed to avail the benefit under these regulations by the Central Commission.
- 2.4 **“Empanelled Hospital and Diagnostic Centre”** means the Government Hospitals/Diagnostic Centres including all recognised Private Hospital/Diagnostic Centres under CGHS for Specialised and General Purpose Treatment and Diagnostic Procedures recognised vide Ministry of Health & Family Welfare O.M.No.24/2001/JD(M)/CGHS/Delhi/CGHS(P), dated 7.9.2001 as amended from time to time or any private Hospital/Diagnostic Centre notified/authorised by the

Central Commission. Any changes subsequently made shall automatically apply to the Central Commission.

- 2.5 For the purposes of these regulations “**family**” shall have the same meaning as defined in the Central Services (Medical Attendance) Rules, 1944 as amended from time to time.
- 2.6 The members of the family are treated as dependent only if their income from all sources including pension and pension equivalent to gratuity is less than Rs.1500/- p.m.
- 2.7 The members of the family shall also be entitled to medical attendance and treatment even if they do not stay with the employee.
- 2.8 “**Pay**” means Basic Pay plus Non Practicing Allowance plus stagnation increment, if any, as per the revised scale of pay recommended by fifth Central Pay Commission.
- 2.9 “**Authorised/Notified Medical Practitioner**” means a registered medical practitioner having a degree recognized under the Indian Medical Council Act, 1956 as amended from time to time, or a Registered Medical Practitioner holding Degree or Diploma in Ayurveda/Unani/Siddha/Homoeopathy of not less than 4 years duration from a University/Statutory Board/Council/Faculty of Indian Medicine and Homoeopathy and equivalent, included in the Schedules of Indian Medicine Central Council Act, 1970/Homoeopathy Central Council Act, 1973, as the case may be. A list of Authorised Medical Practitioners will be prepared and maintained by Commission, area wise, on the request of the employees and based on relevant documentary proof including prescription with registration number of the concerned Registered Medical Practitioner. If an employee is receiving treatment from the OPD of an empanelled hospital/CGHS recognised hospital the attending physician will be treated as a deemed authorised/Notified Medical Practitioner for the Commission.

### **INDOOR TREATMENT**

#### **3. Entitlements**

- 3.1 The entitlement for room facility in case of hospitalization shall be as under, namely:-

(i)	Basic Pay upto Rs.7,500/-	General Ward
(ii)	Basic Pay Rs.7501/- to Rs.10,500/-	Semi Private Ward
(iii)	Basic Pay Rs.10,501/- and above	Private Ward

### 3.2 **Entitlement for room rent**

(i)	General Ward	Rs. 500/- per day
(ii)	Semi Private Ward	Rs. 1000/- per day
(iii)	Private Ward	Rs.1500/- per day
(iv)	Day care (6-8 hrs admission)	Rs.500/- per day for all categories.

3.3 The employees of the Commission shall be entitled for medical treatment including the cost of treatment, pathological, radiological, scanning, hospital accommodation, nursing home facilities etc. as per the package rates prescribed vide Ministry of Health and Family Welfare O.M. No.24/2001/JD(M)/CGHS/Delhi/CGHS (P) dated 7 September, 2001 as amended from time to time.

3.4 The employees of the Commission may get medical treatment in any of the empanelled hospital/diagnostic centre on the advice of Authorised/Notified Medical Practitioner/attending physician. However, in case of emergency they may directly go to any private or recognised private hospital/diagnostic centre nearest to their place of residence.

3.5 The charges paid for clinical tests, etc, to a private non-recognised hospitals/diagnostic centre shall be reimbursable as per rates prescribed for CGHS beneficiaries. Where there are no rates prescribed, the expenses incurred shall be reimbursed on actual basis.

3.6 If during treatment in an empanelled hospital/diagnostic centre, special nursing becomes necessary, the employee or a member of his family shall be entitled to such special nursing as may be deemed essential for the recovery or for the prevention of serious deterioration in the condition of the patient having regard to the nature of the disease. The amount to be reimbursed for such special nursing shall be limited to the amount, which is in excess of 25% of the pay of the employee concerned for the period for which special nursing was necessary. For this purpose, a certificate from the Medical Officer-in-charge countersigned by the Medical Superintendent shall be produced.

3.7 Package rates for duration of indoor treat are as follows:

- 12 days for specialized procedure.
- 7-8 days for other procedures.
- 3 days for laparoscopic surgery.
- 1 day for day care/minor procedures (OPD).

