OFFICE MEMORANDUM

Subject: Modification of NRLPS Medical Attendance Rules 2000 for the purpose of reimbursement.

The National Rural Livelihoods Promotion Society (NRLPS) Medical Attendance Rules, 2015, have been circulated vide Office Memorandum No. N.11013/01/2015-NRLPS dated the 5th October, 2015.

2. As per rules, an employee is entitled, free of charge, to medical attendance by the Authorized Medical Attendant and any amount paid by him on account of such medical attendance is reimbursed on production of Essentiality Certificate subject to the satisfaction of the Controlling Officer about genuineness of the claim.

3. The General Body of NRLPS in its 3rd Meeting held on 4th June, 2016, considered a representation to the effect that in the medical rules of CAPART there is no requirement of essentiality certificate and therefore the requirement of submission of essentiality certificate may be dispensed with while claiming reimbursement of expenditure incurred on medical attendance. The General Body has decided (i) to dispense with the requirement of submitting essentiality certificate and (ii) adopt the practice / procedure being followed by CAPART for reimbursement of expenses incurred on medical treatment."

4. In view of the above decision of the General Body of NRLPS, it has been decided that the system of producing essentiality certificate, as per para 2 above, for the purpose of reimbursement of medical claims has been discontinued with immediate effect and the National Rural Livelihoods Promotion Society (NRLPS) Medical Attendance Rules, 2015, stands modified to the extent indicated below:-

i) Reimbursement of medical claims where a single doctor has been consulted for a single patient and where the medicines are clearly prescribed and are duly supported by bills, will be considered for reimbursement directly.

ii) The cases where the entire treatment has been taken in one hospital / nursing home and are supported by itemized bill of the hospital/nursing home along with prescription / doctor’s recommendations will also be treated accordingly. This will also be applicable to the hospitals on the approved list of hospitals. For investigations / diagnostic procedure carried out on the basis of doctor’s
recommendation which have been written in the prescription are also included in the same category.

5. However, in order to enable the Accounts Department to check the claim with the prescription and the bills, a covering sheet giving the details of each medicine purchased and underlying bills, where the medicines figure, would be attached by the claimant enabling Accounts Division to verify the reimbursement claims and the said covering sheet will be duly certified by the employee concerned stating that the reimbursement claim is as per the advice / prescription of the doctor concerned, which has been attached to the reimbursement claim. The prescribed form of the covering sheet is enclosed as Annexure A. In addition, information in Annexure III of the National Rural Livelihoods Promotion Society (NRLPS) Medical Attendance Rules, 2015, shall also be furnished.

(Nita Kejrewal)
Director (Admin & Finance)

To,

1. CEO, NRLPS / Additional CEO, NRLPS
2. Deputy Director (Admin), NRLPS
3. Finance Desk, NRLPS
ANNEXURE A

NATIONAL RURAL LIVELIHOODS PROMOTION SOCIETY (NRLPS)

STATEMENT SHOWING THE DETAILS OF MEDICAL REIMBURSEMENT CLAIM,

1. Name of the patient and his / her relationship of the employee:
2. Name of the doctors with qualification:
3. Name of the Hospital / Nursing Home in case of hospitalization:
4. (i) Date of Consultation:
   (ii) Consultation Fee:
5. Name of the Disease:
6. Duration of treatment:
7. Cost of Medicines:

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Name of the Medicines</th>
<th>Quantity</th>
<th>Cash Memo No. / Date</th>
<th>Amount (In Rupees)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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8. Laboratory Charges:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Type of the test</th>
<th>Name of the Laboratory / hospital</th>
<th>Amount (In Rs.)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

9. Injection charges:
10. Dressing charges:

I hereby declare that the entire expenditure on medical expenses has been incurred on my own treatment or the person for whom medical expenses were incurred is wholly dependent upon me (strike off whichever is not applicable).

I further declare that the statements given above are true to the best of my knowledge and belief.

Signature
Name and Designation of the employee

Date:
Place: