

PART –II
PROCEDURE OF GRANT
OF FINANCIAL ASSISTANCE

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NUTRITIOUS DIET ALLOWANCE

1. a) In cases of TB, Cancer and Leprosy, the first application for grant of Nutritious Diet Allowance shall be made in the proforma given in Form-4 alongwith the following documents:

In the case of a T.B. patient the application shall be supported by:-

- i) a fresh and detailed medical report on the patient in Form-5A duly completed in all respects by the competent medical authority (please see Note (ii) below);
- ii) the latest X-ray film of the patient (not more than six months old) duly supported by the Radiologist's Report;
- iii) Blood and Sputum Report from Lab.

In the case of a Leprosy patient, the application shall be supported by:-

- i) a fresh and detailed medical report on the patient in Form-5B duly completed in all respects by the competent medical authority (please see Note (ii) below);
- ii) Biopsy report issued by the Lab.

In the case of a Cancer patient, the application shall be supported by:-

- i) a fresh and detailed medical report on the patient in Form-5C duly completed in all respects by the competent medical authority (please see Note (ii) below);
- ii) a duly attested copy of Biopsy /Histopathology/ FNAC report as the case may be.

- b) **In the case of Burn Injuries**, the application shall be made in Form – 9 duly completed in all respects by the competent medical authority (please see Note (ii) below) and the application will be accompanied with a report of the medical authority of the hospital where the patient was admitted for burn injuries.

- c) **In the case of Anaemia during pregnancy and for Lactating Mothers:-**

- i) **in the case of anaemia during pregnancy**, the application in Form-5D duly completed in all respects alongwith latest blood/haemoglobin report.
- ii) a duly attested copy of the advice of the authorized Gynaecologist/AMA referring the patient for blood test.
- iii) blood report duly countersigned by the same Gynaecologist/AMA who advised blood test.
- iv) **in the case of lactating mothers**, the application in Form-5D duly completed in all respects alongwith duly attested copy of date of birth certificate from municipality / local body of the newborn baby with hospital's discharge note/slip.

AFTER CARE ALLOWANCE

2. **In the case of After Care Allowance**, the application has to be made in Form-4 duly completed in all respects alongwith duly attested copy of the fitness certificate within a period of three months from that date on which the patient was declared medically fit for normal duties or work. Application made after three months from the date of fitness certificate may not be considered for the benefit.

SUBSISTANCE ALLOWANCE

3. **In the case of Subsistence Allowance**, the application shall be submitted in Form-7 in duplicate alongwith Part-II Order notifying leave without pay and allowances granted to the member patient on medical certificate.

EX-GRATIA GRANT

(IN CASE A MEMBER PATIENT DIES DUE TO TB, CANCER, LEPROSY & HEART AILMENTS)

4. **In the case of Ex-gratia grant**, the application shall be submitted by the widow/legal heir in Form-8 duly completed by an AMA of the Estts/MO of Govt. recognised hospital/ medical specialist of the Armed Forces/ Medical Officer of an Ordnance Factory hospital /Authorised officer of municipality/local body alongwith:
- i) a duly attested copy of death certificate from municipality/local body.
 - ii) a duly attested copy of Radiologist's/Histopathology/FNAC report on the basis of which the deceased was diagnosed to be a case of TB/Cancer/Leprosy if Nutritious Diet Allowance was not availed.
 - iii) original membership card issued to the deceased member by the Fund.
 - iv) if member patient dies due to heart ailments, confirmation whether member patient had availed assistance for heart ailments earlier, alongwith DCMAF File Number.

FINANCIAL ASSISTANCE IN MAJOR OPERATIONS/SURGERY

5. **In the case of Major Operations/Surgery**, the application shall be submitted in Form-9 duly completed by a medical specialist/a cardiologist or cardiac surgeon/an orthopedist (as the case may be) attached to a Govt. /Govt. recognized Hospital including an Ordnance Factory Hospital :
- i) case profile of the patient
 - ii) copy of final payment order from CDA, where partial reimbursement has been made by the Govt. under CGHS/CSMA Rules.

ADDITIONAL FINANCIAL ASSISTANCE

6. **In the case of Additional Benefits**, the application shall be submitted in Form-9 duly completed by a medical specialist/a cancer specialist/a cardiologist or cardiac surgeon/an orthopedist/an ophthalmologist or ENT specialist (as the case may be) attached to a Govt. /Govt. recognized Hospital including an Ordnance Factory Hospital :
- i) case profile of the patient
 - ii) original/attested copy of the cash memo in case of IOL, Hearing Aids etc.
 - iii) copy of final payment order from CDA, where partial reimbursement has been made by the Govt. under CGHS/CSMA Rules.