### 4. **Submission of claims**

4.1 Final claims for reimbursement of medical expenses for a particular spell of illness shall ordinarily be preferred within three (3) months, from the date of

completion of the treatments shown in the last Essentiality Certificate issued by the attending physician.

- 4.2 All claims for reimbursement should accompany with an Essentiality Certificate and Cash Memos/Vouchers duly signed by the Medical Officer indicating the Registration number.
- 4.3 The application for medical claims shall be submitted in the prescribed form given at **Appendix 'A'**.
- 4.4 The Essentiality Certificate shall be given in the prescribed form as per **Appendix 'B'**.
- 4.5 All expenses on indoor treatment shall initially be met by the employee himself and shall claim for medical reimbursement on completion of the treatment.
- 4.6 Normally the recognised private hospitals/diagnostic centres who entered into agreement with the Commission shall charge the rates approved for the package rate. They shall also extend credit facility in emergency cases as specified in Memorandum of Agreement signed with private hospitals/diagnostic centres to the employees of the Commission undertaking treatment in their hospitals/diagnostic centre and submit the bill for reimbursement as per approved rates to the Commission. However, in case of hospitals/ diagnostics centres insisting for immediate payment of the cost of treatment, room rent, medicines, various test, etc., the Commission may sanction advance payment to the extent of 90% of approximate expenses as per package rate prescribed for CGHS beneficiaries and issue an account payee Cheque in the name of the hospital concerned. The balance payment shall be made on submission of final claim by the beneficiary.

## **OUTDOOR TREATMENT**

### **5. Entitlements**

- 5.1 Officers and staff will be entitled to the reimbursement of medical expenses on actual basis for non-hospitalisation cases, for themselves and their family members including dependents on production of prescription from Authorised/notified Medical Practitioners along with bills/cash memos of medicines/tests.

### **6. Treatment abroad:**

- 6.1 For treatment during foreign visit, reimbursement will be limited to entitlement in accordance with Central Services (Medical Attendance) Rules.

7. **When both are Government servants:**

7.1 Where husband and wife both are employed in Govt/PSU/Autonomous bodies/Statutory bodies/State Govts/Local bodies etc., a joint declaration will be furnished by the employees to the effect that his or her spouse is not availing medical facility provided by his/her spouse.

8. **Submission of claims**

8.1 The employees are required to prefer the claims within three months from the date of completion of treatment.

8.2 The employees are also required to submit:-

(i) Original Prescription with registration No. of the Authorised/Notified Medical Practitioner; and

(ii) Original Bills/cash memos of medicines/tests.

9. **Other Conditions**

9.1. Inadmissible medicines as specified in Schedules I and II of Rule 2(h) (iii) of the CS(MA) Rules, 1944 are not reimbursable.

9.2. The competent authority in the Commission shall be empowered to disallow any claims or part of the claim which does not satisfy the required condition for such claim.

9.3. The expenditure on account of reimbursement of medical claims in any month shall be monitored by applying the benchmark of an amount equivalent to one-twelfth of the budgetary provision for medical expenses (for indoor as well as outdoor treatment) for that particular year. In the event of such expenditure exceeding the aforesaid benchmark ceiling in any particular month, the Chairperson of the Commission shall be the competent authority to approve such expenditure in excess of the benchmark ceiling.

10. **Interpretation**

Wherever clarification/interpretation/relaxation and extension of any of the provisions of this regulation arise, the decision of the Chairperson of the Commission shall be final in such matters.

**(A.K. Sachan)**  
**Secretary**

**FORM OF APPLICATION FOR MEDICAL CLAIMS**

**Form of application for claiming refund of medical expenses incurred in connection with medical attendance/treatment of the Employee of CERC or their families for treatment in a Hospital :**

1. Name and designation of the Employee :  
(in Block Letters)
  - (i) Whether married or unmarried :
  - (ii) If married, the place where wife/husband is employed :
2. Pay of the Employee as defined in the Fundamental Rules and any other emoluments which should be shown separately :
3. Place of duty :
4. Actual residential address :
5. Name of the patient and his/her relationship to the employee. :
6. Place at which the patient fell ill :
7. Details of the amounts claimed :
  - Name of the Hospital :
  - Charges for hospital treatment, indicating separately the charges for -- :
    - (i) Accommodation (State whether it was according to the status or pay of the employees and in cases where the accommodation is higher than the status of the employee, a certificate should be attached to the effect that the accommodation to which he was entitled was not available) :
    - (ii) Diet :
    - (iii) Surgical operation or medical treatment or confinement :
    - (iv) Pathological, Bacteriological, Radiological or other similar tests, indicating --- :

