T.O. Kalul

From

TREASURIES AND ACCOUNTS DEPARTMENT

2046

The Commissioner

of Treasuries and Accounts,

Amma Complex, 3rd Floor,

Veterinary Hospital Campus,

Nandanam, Anna Salai, Chennai – 600 035 To

All RJD's.

All Treasury Officers.

All Pay and Accounts Officers.

The Pension Pay Officer, Chennai,

Sir,

Rc.No.15357/NHIS-2/2020

Dated:07.07.2020

Sub:

New Health Insurance Scheme for Employees and Pensioners – Inclusion of treatment of Critical and Non – Critical care for COVID 19 positive cases under

NHIS - medical reimbursement - Reg

Ref:

1. G.O.Ms.No.280, Finance (Salaries) Dept. Dated 24.06.2020

2. G.O.Ms.No.281 Finance (Pens on) Dept. Dated 24.06.2020

Kind attention invited to the references cited.

In the references cited, the Government have issued the orders to include the treatment of Critical and Non – Critical care for COVID-19 positive cases under New Health Insurance Scheme for Employees and Pensioners/Family Pensioners. The Government have further directed that to aubmit the claims for reimbursements for the treatment taken for COVID-19 Non-Critical cases with effect from 01.03.2020 by making appeal to the Commissioner of Treasuries and Accounts, Chennai.

Therefore, all the Treasury Officers/P/\O's/RJD's/PPO's are requested to inform the above to the Employees/Pensioners who are seeking reimbursement in respect of Non – Critical care for COVID-19 positive cases and send their representation in the prescribed format enclosed herewith to this Commissionerate for further necessary action.

23/7/200

Encl.: As above

2.C.NO. 3924/2020/F1 dt. 7.2020

M.Puviyarasu
Joint Director (NHIS)
O/o Commissioner of Treasuries
and Accounts

Superintendent (PNHIS)

Copy forwarded to necessary oution

OL Addl. Treasury Officer,

District Treasury.

Karur.

200 ASM

To!

ALL ATO'S

Bub Treasury

101/20

REIMBURESMENT OF NON CRITICAL COVID19 CLAIMS (Treatment Period from 01.03.2020 to 30.06.2020 for the Empanelled Hospital only as per G.O 280, Finance (Salaries Department, dated:24.06.2020)

Requ	uest Letter addressed to:			
1	Commissioner of Treasuries			
	counts , Integrated Office		E OF THE STATE OF	
	ding for the Finance Department,			
1	na Complex, 71 Anna Salai, Nandanam,		the state of the s	
1	nnai -600 035		23.5	
Circi		O BE PROVIDED		
Nam	e of the Employee / Pensioners	ign.		
Patient Name		A Annual Control of the Control of t		
TNN	HIS ID Card No			
Relationship to the Employee / Pensioners				
Hosp	oital Name & District			
Date	of Admission			
Date	of Discharge	V1		
Tota	Claimed Amount			
	DOCUMENTS	TO BE ATTACH	<u>IED</u>	
Cont	act Number	F1 .4		100
S NO	Documents Required	Yes /No	Remarks	10
1	A copy of TNNHIS ID Card/			
	Annexure from	- 2		1
2	Discharge summary in Original	English Control	Trag Last	
3	Hospital final bill in Original			1
4	Break up of hospital			1
	Final bill in Original			
5	Pharmacy bills in Original			
6	All Cash receipts for the payments made t	0		
7	the hospital I Original	200.2		
	Covid19 Positive report in Original	Saver In		
3	CT Scan report &films in Original (If any)			
)	All Blood investigation reports in Original			
.0	ECS Details – Copy of cancelled	3		. 4
	Cheque / photocopy of front page of bank	A STATE OF THE STA		
Y	pass book with IFSC code			
	hass nonk with 112C CODE	- IS		