Chapter VI

MEDICAL ATTENDANCE AND TREATMENT

Section A - Definitions

601. In these paragraphs, unless there is anything repugnant in the subject or context and subject always to the provisions contained in the Indian Railway Establishment Code, Volume I-

(1) 'Authorised Medical Officer' means the Railway Medical Officer within whose jurisdiction the Railway employee is headquartered or one who is specifically nominated for the purpose.

Note: (i) The Authorised Medical Officer may, as per the requirements of a particular case, refer the case to any other Medical Officer of the required speciality.

(ii) Ordinarily the jurisdiction of a Railway Medical Officer will be taken to cover Railway employees residing within a radius of 2.5 km. of the Railway hospital/health unit and within 1 km. radius from the station of the Medical Officer’s jurisdiction.

(iii) A Railway doctor on regular leave cannot perform the duties of "Authorised Medical Officer".

(2) "Medical attendance" means-

(a) Attendance on Railway employee, members of the family or dependent relatives as defined in pass rules (hereafter called "Beneficiary") at the consultation room maintained by the Authorised Medical Officer or in any Railway hospital/health unit.

(b) If there is no such consultation room/health unit/hospital, then attendance in any non-Railway hospital/health centre/dispensary to which the Railway "beneficiary" is referred to by the authorised medical officer.

(c) Attendance on a Railway employee at his residence in terms of para 634 of this chapter.

(d) Such special investigations as are considered necessary by the authorised medical officer.

Note: (i) Special investigations may include Pathological, Bacteriological and similar tests, USG, Endoscopic examinations, FNAC etc.,

(ii) For such special investigations upto Rs 1000/- in each case done in Govt./recognised Hospital or in any hospital, powers for referral/reimbursement are redelegated to MD/CMS/MS up to Rs 1000/-in each case, in case the requisite facilities are not available in nearby Govt/recognised Hospital

(iii) This power will be exercised by the MD/CMS/MS in consultation with two senior doctors(one pathologist and the other from surgical or medical speciality or by the last two when a pathologist is not available) and the proceedings of the opinion, justification and sanction recorded in the bed head ticket of the patient before the test is recommended

(iv) It should be ensured that only the special investigation facilities which are not available in Railway Hospital are referred and not the routine ones.

(v) Investigations costing more than Rs 1000/- each will continue to be decided by the Chief Medical director of the Railways, wherever necessary, in consultation with the FA&CAO, provided these were done at the instance of the Authorised Medical Officer and the amount involved does not exceed Rs.10000/- per case.

(Ministry of Railway's letter No. 87/H/6-1/20 dt. 10/03/88, No. 91/H/6-4/26 dt. 05/01/1994, No. 89/H/6-4/policy dated 20/09/2000 and No. 99/H/6-4/policy dated 8-11-2001)

(e) Such consultation with a specialist or other medical officer in the service of Government, stationed at places served by the Railway administration which the Authorised Medical Officer, with the approval of the Chief Medical Director, certifies to be necessary to such extent and in such manner as the specialist or the medical officer may determine.

Note: (i) A patient should not be referred to:-

(a) a specialist or medical officer not in the service of Government.
(b) a specialist or medical officer in the service of Government but posted outside the place served by the Railway administration.

(ii) Consultation with a specialist or other medical officer means obtaining an opinion on the case and advice as to the line of treatment, and management of the case, but not treatment by him.

(iii) If the Authorised Medical Officer is of the opinion that the case of a patient is of such a serious or special nature as to require medical attendance by some person other than himself, he may, with the approval of the Chief Medical Director of the Railway (which shall be obtained beforehand unless the delay involved entails serious danger to the health of the patient)-

(a) send the patient to the nearest specialist or other medical officer by whom, in his opinion, medical attendance is considered necessary for the patient, or

(b) if the patient is too ill to travel, request such specialist or other medical officer to attend upon the patient.

(iv) A specialist or medical officer summoned as above, on production of a certificate by the Authorised Medical Officer, will be entitled to travelling allowance as admissible to him under the rules applicable to him.

(v) Honorary specialists attached to Government Hospital or other recognised hospitals may be considered as Government specialist for the purpose of this Sub-para subject to the condition that such consultation will be permissible only in places where Government specialists are not available and only on the advice of the authorised medical officer who should obtain prior approval of the Chief Medical Director. The fees paid to the honorary specialists for consultation at their private consulting rooms will be reimbursed to the Railway employees in accordance with the rates prescribed for Government specialists. The consultation with the honorary specialists at their private consulting rooms will be permissible only in emergent cases.

(vi) The State Government, where agreeable, should debit the Railway administration concerned by preferring bills or by raising debits in respect of consultation fees of Government specialists. Otherwise reimbursement to the Railway employees concerned would be permissible as per rules.

(3) (A) "Treatment" means -

the use of all medical and surgical facilities available at the Railway hospital/health unit or the consulting room of the Authorised Medical Officer and includes:

(a) the employment of such pathological, bacteriological, radiological and other methods as are considered necessary by the Authorised Medical Officer;

(b) the supply of such medicines, vaccines, sera or other therapeutic substances as are ordinarily stocked in the hospital;

(c) the supply of such medicines, vaccines, sera or other therapeutic substances etc., not ordinarily stocked, which the Authorised Medical Officer may certify in writing to be essential for the recovery or for the prevention of serious deterioration in the condition of the patient.

(d) such accommodation as is ordinarily provided in the hospital suited to the status of the Railway employee concerned. If accommodation suited to his status is not available, accommodation of a higher class may be allotted provided it can be certified by the medical officer in charge of the Government/recognised hospital:-

(i) that accommodation of the appropriate class was not available at the time of admission of the patient, or, if subsequently available, the condition of the patient did not permit shifting, and

(ii) that the admission of the patient into the hospital could not be delayed due to the nature of the illness until accommodation of the appropriate class became available.

Note:- In the case of admission of a Railway "beneficiary" in a Government or a recognised hospital, the Hospital authorities, where agreeable, should debit to Railway administration
concerned by preferring bills or by raising debits in respect of the charges for accommodation provided in the hospital. Otherwise, reimbursement to the Railway employee concerned would be permissible as per rules.

(e) such nursing as is ordinarily provided to in-patients by the hospital. (Engagement of special nurses will be allowed to the extent indicated in sub section (3) of Section C of this Chapter).

(f) the specialist consultation as described in para (2)(e) above.

(g) shifting of the patient for treatment or examination from residence to a hospital or from one hospital to another hospital in an ambulance belonging to the Railway or Government or a local authority, etc.

Note:-(i) If, in any situation, an ambulance cannot be pressed into service to attend to an exceptionally emergent case, alternative arrangements of taxi or other suitable and available transport vehicle should be made to ensure prompt transport. The nominal payment that may be involved in such cases may be met out of the contingencies. Assistant Divisional Medical Officers may be delegated with powers for incurring of such contingent expenditure. However, all such cases, where public transport facilities are hired, should be reviewed by the competent higher authority such as MS/CMS in charge of the division to ensure that engagement of taxi etc, is not made on frivolous grounds.

(ii) In exceptional cases, when the patients are not actually fit to resume duty but are discharged from the hospital e.g., fracture cases discharged with plaster of Paris cast, amputation cases, convalescent cases recommended sick leave, etc., with the specific approval in writing of the Medical Officer in charge of the hospital, the facility of transporting patients to their residence in an ambulance may also be allowed free of cost.

(h) Blood transfusion charges paid to a Government Institution or any other local organisation registered/approved for the supply of blood to patients in hospitals.

(i) free diet to the extent indicated in sub-section(2) of Section C of this Chapter.

(j) The dental treatment to the extent indicated in para 637 of this Chapter.”

(B) It does not include:-

(a) Massage treatment, except that in the case of poliomyelitis, may be allowed as part of the general treatment.

(b) Testing of eye sight for glasses except at Railway hospitals where facilities exist for the same.

Note:-(i) If local conditions warrant, the Railways may have their own arrangements for manufacturing and supplying of glasses to Railway “beneficiaries” on no-profit- no-loss ’ basis. This scheme should be financed from the Staff Benefit Fund. In the case of group D staff, only 50 percent of the cost of spectacles may be borne by the Staff Benefit Fund.

(ii) Reimbursement of charges incurred in connection with treatment by a private oculist is not admissible under any circumstances whatsoever even if it is taken on the advice of the Authorised Medical Officer.

(c) Taxi, tonga or other conveyance charges incurred to convey a patient from his residence to the hospital or vice versa, except as provided in clause A(g) above.

(d) Cottage booking fee, admission fee, dhobi charges and charges for attendants/ ayahs at the hospital.

(e) Special articles of diet not ordinarily provided by the hospital to its in-patients.