- (a) the name of the hospital or laboratory at which undertaken; and :
- (b) whether undertaken on the advice of the Medical Officer in charge of the case at the hospital. If so, a certificate to the effect should be attached. :
- (v) Medicines :
- (vi) Special medicines :  
(*Cash memos and the Essentiality Certificate should be attached*)
- (vii) Ordinary nursing :
- (viii) Special nursing, i.e., nurses, specially engaged for the patient. State whether they are employed on the advice of the Medical Officer in charge of the case at the hospital or at the request of the Employee or patient. In the former case a certificate from the Medical Officer in charge of the case and countersigned by the Medical Superintendent of the Hospital should be attached. :
- (ix) Ambulance charges --- :  
(*state the journey – to and fro – undertaken*)
- (x) Any other charges, e.g., charges for electric light, fan, heater, air-conditioning, etc. State also whether the facilities referred to are a part of the facilities normally provided to all patients and no choice was left to the patient :
- 8. Total amount claimed :
- 9. Less advance taken on :
- 10. Net amount claimed :
- 11. List of enclosures :

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statements in the application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me.

Date

Signature of the Employee

**ESSENTIALITY CERTIFICATES**

Certificate granted to Mrs./Mr./Miss. \_\_\_\_\_ wife/son/daughter of Mr./Mrs. \_\_\_\_\_ employed in the \_\_\_\_\_

**PART-A**

I, Dr. \_\_\_\_\_ hereby certify –

(a) that the patient was admitted to hospital on the advice of \_\_\_\_\_ (name of the Registered Medical Practitioner)/on my advice;

(b) that the patient has been under treatment at \_\_\_\_\_ and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the \_\_\_\_\_ (name of the hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants;

Name of medicines	Price
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

(c) that the injections administered were/were not for immunizing or prophylactic purpose;

(d) that the patient is/was suffering from \_\_\_\_\_ and is/was under treatment from \_\_\_\_\_ to \_\_\_\_\_;

(e) that the X-ray, laboratory tests etc., for which an expenditure of Rs. \_\_\_\_\_ was incurred were necessary and were undertaken on my advice at \_\_\_\_\_ (name of the hospital or laboratory);

(f) that I called on Dr. \_\_\_\_\_ for Specialist consultation and that the necessary approval of the \_\_\_\_\_ (name of the Chief Administrative Medical Officer of the State) as required under the rules, was obtained.

(Signature and Designation of the Medical Officer in charge of the case At the Hospital)

**PART-B**

I certify that the patient has been under treatment at the \_\_\_\_\_ hospital and that the service 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 Medical Officer  
in charge of the case at the hospital)

COUNTERSIGNED  
Medical Superintendent  
\_\_\_\_\_ Hospital

\*I certify that the patient has been under treatment at the \_\_\_\_\_ hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Medical Superintendent  
\_\_\_\_\_ Hospital

Place

NOTE: Certificate not applicable should be struck off. Certificate (d) is compulsory and must be filled in by the Medical Officer in all cases.

\*The 'minimum facilities certificate' may be signed either by the Medical Superintendent of the Hospital concerned or another Gazetted Medical Officer who has been authorised in the behalf by the Medical Superintendent.

**ANNEXURE-I**

**CENTRAL ELECTRICITY REGULATORY COMMISSION**  
**REIMBURSEMENT OF MEDICAL CLAIM**

1. Name & Designation \_\_\_\_\_
2. Basic Pay + DA (As on April, 20 ) \_\_\_\_\_
3. Name of the Patient \_\_\_\_\_  
& relationship \_\_\_\_\_
4. Place at which patient \_\_\_\_\_  
fell ill \_\_\_\_\_
5. Name of the Doctor/ \_\_\_\_\_  
Hospital \_\_\_\_\_

CLAIM DETAILS	AMOUNT CLAIMED Rs. P	AMOUNT ADMITTED Rs.
a) Consultation Charges: No. & Dates of Consultations		
b) Special Consultations No. & Dates of Consultations		
c) Pathological Charges:		
d) Cost of Medicines S.No. Cash Memo No. Date		
(In words) Rupees		

I hereby declare that the statements in the application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly depend upon me.

List of Encl:

Date:

Signature of the Govt. Servant