



# Medical Bills Claim Process

## AIUCBOF Empowerment Series Chapter 14

### How to Claim Medical Bills?

<p>1. Apply in a plain sheet of paper giving <b>your Designation and P.F.M.No.</b></p> <p>2. Show your medical expenditure <b>date wise</b> and make a total of it.</p> <p>3. Get it forwarded by the Head of your department.</p> <p><b>Designation &amp; P.F.M.No is a must for preparation of the worksheet . There is no scope of having any complexity behind not mentioning it.</b></p>											
<p>2. Dependants mean:-</p> <table><tr><td>a) Spouse-</td><td>No criteria, only a declaration from the applicant that the same claim will not be lodged to anywhere else.</td></tr><tr><td>b) Son &amp; Daughter-</td><td>Age no consideration but must not be married and must not have income over Rs.3,500/- per month  <b>(Note:-Son aged ,say, 20 years having income less than Rs.3,500/-but married will not be dependant .)</b></td></tr><tr><td>c) Parents-</td><td>Total income of both father and mother or any one of them must not exceed Rs.3,500/- per month and  ordinarily reside with the employee</td></tr><tr><td>d) Brother/Sister-</td><td>Parents have to be dependent. Must be physically (not mentally) challenged with minimum 40% disability.s  Income not to exceed Rs.3,500/- per month</td></tr><tr><td>e) Parents-In-laws-</td><td>For female employees only. Either natural parents or parents-in- laws but not both. Must ordinarily reside with  the female employee. Income not to exceed Rs.3,500/- per month.</td></tr></table>		a) Spouse-	No criteria, only a declaration from the applicant that the same claim will not be lodged to anywhere else.	b) Son & Daughter-	Age no consideration but must not be married and must not have income over Rs.3,500/- per month  <b>(Note:-Son aged ,say, 20 years having income less than Rs.3,500/-but married will not be dependant .)</b>	c) Parents-	Total income of both father and mother or any one of them must not exceed Rs.3,500/- per month and  ordinarily reside with the employee	d) Brother/Sister-	Parents have to be dependent. Must be physically (not mentally) challenged with minimum 40% disability.s  Income not to exceed Rs.3,500/- per month	e) Parents-In-laws-	For female employees only. Either natural parents or parents-in- laws but not both. Must ordinarily reside with  the female employee. Income not to exceed Rs.3,500/- per month.
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<p>3. Submit only <b>Xerox copies</b> of the following (after verified from the original by your officer-in-charge)</p> <ul style="list-style-type: none"><li>❖ Doctor's advice for hospitalisation</li><li>❖ Discharge Certificate</li><li>❖ Doctor's prescriptions</li><li>❖ Pathological &amp; Radiological reports (No plates/slides needed for the purpose of Bank but Medclaim authorities may ask for it)</li></ul>											

**Note ::** In case of admission due to emergency or accident, ticket of the emergency department of the Hospital/Nursing Home is a must.

***The above mentioned original papers must be retained with the applicant for their future need and neither Bank nor Medclaim authorities can ask for submitting it forever.***

Submit all the Bills, Cash memos, Money Receipts in **Original**.

Regarding conveyance charges, other than Ambulance Charge, if “Pukka” receipt is not available, submit a “Kaccha” receipt mentioning mode of conveyance & distance of the journey covered.

**6. Take care of the followings points regarding Hospital /Nursing Home Bill**

- The name & age of the patient has been written correctly.
- The date of admission and date of discharge tallies with that in Discharge certificate.
- In operative cases, try to find out whether the name of the operation taking place, has been mentioned in the Bank's Circular as classified in the list of operation as “Special, Major and Minor”. If you do not find the same in the list then ask the hospital authority to mention the time taken for operation in the Operation Theatre OR ask them to mention clearly in their discharge certificate the nature of the operation as Special, Major or Minor.
- Sometimes the doctor's visit charges are given in lump sum. Ask the doctor/hospital authority to mention the number of visits the doctor has made and that too how many times at day and how many times at night & the rate per visit. That will only benefit you for getting higher rate of reimbursement.
- See all the medicines purchased / supplied during hospitalisation are as per the the prescription of the treating doctor and the same have to be submitted. A few Hospital/Nursing Home authorities may refuse to hand over the same to the patient. This is illegal. As bank is doing staff welfare, it is expected that bank authorities will not create any problem having full faith on their colleagues. But what about Medclaim authorities? They are doing business. So, better you take the decision how to react on the issue.
- Oxygen charges should be stated **as rate per hour basis and also total hours of oxygen consumed per day** should be stated. Only total amount for oxygen supplied without the said details will fetch lower amount of reimbursement.
- Surgeon's fee should not be clubbed with anaesthetist's fee but should be stated separately. This will again bring you higher amount of reimbursement. Sometimes the doctors give the receipt as “Surgeon's team fees with pre & post operative visits”.
- This will only generate lower amount of reimbursement. Ask the doctor politely but firmly to bifurcate the Surgeon's Fees & Anaesthetist's Fees and details of routine visits at hospital.

**REMEMBER**

**The more details, the higher the reimbursement. This is your legitimate claim.**

**7. In Pathological bills also, we find in many cases bills like**

Hb, TCDC, ESR, Platelet Counts, BTCT, LFT, Sodium, Potassium (say)  
Rs.1250=00

**(all taken together and no individual rate)**

This will again create a problem. Bank has got permissible rate for each individual item and hence bifurcation is needed for your benefit only.

**8. Package charges are reimbursed only in cases of Coronary Bypass Surgery, Coronary Angiography / Angioplasty / Stentoplasty, Kidney transplantation & Liver Transplantation. Hospital authorities sometimes charge as “Package” for other operations too but in those cases you have to ask for details of “Package” for having reimbursement from Bank.**

9. For treatment against Ayurvedic, Unani, Sidha, Homeopathy and Naturopathy please see that the treatment is taken in any hospital/clinic recognised by Central/ State Govt. Necessary documents have to be submitted in this respect.

#### 10. REMEMBER

- a) Pre hospitalisation period : - 30 days ( **not 1 month** ) for all cases
- b) Post hospitalisation period :- 45 days for Special & Major Operations only  
30 days ( **not 1 month** ) for all other cases

Maximum amount reimbursable for cost of Lens (IOL)	Rs. 6,500=00
Coronary Stents	Rs. 60,000=00 (max two)
Pacemaker (Single chamber without rate response)	Rs. 37,000=00
Pacemaker (Single chamber with rate response)	Rs. 65,000=00
Pacemaker (Dual chamber)	Rs. 1,15,000=00

Knee Implant	Rs. 60,000=00 + Rs. 5,000=00 as cost of Bone cement
Hip Implant	Rs. 35,000=00 + Rs. 5,000=00 as cost of Bone cement
Cardiac Valve	Rs. 47,500=00

#### Basic Expectation

**MEDICAL BILLS SHOULD BE PROCESSED NOT BY APPLYING BRAIN ONLY BUT HEART ALSO**