

POF BOARD
(Admin Deptt)

Subject: **SOP FOR REIMBURSEMENT OF MEDICINES AT OPD**

Reference: Fin Div OM # F.6(1)R-10/2010-171-2011, dated 24-03-2011.

To start the facility of reimbursement of the charges of medicines as mentioned in the above letter, following SOP will be followed strictly in accordance with the Federal Govt instructions on the subject to continue the medicines to the entitled patients in OPD's. However provision of prescribed medicines for Cancer, Hepatitis B, C and Insulin dependent diabetes from POF Hospital will continue as before. It is worth to mention that practice of reimbursement of medicines purchased by the patients in referred (indoor) cases to CMH/MH etc is already being followed as per guidelines of Federal Govt. However, the practice was limited and now its quantum will increase because POF is reverting to similar pattern being followed in Federal Govt Hospitals. The salient points of the SOP are:

Functions of POF Hospital:

i)	POF Hospital authorities will designate Doctors/Physicians for the purpose to prescribe medicines to the treatment requiring entitled patients in OPD's.
ii)	The procedure for reimbursement of medical charges should be followed strictly in accordance with the guidelines issued by Federal Government and already circulated vide this office note # 4102/41/Reimb/OF-I/A-II dated 20-7-2006.
iii)	POF Hospital will establish its own cell to scrutinise/verify and process the cases of reimbursement of medical charges. The Dy Director level officer will represent POF who will be nominated on quarterly basis by Director Admin Office and will be part of verification process.
iv)	The composition of the cell will be notified by the POF Hospital Administration.
v)	The verification of claims will be carried out once in week i.e. on every Wednesday.
vi)	POF Hospital authorities will verify the expenditure in accordance with the guidelines already circulated vide note # 4102/41/Reimb/OF-I/A-II, dated 20-07-2006 and reproduced in SOP incurred on account of purchase of medicines by the patients and will return to the claimant for further approval and payment by respective Fys on weekly basis.
vii)	Designated doctors at POF Sanjwal and Havelian Hospitals will prescribe medicines to the entitled patients and bills thereof will be submitted to POF Hospital for scrutiny and further process. In case of prescription from any one other than POF Hospital/Designated Doctors, instructions at para (xviii) to be followed.

Responsibilities of Claimant:

Serving Employees of POF and Allied Deptt.

viii)	The patient will be at liberty to purchase medicines from any drug store and get the bill duly stamped for subsequent claim.
ix)	Cash memos must be on proper printed form with licence no. of the chemist and signed by the Authorized Medical Attendant/Treating Specialist.
x)	The claimant will deposit duly verified claim from POF Hospital to their respective Fys/Gps for further approval and payment.

xi)	Only the attached prescribed application form be used.
xii)	Proper prescriptions bearing O.P.D No, name, age, sex and disease of the patient be attached in support of the claim.
xiii)	Names and quantity of the medicines purchased by the claimant be enclosed with the application for reimbursement.
xiv)	Original or attested copies of receipts written on the proper hospital printed form/prescription slip duly stamped will be accepted.
xv)	Cost of Laboratory tests taken from authorised/unauthorised hospital/laboratory are admissible on the basis of reference by the Authorized medical Attendant only.
xvi)	<p>The cost of following items is not reimbursable.</p> <ul style="list-style-type: none"> a. Cost of organs and tissues in case of transplants b. Soaps and detergents c. Food supplements d. Toilet and cosmetic goods e. Thermometer f. Unani, Ayurvedic and Homeopathic medicines g. Expenses incurred on medical treatment abroad.

Retired POF Employees:

xvii)	Retired POF employees will get treatment/medicines from POF Hospital or PMDC authorised medical practitioners of their respective cities of residences and will submit their reimbursement claims to POF Hospital for verification after fulfilling requirement as mentioned in paras (viii) to (xviii).
-------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Emergency Treatment taken from other than POF Hospital

xviii)	In case of emergency treatment taken from other than POF Hospital, such cases may be got verified from concerned District Headquarters Hospitals of the cities by the patients themselves and submit the claim to POF Hospital for process.
--------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Functions of PCAs:

xix)	The power for approval and payment of claims upto Rs. 20000/- will be delegated to respective Controlling Head.
xx)	The bills will be cleared from funds allocated to Fys for the purpose from budgetary allocation. In case of non-availability of funds claims will be pended till fresh allocation.

Functions of Director Admin:

xxi)	The power for approval and payment of claims above Rs. 20000/- and upto Rs. 30000/- will be sanctioned by Director Admin.
xxii)	The Director Admin will send cases beyond the limit of Rs. 30,000/. to MoDP for sanction after getting approval of Chairman POF Board.
xxiii)	The nomination of an officer of Dy Director level will be made by Director Admin on quarterly basis.
xxiv)	To communicate any changes in the medical policy from time to time to all concerned.

POF BOARD
(OF-I/A-II)

Subject:- **REVISED SOP FOR REIMBURSEMENT OF MEDICAL CHARGES.**
Reference:- This office note # 4102/41/Re-imb/OF-I/A-II, dated 08-10-2011

The existing procedure of reimbursement in vogue was implemented in Nov 2011. To make it more simplify and over come the difficulties of the patients revised procedure (to be read in conjunction with existing procedure referred above) is enumerated below:-

- i) After obtaining the prescription from doctor of POF Hospital, the patient will proceed to Welfare Drug Stores and get medicines on payment after signing on the blank proforma of reimbursement of medical charges.
- ii) After completing the proforma for reimbursement of medical charges the Welfare Drug Stores will submit the required documents to reimbursement counter of POF Hospital on the very next day.
- iii) POF Hospital will establish a counter adjacent to Welfare Drug Store where initial verification of the case will be carried out and the process will be completed on the same day.
- iv) After verification the case will be forwarded to the scrutiny committee reconstituted as under:-
 - a) Designated Medical Officer of POF Hospital
 - b) Rep of POF (an officer of GM/Manager level)
 - c) Rep of CMA (POF) (not less than AO/AAO)
- v) The scrutiny committee as per previous procedure will meet on every Wednesday for scrutiny of all claims. POF Hospital will forward all scrutinized claims to respective factories/groups within two days of the scrutiny.
- vi) The Factories/Groups will forward the claims (contingent bills) to respective Accounts Officers for passing within seven days.
- v) The Accounts Officers will clear the bills promptly as the same are duly scrutinized by the rep of CMA (POF) at preliminary stage, Account Officers to issue the payment authority within one week of receipt of contingent bills subject to availability of fund
- vi) The patient will be at liberty to purchase medicines from any drug store and get the bill duly stamped, in case of non availability of medicines from the Welfare Drug Stores, a non availability certificate will be made/issued by the Drug Store.
- vii) Emergency and outstation cases will be processed as per the previous procedure.

All concerned

(Muhammad Yasin)
Manager Admin Coord
For Director Admin
21-5-2012

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

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**.

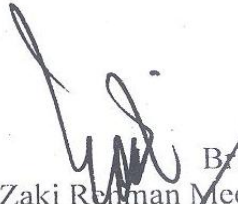
g. **REVISED FINANCIAL POWERS TO SANCTION THE MEDICAL CLAIMS.**

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:-

- | | | | |
|----|-----------------------------|---|------------------------------------------------------------------------------------------------------------|
| 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.
-----	-------------------------------	------------------------------------------------------	------------------------------------------------------------	------------

Signature & Seal of Head of
Hospital / Dispensary

Signature: _____
Full Name of the Government Servant