

ADMIN DEPTT
(OF-I/A-II)

Subject:- **REVISED SOP FOR RE-IMBURSEMENT OF MEDICAL CHARGES.**

Reference:- This office note of even #, dated 08-10-2011 & 21-5-2012.

The existing reimbursement policy was issued vide note under reference. However, keeping in the view the difficulties being faced by POF employees / patients during reimbursement process of medical charges, following revised SOP has been approved by the competent authority for necessary action by all concerned:-

- a. After obtaining the prescription slip from the concerned doctor, the employees would be at liberty to purchase prescribed medicines from any one of the nominated drug stores (list enclosed as Annex-B). They will get the duly printed/computer generated medicine bill bearing valid licence number.
- b. After completing the required documents, the claimant i.e POF serving /retired employee will submit the claim to his/her concerned Welfare Office for scrutiny (enclosed as Annex-A).
- c. After scrutiny, the concerned Welfare office will forward the said claims to the concerned doctor of dispensary of each Group/Fy including POF Havelian & POF Sanjwal for verification of medicines purchased. Doctor will endorse his sign on the application form within **03 working days**. (Comdt POF Hospital will ensure the availability of doctors in dispensaries of each Fy/Group).
- d. Welfare Section will get the bill countersigned by the concerned authorized officer (nominated by respective head) according to financial powers as depicted at sub para 'g'.
- e. After completing requisite formalities, the concerned Welfare Office will forward claims to their Finance Section for preparation of bills.
- f. Finance Section will then forward the bills to the Account Office for audit and payment within **03 working days**. Audit authorities will finalize the medical claims within **03 working days**.

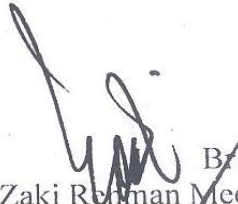
g. **REVISED FINANCIAL POWERS TO SANCTION THE MEDICAL CLAIMS.**

The following officers are authorized to approve the re-imbusement claims:-

(1)	Chairman POF Board	upto Rs. 60,000/-
(2)	DICR, MPC (pertaining to his under command Deptts)	upto Rs. 50,000/-
(3)	Director Admin (pertaining to his under command Deptts)	upto Rs. 50,000/-
(4)	M.Ds/ Directors or equivalent pertaining to their areas of command.	upto Rs. 40,000/-
(5)	GMs/Dy Directors or equivalent pertaining to their areas of command and Officer I/C - OFLS Karachi.	upto Rs. 20,000/-
(6)	Manager nominated by heads of Fys/Groups.	upto Rs. 10,000/-

- (7) Claims beyond Rs. 60,000/- shall be processed by the concerned Factory/Group for countersignatures of Comdt POF Hospital. After vetting of POF Hospital, these claims shall be forwarded to Director Admin (OF-I/A-II) for further processing to MoDP.
- (8) Bills/Documents will be cleared/forwarded by each Section/Factory/Deptt within **03 working days** to the next office/deptt.
- (9) MD/Director of each Fy / Group will ensure that the above instructions are being followed in true letter & spirit so that the entire process is completed within 12 x days as assessed / mentioned above.
- h. The SOP will be applicable wef **01-01-2017**.

Publication


Brig.
(Zaki Rehman Meer)
Director Admin
8 -12-2016

4102/41/Re-Imb/OF-I/A-II

Copy to:-

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|----|-----------------------------|---|------------------------------------------------------------------------------------------------------------|
| 1. | <u>Comdt – POF Hospital</u> | } | For information & necessary action please. |
| 2. | <u>CMA (POF) Wah</u> | | For information & necessary action regarding financial powers and implementation in prescribed time frame. |
| 3. | <u>Director - IT</u> | | For information & uploading at POF website. |
| 4. | <u>Dy Dir Field Admin</u> | | For information & necessary arrangements at Central Welfare for reimbursement of medical claims. |

GUIDELINES FOR SUBMISSION AND SCRUTINY OF THE MEDICAL CLAIMS.