(f) Charges incurred on account of treatment for immunizing or prophylactic purposes except at Railway hospitals at the discretion of the Authorised Medical Officer.

Note:- Cost of vaccination, inoculations and injections for prophylactic and immunizing purposes taken before commencement of international travel by Railway employees and members of their families and dependent relatives in order to procure health certificates required under International Travel
Regulations, may be reimbursed to them from the Railway revenue provided they are travelling on duty or on authorised leave in circumstances in which they are entitled to fares at Railway expense.

(4) "Railway employees", for the rules contained in this Manual, means persons who are members of a service or who hold posts under the administrative control of the Ministry of Railways excepting such of the employees of the Ministry of Railways as are covered by the Medical Attendance and Treatment Rules issued from time to time by the Ministry of Health and Family Welfare.

(5) "Family members", and "dependent relatives" for purposes of these rules, will include all such persons as are eligible under Pass Rules.

(para 601 sub para (5) of R.I 1995 Edition)

Note:- In a case where both husband and wife are Railway employees, the husband/wife may be allowed to avail himself/herself of the medical attendance and treatment facilities either according to his/her own status or according to the status of the spouse, whichever is more favorable. Their children may also be allowed these concessions according to the status of either of their parents and the preferential claim for reimbursement of medical expenses.

(6) “Beneficiary" is defined as a Railway employee or his/her family member or a dependent relative as defined in the Pass Rules.

(7) "Patient" means a person to whom the rules in this Chapter apply and who has fallen ill.


Section B - Extent of Application

Sub-Section (1)-Railway employees

602. Medical attendance and treatment facilities shall be available, free of charge, to all "Railway employees", their "family members" and "dependent relatives", (as defined under Pass Rules) irrespective of whether the employees are in Group A, B, C or D, whether they are permanent or temporary, in accordance with the detailed rules as given in Section C & D of this Chapter.

Note:- For this purpose the Railway staff employed in the offices mentioned below shall be regarded as attached to the Railway administration noted against each office:

(i) Advanced Permanent Way Training School, Pune ..... Central Railway
(ii) Railway Recruitment Board, Bhopal ..... Do...
(iii) Director, Rail Movements, Kolkata ..... Eastern Railway
(iv) Railway Recruitment Board, Patna ..... Do...
(v) Chairman, Railway Recruitment Board, Kolkata ..... Do
(vi) Chief Mining Engineer(Dy. Coal Commissioner, Production.) ..... Do
(vii) Deputy Director Railway Stores(Steel),Kolkata ..... Do
(viii) Research Designs and Standards Organization, Lucknow ..... Northern Railway
(ix) Chairman, Railway Recruitment Board, Allahabad ..... Do
(x) Railway Recruitment Board, Srinagar ..... Do...
(xi) Railway Recruitment Board, Chandigarh ..... Do...
(xii) Diesel Locomotive Works, Varanasi ..... North Eastern Railway
(xiii) Railway Rates Tribunal, Chennai ..... Southern Railway
(xiv) Integral Coach Factory, Perambur ..... Do
(xv) Chairman, Railway Recruitment Board, Chennai ..... Do
(xvi) Railway Recruitment Board, Bangalore ..... Do...
(xvii) Railway Recruitment Board, Thiruvananthapuram, ..... Do...
(xviii) Indian Railway School of Signal and Telecom

Secunderabad

(xix) Railway Recruitment Board, Secunderabad

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(xx) Railway Recruitment Board, Ranchi

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(xxii) Railway Recruitment Board, Bhubaneswar

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(xxiii) Railway Recruitment Board, Ranchi

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(xxiv) Railway Recruitment Board, Ahmedabad

Do...

(xxv) Chairman, Railway Recruitment Board, Mumbai

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(xxvi) Railway Recruitment Board, Guwahati

Do...

(xxvii) Metro Transport Project, Kolkata

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(xxviii) Metro Transport Project, Mumbai

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(xxix) Metro Transport Project, Chennai

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(v) When a Railway audit staff opts for Railway facilities, medical attendance and treatment to the extent available to Railway employees of corresponding status will be available, free of charge, to the Railway Audit staff and their family members, in accordance with the detailed rules as given in Section C &D of this Chapter.

(CAG's letter No. 3309-NGE I/112-78 dated 24-09-80)

(2) Audit staff posted in North east Frontier Railway, and their families, who have been permitted Railway Medical facilities, when referred for medical treatment by the Chief Medical Director/N.F.Railway to the hospitals on other Railways for any specialist treatment, will get appropriate treatment in those Railway hospitals. However, if the N.F.Railway Audit staff are required to be referred to civil hospitals, recognised under the Railway Medical Attendance Rules for medical treatment, the cost of such medical treatment will be borne by the Audit Department themselves.