EX-GRATIA GRANT (IN CASE A MEMBER PATIENT DIES IN AN ACCIDENT)

7. **In the case of Ex-gratia grant**, the application shall be submitted by the widow/legal heir in Form-10 duly completed by an AMA of the Estts/MO of Govt. recognised hospital/ medical specialist of the Armed Forces/Medical Officer of an Ordnance Factory hospital /Authorised officer of municipality/local body alongwith:
- i) attested copy of post mortem report
 - ii) a duly attested copy of FIR lodged
 - iii) a duly attested copy of death certificate
 - iv) attested copy of Ration Card/Index Card
 - v) original membership card issued to the deceased member by the Fund.

EX-GRATIA GRANT (FOR LOSS OF LIMBS/EYES OF MEMBER PATIENT IN AN ACCIDENT)

8. **In the case of Ex-gratia grant**, the application shall be submitted in Form-9 duly completed by a AMA of the Estts/MO of Govt. recognised hospital/ medical specialist of the Armed Forces/Medical Officer of an Ordnance Factory hospital /Authorised officer of municipality/local body alongwith case profile.

DIALYSIS ALLOWANCE

9. **In the case of chronic Renal disease**, the application shall be submitted in Form-5E duly completed in all respects alongwith certificate from the competent medical authority with diagnosis and clinical findings.

NOTE :

- i) Each application should be supported by duly completed and fresh medical reports on the patient in the prescribed forms.
- ii) The medical reports should be completed and authenticated in all respects by one of the following medical authorities:
 - a) Medical Officer of a Govt/Govt Recognised hospital
 - b) Authorized Medial Attendant of the Establishment
 - c) Medical specialist of the Armed Forces
 - d) Medical Officer of an Ordnance Factory hospital
- iii) Medical reports from authorities other than those mentioned above will not be entertained unless there are special reasons to be explained by the administrative authority while forwarding the case. Acceptance of such report will be subject to the approval of the Executive Committee.
- iv) Financial Assistance shall be granted from such date as may be decided by the Executive Committee, on scrutiny of the application and medical reports .
- v) In Case of TB/Cancer/Leprosy:
 - a) Financial assistance shall be granted for a maximum period of six months or for such a lesser period as may be recommended in the first medical report.
 - b) Subsequent assistance will be given on the basis of fresh medical reports which may also cover a period of six months.
 - c) Cases of relapse will be treated as fresh cases, irrespective of whatever assistance had been given in the past.
 - d) If the member patient dies due to TB/Cancer/Leprosy, his widow/legal heir shall be paid the dues upto the date of demise of the individual concerned.
 - e) Financial assistance shall not be discontinued to member patients even if they attend their normal duties during the course of their domiciliary treatment, in case the disease is found to be active in their cases.
- vi) In case of Additional Financial Assistance and Assistance for cases of Major Operations, financial assistance shall be considered only after reimbursement of admissible portion of expenditure by the Govt under the CGHS/CSMA Rules. In case of Additional Financial Assistance, fresh claims for reimbursement for the same item for the same patient will not be entertained within five years of the first reimbursement.

- vii) Advance receipt is to be sent in Form-6 for claiming the amount of Nutritious Diet Allowance/After Care Allowance/Subsistence Allowance/Additional Financial Assistance/Dialysis Allowance etc. This receipt should be completed and dated in the same month for which the amount is being claimed.
- viii) Remittances to or for the patients shall normally be made by Bank Drafts/Cheques. Where it is more expedient to do so, the Hony Treasurer may adopt other means or remittance. Any incidental expenditure incurred (e.g. money order commission) shall be borne by the Fund.
- ix) Cases for Financial Assistance shall be considered only on the basis of the current illness and the medical documents of the patient (i.e. occurrence of disease after becoming the member of the Fund).
- x) Past illness as well as the expenditure incurred in that connection by the members in the past shall not be taken into consideration for granting the benefits of the Fund.
- xi) The Fund will not make any arrangement for the medical checkup of the members of the Fund and their dependents whether initially joining the Fund or periodically thereafter.
- xii) The amount of assistance is prescribed by the Managing Committee of the Fund from time to time.