1. Only prescribed application form (enclosed as Annex-C) be used for reimbursement of medical charges.
2. Proper prescription slip bearing name, age, sex and chronic disease of the patient (already specified by the Federal Govt) and admission/discharge slip (in case of indoor treatment) be attached in support of the claim.
3. Cash Memo bearing name and quantity of the medicines purchased by the claimant should be enclosed with the application for reimbursement. To facilitate the serving/retired POF employees medical stores at different areas have been nominated as per list enclosed with SOP separately.
4. Licence number of the Chemist must be printed on Cash Memos.
5. POF will only reimburse the cost of medicines purchased in emergency, if the patient is referred to some other hospital by his authorized Medical Attendant, attested copy of such referral letter may be attached with the claim.
6. Cost of treatment taken from the un-authorized hospitals/private clinics is not admissible.
7. Cost of Unani, Ayurvedic and Homeopathic medicines will not be reimbursed.
8. In case of non availability of POF Hospital transport, transportation charges will be reimbursed to the claimant after verification/confirmation from POF Hospital.
9. Cost of laboratory tests taken from authorized hospital/laboratory is admissible based on referral letter by the Authorized Medical Attendant only.
10. The cost of vaccine (s), blood and blood products is admissible.
11. The cost of following items is not reimbursable:
 - i. Cost of organs and tissues in cases of transplants.
 - ii. Soaps and detergents
 - iii. Food supplements
 - iv. Toilet and cosmetic goods
 - v. Thermometer
 - vi. Expenses incurred on medical treatment abroad.
12. The cost of following items is reimbursable:
 - i. Antiseptic liquids as prescribed
 - ii. Disposable items as prescribed by POF Hospital.
13. “Dental treatment” includes treatment of alveolar (gum and jaw bone) disease, extraction of teeth, treatment for dental caries, gingivitis, pyorrhea and filling (temporary or permanent of dental cavities including root canal treatment, scaling, but does not include dental implants, orthodontic appliances, bridging, crowning and provision of dentures.
14. In addition to above, if any patient has to get medical treatment from any private hospitals/military hospital/clinics, in emergency, he is required to produce emergency certificate from the treating doctor showing nature of disease and treatment given, duly countersigned by the nearest Authorized Medical Attendant of Govt Hospital.

LIST OF REGISTERED DRUG STORES OF DIFFERENT AREAS

i.	POF Welfare Drug Store
ii.	Shah Meer Chemist & Pharmacy Lala Rukh
iii.	Khattak Medicose & Cosmetics, Haji Gulzar Market 26 Area.
iv.	Life Line Pharmacy, Millad Chowk
v.	Zahid Medicose, Nawababad.
vi.	Al-Madina Medical Store, Anwaar Chowk

APPLICATION FORM FOR REIMBURSEMENT OF MEDICAL CHARGES IN RESPECT OF SERVING/RETIRED GOVERNMENT SERVANT AND HIS/HER DEPENDENTS.

PART-A

1. Name, designation, BPS, of the serving/retired Federal Government servant, (Alive/ Deceased) _____
2. Name of the patient and relationship with the claimant as dependent, as specified in rule 2(d) of the Federal Services Medical Attendance Rules, 1990 _____
3. Diagnosis of the patient _____
4. Ministry/Division/Department/Office of the serving/retired Government servant at Sr # 1 _____
5. Vendor No. and PPO No. for retired _____
6. List of medicines with quantity/hospital bill/laboratory and other diagnostic charges etc for which reimbursement is claimed through this bill (format attached).

PART-B

Certificates by Government servant (or member of his family in case of deceased Govt servant).
Certified that:

- i) The member(s) of my family for whose treatment reimbursement has been claimed is wholly dependent upon me.
- ii) The claim was not drawn before.
- iii) I shall have no objection to the recovery of any amount overpaid, if any, from my pay/pension or otherwise.

Signature: _____

FULL NAME OF THE GOVT SERVANT
or (claimant family member in case of deceased)

(IN BLOCK LETTERS)

Date: _____

CERTIFICATES BY THE AUTHORIZED MEDICAL ATTENDANT

Certified that the medicines/drugs/hospitalization/clinical tests/examinations listed below were essential for the recovery and restoration of the patient, Mr/Mrs/Miss. _____

2. It is further certified that neither the medicines/drugs etc. nor their effective substitutes could be supplied from the hospital/dispensary.

Signature _____

Designation _____

Official Stamp _____

Dated: _____

COUNTERSIGNATURES

Departmental Controlling Authority

Hospital Authority

Signature _____

Designation _____

Official Stamp _____

Signature _____

Designation _____

Official Stamp _____

S #	Name & Date of Bill/Cash Memo	Name of the Chemist Shop/ Hospital/Clinic/Dispensary	Name of Drugs/Medicines with Quantity/Details of Tests etc	Amount Rs.
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Signature & Seal of Head of
Hospital / Dispensary

Signature: _____
Full Name of the Government Servant