(M.O. R’s letters No.E46ME38/3,dt.24/06/1964, No.64/H/7/158 dt. 9/11/64 and No. 81/H/6-1/47 dt. 2/02/82)

Sub-Section(6) - Railway employees on deputation to Rail India Technical and Economic Services Ltd.(RITES) Indian Railway Construction Company Ltd.(IRCON)

607. Railway employees on deputation to RITES/IRCON may be permitted to continue to avail of the medical facilities in accordance with the detailed rules as given in Section C&D of this Chapter. However, RITES/IRCON would pay annual contribution on the basis of per capita expenditure on a Railway employee on an All-Indian Railways basis multiplied by the number of Railway employees on deputation with them who have opted for these rules.

(Ministry of Railways' letter No.79/H/6-3/8, dated 18th July 1980)

Sub-Section(7) - Railway employees on deputation with Trade Unions, etc.

608. Railway employees on deputation with Trade Unions or other similar organisations as full-time paid union workers may be permitted to continue to avail of the medical facilities, free of charge, in accordance with the detailed rules as given in Section C&D of this Chapter.

(Ministry of Railways' letters No.MH59/ME1/21/Medical,Dt.01/08/1960 and No. E(L) 60UTI -111,dt. 21/12/1960).

Sub-Section(8)-Trade Union officials who are Ex-Railway employees

609. (1) Medical attendance and treatment facilities will be available, free of charge, to the trade union officials who are ex-railway employees, in accordance with the detailed rules as given in Section C &D of this Chapter, on the following terms and conditions:-

(i) The ex-Railway employees should have resigned from the Railway service and the resignation accepted by the Railway administration.

(ii) The ex-employee should be president, vice-president or general secretary at the All-India level or the Zonal level of a recognised trade union. The office bearers at the divisional or branch level etc. would not be eligible for the facility.

(iii) The benefits would be admissible till they attain the normal age of retirement of a railway employee.

(2) The above officials after attaining the age of superannuation may elect to join the "Retired Employees' Liberalised Health Scheme '97". The rate of contribution in their cases will be on the basis of last pay drawn on the Railways.

(Ministry of Railways' letters No.E (LU)71UT3-2,dt. 02/071971 and No.E (LR)III-78 UTF-3,dated 1st March 1978)

Sub-Section (9)-Quasi-Railway Organisations

610. (1) Free medical attendance and treatment facilities in Railway Hospitals are available to the staff themselves of the:-

(i) Consumer Co-operative Societies,
(ii) Staff Benefit Fund Committees,
(iii) Railway Institutes,
(iv) Railway Officers' Clubs,
(v) Station Committees,
(vi) Statutory canteens on Indian Railways and
(vii) Whole time (not part time ) employees of the AIRF/NFIR & Zonal
recognised unions/Federations. The number of beneficiaries on this account is restricted to the current level
of whole time workers/officers employed by the Federations/recognised unions.

Note: The above mentioned staff should obtain medical fitness certificates from the Railway
Medical Officers who, while issuing such certificates, will make sure that the applicant is not suffering
from any old and chronic disease requiring medication on a permanent basis. Zonal Railways may issue
medical identity cards to such staff only after scrutinizing the medical certificate.Such cards should have
expiry date as the end of the financial year and be renewed at the start of the next year on receiving
authority letter from the concerned organisation.

(2) Free out door treatment facilities only will be available to the family members of the quasi-
Railway Organisations as mentioned in Para 610 (1). All such beneficiaries should be issued identity cards
with photographs of beneficiaries mentioning "VALID FOR OUT-DOOR TREATMENT ONLY"

(3) Medical attendance and treatment facilities are available to the staff and to the members of
their families of the Co-Operative credit Societies and Banks on payment on per capita basis, the per capita
charge being calculated on the basis of total expenditure on medical services (excluding health services)
incurred on Railway employees in India during the previous financial year.

(4) The staff (but not their family members) of the Canteens on the Railways run by Co-operative
Societies specially formed for the purpose and in the Ministry of Railway's office may be extended free
medical treatment in the outpatient departments only. However, charges are levied for all investigations.

