

**Check List “ for Application for Approval Order ”**

- I (a) (1) All Applications for Approval should be forwarded by concerned Department of claimant. (This is as per Director of Health Services (MI) Meghalaya, Shillong Order No.HSM/T/ST/MISC/5/2002/1186-97,Dated 27<sup>th</sup> January 2009) Enclosed at Annexure Z
- (2) Referral OPD Ticket / Certificate in original
- (3) Xerox Copy of Recommendation of District / Hospital Head should be submitted.
- (4) Annexure II for treatment of Parent / Child vide OM Letter No. Health No.230/2000/247, dated 28-06-2006 at Point No. 6, duly filled up as applicable should be submitted. Enclosed at Annexure Y.

I (b) **Applications for Approval for Medical Check up / review** are Mandatory, however often and can be submitted directly to Office of the Director of Health Services (MI) along with

- last Approval order,-
- Advice from treating institution for check up
- An attested copy of A G Pay Slip of claimant OR duly filled Annexure I showing Basic Pay and other particulars. (This is for studying entitlement of air journey in the absence of Advice from treating institution to travel by air for check up). Annexure I is enclosed at Annexure X.

As per OM letter No. Health.230/2000/247, dated 28/06/2006 at Point No.2b (Enclosed at Annexure W).

I (c) **Applications for Approval for Inward Journey by Air**

Application for Inward Journey by Air should be submitted SEPARATELY from the final bill and should be accompanied by

- (i) Approval order pertaining to treatment for which journey was performed.
- (ii) Advice from treating Institution to Travel by Air.
- (iii) An attested copy of A G Pay Slip of claimant OR duly filled Annexure I showing Basic Pay and other particulars. (This is for studying entitlement of air journey in the absence of Advice from treating institution to travel by air).

As per Om letter No. Health.230/2000/247, dated 28/06/2006 at Point No.2b (Enclosed at Annexure W).

**ALL APPROVAL ORDERS are to be collected from Office of the Director of Health Services (MI) by the claimant Applicant. On receipt of the Approval Order applied for, due Attention may kindly be given to the instruction given in the last para of the order.**

ANNEXURE

**Check List for Reimbursement Claims :**

(Where Approval Order was issued by Director of Health Services (MI).

- (1) Copy of Approval Order pertaining to period of claim.
- (2) Annexure I duly filled up (Vide Memo letter No. Health 230/2000/247, dated 28-06-2006, at Point No. 5, enclosed at Annexure X).
- (3) Copies of Discharge Summary / Medical Report / Advice Slips or Prescriptions pertaining to each bill / Cashmemos submitted for claim.
- (4) Essentiality Certificate and Bills / Cashmemos in ORIGINAL should be duly signed by the treating institution.
- (5) Sanction order (For Government Employees of Health & Family Welfare Department only)
- (6) The claim should be forwarded to Director of Health Services (MI) through Concerned Department.

BILLS SHOULD BE COLLECTED by the Concerned Department from Office of The Director of Health Services (MI).

**III CHECK LIST FOR EXPOST FACTO APPROVAL**

- (1) Annexure I or I and II as applicable Vide Memo letter No. Health 230/2000/247, dated 28-06-2006 duly filled up. (Annexure II asked as proof of dependency). Annexure I & II are enclosed as Annexures X & Y respectively.
- (2) Copies of Discharge Summary / Medical Report / Advice Slips OR Prescriptions pertaining to each bill / Cash memos submitted for claim.
- (3) Essentiality Certificate and bills / Cash memos IN ORIGINAL should be duly signed by the treating institution.
- (4) Residential Certificate OR Residency Address duly countersigned by Head of Office / Head of Department.
- (5) Referral Certificate by AMA (Authorized Medical Attendant).
- (6) Details of Laboratory Investigation.
- (7) Bills should be forwarded by Concerned Department.

ALL BILLS SHOULD BE COLLECTED BY CONCERNED DEPARTMENT from OFFICE OF THE DIRECTOR OF HEALTH SERVICES (MI).

The Administrative Heads / Heads of Departments/District Heads / Heads of Office are NOT to forward Applications for Approvals / Reimbursement claims of Children of claimants of the following Category: -

- (I) Sons who are earning or are above the age of 25 years (Sl.3g iv of the Amended MMA Rules).
- (II) Daughters who are married or are earning (Sl. 3g iii of the Amended MMA Rules).