

BHARAT SANCHAR NIGAM LIMITED

(A Government of India Enterprise)

Corporate Office

Admn. Branch

No. BSNL/Admn.I/15-2/05 (pt.)

Dated: August 8th, 2005

OFFICE ORDER

Sub: BSNLMRS – Guidelines for regulation of expenditure on Indoor treatment.

The issue of restoration of powers to field units for sanctioning of Indoor medical expenditure beyond five times Basic + DA of the employee was in consideration at Corporate Office for some time. The following decision has been taken by the competent authority for streamlining the process of sanction of indoor expenditure:

1. CGMs shall have full powers to approve the expenditure incurred on the treatment taken in Govt. hospitals.
2. In respect of Indoor treatment, taken in empanelled hospitals, CGMs shall have full powers to settle the claims, where at least 90% of the total expenditure are covered under the rate list prescribed by CGHS for specialized and general purpose treatment and diagnostic procedure.
3. In case of treatment taken in non-empanelled hospitals in emergency condition with approval of competent authority, CGMs shall have full powers to settle the claim by restricting it to CGHS rates.
4. The financial powers shall not be sub-delegated by CGM.
5. In all cases involving hospitalization of two or more than two days, a designated officer of BSNL shall visit the hospital and give a certificate as per enclosed format. The certificate shall be attached to the claim while forwarding the same to CGM's office for approval.
6. The instruction regarding attaching a certificate by the concerned doctor identifying the patient in the copy of the BSNLMRS Card as conveyed by this office O.M. No. BSNL/Admn.I/15-4/04 (Pt.) dated 15.10.2004 should be strictly followed.

Encl: as above.

Bhatia

(Amarjit Bhatia)

Assistant Director General (Admn.)

Tel. No. 23037241 fax No. 23734260

8-8-05

To

1. All CGMs, BSNL
2. PPS/PS to CMD/All Director of BSNL Board
3. All Sr. DDsG/DDsG, BSNL CO

Copy to:

1. DG Audit (P&T)
2. BSNLE.U.

Certificate of visit of BSNL Officer

As per the instructions of _____ I visited the
_____ hospital at _____ A.M./P.M. on _____ (date) and found
that _____ (name of the patient) is undergoing treatment under
Dr. _____, under Registration No. _____ in ward No.
_____ and observed the following particulars of the patient.

Date of admission: _____

Name of disease: _____

Name of employee: _____

Relationship with the employee: _____

BSNLMRS Card No. _____

The patient/the employee is satisfied with the treatment being given. As per the documents available with him/her, he/she is found to be the authorized beneficiary to take treatment under the BSNLMRS.

Signature

Name of the Officer: _____

Date: _____

Place: _____

To

Pdhalia