(5) Indoor medical facilities to the family members of the quasi-Railway organisations as
mentioned in Para 610(1) above will be made available on payment at per capita basis. The per capita
charge is calculated on the basis of total expenditure on medical services (excluding health services)
incurred on Railway employees in Indian Railways during the previous financial year.

Note: All those who are permitted /entitled for medical treatment on per capita basis under paras
610 and 623, can only avail of medical facilities available locally in respective Railway hospital/Health
Units without any referral to other Intra-Railway or Inter Railway Hospitals/Health Units or any other intra
-Railway or inter -Railway Hospitals/Health units or any other non Railway Hospitals. For availing of
treatment in any super specialty centers, such beneficiaries will be treated as outsiders. For this purpose the
term 'super specialty' denotes those specialised services for which separate centres have been developed
at various Railway Zones i.e. Cardiovascular Surgery at Perambur, Plastic surgery at Byculla,
Gastroenterology at J.R.H, Orthopedic Surgery at Howrah, Orthopedic centre and Cancer treatment
facilities at C.R.I/Varanasi.

(MOR's decision No.2 below Rule 602-R.I, MOR's letters No.64/H/7/116,dated 31st August
1965, No.71/H/1-1/18,dated 14th September 1971 and No.73/H/6-1/24, dated 1st October 1973 and Rly
Bd.'s No. E(W) 97 CNT-4 dt. 15/11/1979 , M.O.R's letter No.88/TGII/1010/51/ Medical/ Policy dt.
09/12/1988, M.O.R's letter No.90/H/6-1/13 dt, 28/05/1993, 24/08/93, 25/11/94, and Bd.'s No90/H/6-1/13
dt. 23/11/94 , No 90/H/6-1/13 dt 24/05/1995, dt 22/06/1995and 08/09/97and letter No.98/H-1/2/1 dt 7-2-
02))

Sub-Section(10)-Apprentices

611. Medical attendance and treatment facilities, free of charge, will be admissible to all
Apprentices other than those governed by the Apprentice Act, 1961, but not to their family members, on
the same scale as available to Railway employees, but confined only to the extant facilities as available in
Railway hospitals and health units. For the purpose of medical attendance and treatment they may be
classified according to the categories for which they are Apprentices. For the purpose of recovery of diet
charges, the stipend drawn by them should be treated as pay. No reimbursement facilities are available in
non-Railway institutions or T.B institutions where beds have been reserved for Railway employees.

Note: (i) Trade Apprentices as are governed by the Apprentice Act 1961, but otherwise
come within the definition of the phrase "family members" or "dependent relatives" of a Railway
employee, will be eligible for medical attendance and treatment facilities according to the status of the
Railway employee, under the normal rules.
(ii) Free medical treatment may be accorded to all Apprentices, including those governed by the Apprentice Act, 1961, when personal injuries are caused to them by accidents arising out of and in the course of the training as Apprentices.

(Sub-section 10 of 602-R-1 1995 reprint and MOR's letters No. MH 58 ME1/24/Medical dt.12/01/1960, No 64/H/1/51 dt. 23/05/1966. No.E(Trg)/64/TRI/89 dt. 27/05/1966 and No.E(Trg)1/67/TRI/15 dt. 08/02/1968)

Sub-Section(11) Retired Employees

612 A “Retired Employees Liberalised Health Scheme-1997 ("RELHS-1997").

(1) Retired Railway employees covered under RELHS-97 will be provided with full medical facilities as admissible to serving employees in respect of medical treatment, investigations, diet, and reimbursement of claims for treatment in Govt. or recognised non railway hospitals. They will also be eligible inter-alia, for a) ambulance services b) medical passes c) home visits d) medical attendance for first two pregnancies of married daughters at concessional rates and e ) treatment of private servants as applicable to serving railway employees.

Note: (i) Those who join the RELHS-97 shall hold identity cards with photographs of all the beneficiaries.

(ii) For the purpose of d) of subpara (1)above special identification cards will be issued duly affixing photographs of married daughters with clear instructions on the card which shall read "ONLY FOR CONFINEMENT AND TREATMENT DURING ANTE-NATAL AND POST NATAL PERIODS FOR THE FIRST TWO PREGNANCIES AT CONCESSIONAL RATES"

(2) Eligibility: Minimum 20 years of qualifying service in the Railways will be necessary for joining the scheme and the following categories of persons will be eligible to join the same:

(i) All serving Railway employees desirous of joining the scheme will be eligible to join it in accordance with the procedure laid down herein under “Mode of Joining”,

(ii) All retired Railway employees who were members of the old RELHS will automatically be included in the RELHS ’97.

