R	HARYANA POWER GENERATION CORPORATION LIMITED <u>Regd. Office: C-7, URJA BHAWAN, SECTOR-6, PANCHKULA.</u> <u>Corporate Identity Number:- U45207HR1997SGC033517</u>				
HPGCL	website: <u>www.hpgcl.org.in</u>	.033317			
	Telephone No.0172-5023425	Fax No.0172-5022434			
From					
	Dy.Secy./Genl., HPGCL, Panchkula.	E-ma			
Го					
1. 2. 3. 4. 5. 6. 7.	All Chief Engineers in HPGCL. Controller of Finance, HPGCL, Panchkula. Controller of Accounts, HPGCL, Panchkula. Company Secretary, HPGCL, Panchkula. LR, HPUs, Panchkula. SE/Technical (HQ), HPGCL, Panchkula. SE/FTPS, HPGCL, Faridabad. CA-20 Memo No. /GB/HPGCL-536(Vol-II) 5573 Dated: 23 12.2021				

Regarding verification of medical Claim for the medicine purchased for more Subject: than one month.

Enclosed please find herewith a copy of memo no. Ch-309/SCM/Genl. dated 16.12.2021 received from the office of Director/Medical Services, HVPNL, Panchkula on the subject cited matter.

This is for your information and further necessary action please.

DA/As Above.

-sd -

Dy. Secy. /Genl. HPGCL, Panchkula.

Endst. No. Ch- HPGCL-536(Vol-II) 5573

Dated:- 23 12.2021

A copy of above is being forwarded to the following for the information and necessary action:-

- XEN/IT, HPGCL, Panchkula for uploading the same on HPGCL website. 1.
- 2. Dy.Secy./Estt.(G), HPGCL, Panchkula.
- Under Secretary/Estt. (NGE), HPGCL, Panchkula. 3. 4.
 - XEN(Rectt./HR & Training), HPGCL, Panchkula.

Secy. /Genl. HPGCL, Panchkula.

CC:-

- 1. SPS to MD, HPGCL, Panchkula.
- OSD to MD, HPGCL, Panchkula. 2.
- 3.
- SPS to Director(Generation/Technical/Finance), HPGCL, Panchkula. PS to CE/Admn., HPGCL, Panchkula. 4.

cinculate



HARYANA VIDYUT PRASARAN NIGAM LIMITED

Regd. Office, Shakti Bhawan, Plot No. C-4, Sector-6, Panchkula, 134109 Corporate Identity Number: U40101HR1997SGC033683 Website: www.hvpn.org.in, E-mail-dms@hvpn.org.in Telephone No. 0172-2563461

То

- 1. The CE/Admn, HVPNL, Panchkula.
- 2. The CE/Admn., HPGCL, Panchkula.
- 3. The CE/Admn. UHBVNL, Panchkula.
- 4. The CE/Admn., DHBVNL, Hisar.

Memo No. Ch- 309 SCM Geht.

Dated: 16-12-2021

Subject Regarding verification of medical Claim for the medicine purchased for more than one month.

Please refer to the subject cited above.

It has come to the notice of this office that many patients are prescribed medicines for a duration more than one month. The claimants, after purchasing the medicines for the full period, submit their medicals claims on the same day, for reimbursement. It has been noticed that at times, the medicine is changed by the doctor at later stage, due to side effects or non-response/change in course of disease. Sometimes, some of the unscrupulous persons submit the claim twice, for the same period at different timeline. Keeping in view the above situation, all the Employees/Pensioners and their dependents are advised to submit their claims after utilizing all the medicines for that period. This office will verify the medical claim only after the utilization certificate (incorporated in essentiality form) is submitted by the patient.

Necessary instructions may be issued to all concern and it may be uploaded on official websites of the Nigam. A revised Essentiality Certificate is enclosed herewith. DA/As above.

Director/Medical Services HVPNL, Panchkula.

CC:-

Xen/ITMS, HVPNL, Panchkula for information & necessary action.

17.12.202 JCHENIL DY. S.J. DT./GENL. ASST 1. 1/GENL ASSIT. 2/GENL.

DS/GENL

Memo No General S/T&M XEN/HR&TRG XEN/Rectt.

CE/Admn.

HVPNL/UHBVNL/HPGCL/DHBVNL (ESSENTIALLY CERTIFICATE)

Name of Employee/claimant /Pensioner			
Employee HRMS code/PPO No.			
Designation			
Office in which employed			
Residential Address of employee/Retiree			
Name of Patient			
Patient Card no.			
Relationship of patient with claimant			
Period of treatment			
Employee bank account no. (same where pay or pension is being disbursed)			
Bank Branch Address:	IFSC code:		
Basic pay/basic pension:	Indoor Ticket no.		

Certified that the above named patient has been under my treatment in dispensary for _ The under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration the condition of the patient. The medicines are not stocked in the Hospital (for supply to the patients) and do not include proprietary preparation for which cheaper substance of equal therapeutic value are available or preparation which are primarily food, toiletry or disinfectant.

Certified that:

1.

2.

3.

10 4.

the medicines have no cheaper effective substitute.

the treatment given was Indoor/Outdocr

the price claimed is reasonable.

the medicines are not in the form of tonic food or vitamins, the cost of which is not reimbursable in govt. orders issued on the subject form time to time.

Sr. No	Name & quantity of medicines	Outdoor/Indoor ticket No. & date of	Date on which actually purchased	Amount (in Rs)
		prescription		
		1		
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			2	1
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				1

The patient was suffering from_

In case of indoor treatment

Certified that the medicines claimed in this bill are as per Ticket no:_____ which relates to the case.

> Signature of AMA (Name in Block Letters) PTO

Certified that:

1. The medicines have actually been purchased by me during the course of treatment.

2. I have fully utilized the purchased medicines during the course of treatment.

3. I am drawing fixed cash medical allowance.

4. In case Spouse is not employed /working:

5. The patient is my spouse and he/she is wholly dependent up to me and is residing with me.

6. In case of children:

The patient is my child and he/she is wholly dependent upon me and is residing with me and he/she is unmarried & unemployed. His /her monthly income does not exceed Rs 3500/-

7. For parents only:

The parents are wholly dependent upon me and residing with me. The monthly income of my parents does not exceed Rs 3500/-

8. In case spouse is working:

A) My spouse is not getting fixed cash medical allowance from any source.
B) My spouse is employed and is not getting any medical reimbursement. Affidavit to this effect has already been furnished /is being attached.

I am not an ad-hoc employee but working on regular basis.

Signature of Claimant

Full Name_____

Dated:

9.

Designation

Office/ Department____

Mobile No.