(iii) Spouse of the Railway employee who dies in harness. These orders are not applicable to those Railway servants who quit service by resignation.

(3) Family/Dependents

Definition of ‘family’ for the purpose of this scheme will be the same as in respect of the serving Railway employees. The definition of “dependant” will be the same as in the Pass Rules.

(4) Rate of contribution

a) For joining RELHS ’97, one time contribution equal to the last month’s basic pay will have to be made at the time of retirement by those opting to join the scheme. The persons who are already members of the existing RELHS are not required to make any fresh payment. However, those who have joined the existing RELHS after 1.1.96 will have to pay the difference of one time contribution on account of introduction of fifth pay commission’s revised pay scales w.e.f. 1.1.96. It will be the responsibility of the Railway Administration to realise the amount due from the concerned RELHS members.

b) In respect of pre 96 retirees the basis for the one time contribution will be the revised pension drawn by the retired railway employee for joining the RELHS-97. The rate of contribution shall be calculated as under.

i) a) For employees who retired before 1-1-96 : Revised basic pension as on 1-1-96 including commuted value (Gross pension) multiplied by the figure of two. (b) all those who retired prior to 1.1.96 and joined RELHS between 1.1.96 and 30.9.96 are required to pay a one time contribution equal to their last pay drawn.

ii) For family pensioners: A sum equivalent to double the amount of their revised normal family pension as on 1-1-96
iii) For SRPF Optees: For those SRPF Optees or their widows for whom ex-gratia payment has been approved on the basis of the recommendations of the V CPC, a one time contribution at twice the ex-gratia monthly payment may be deposited.


(5) Mode of Joining

a) All employees will have to give their option to join the RELHS '97 at least 3 months prior to their date of retirement. The option given once will be treated as final. No further chance will be given subsequent to retirement.

b) Such of the post 1-1-96 retirees who have not yet joined the scheme will be given another chance to join by 31-12-99.

c) For pre 1-1-96 retirees there is no cut-off date for joining RELHS-97. However they have to pay the contribution at rates mentioned in the preceding paragraphs.

d) Members of RRECHS will also have the option to switch over to RELHS '97 by making payments as mentioned in sub-para(4) above before 31-12-99.

(Authority: Ministry of Railways letter No.91/H/28/1 dated 23.10.97, dt. 26/03/1999 and 97/H/28/1 dt. 17-05-1999)

B. Retired Railway Employees Contributory Health Scheme(RRECHS)

(1) RRECHS will continue for the existing members of the scheme. No new members will be allowed to join the scheme

(2) The benefits under the scheme will be limited to out door treatment of retired railway employee and his/her spouse in Railway hospitals/health units

(3) The beneficiary may avail of the facilities from the hospital where he/she is registered irrespective of the railways he/she has retired from.

(4) The retired railway employee and his/her spouse will be entitled to the services of the railway doctor of the same rank as retired employee was entitled to at the time his/her retirement. Free supply of medicines and drugs ordinarily stocked in Railway hospitals for the treatment of outpatients may be permitted by the railway doctor treating the case, who may also refer the case to the Hon'ble Consultant attached to the railway hospitals for which no separate charges will be levied. Routine examination of blood, urine and stool including blood sugar, blood cholesterol, blood urea examination and routine Chest X-ray P. A view and routine E.C.G may be done free. Separate charges based on 40% of the schedule of charges laid down for outsiders will however be recovered for indoor treatment, specialised treatment, other pathological examinations, radiological examinations and operations. Cost of medicines not ordinarily stocked in railway hospitals for treatment in the outpatient department, charges for blood when supplied form railway hospitals and charges for diet will be recovered in full. The facility for out door treatment for chronic diseases like T.B., Leprosy, Cancer and Diabetes etc. are as available to serving railway employees may be extended.

(5) The existing members of the scheme who wish to continue in the scheme have to pay revised rates of contribution at the following rates w.e.f 01/02/2000 in advance for either six months or whole year in cash or by cheque.

<table>
<thead>
<tr>
<th>Categories of the staff</th>
<th>Rate of monthly contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group ‘D’</td>
<td>Rs.9/-</td>
</tr>
<tr>
<td>Group ‘C’</td>
<td>Rs.18/-</td>
</tr>
<tr>
<td>Group ‘B’</td>
<td>Rs 27/-</td>
</tr>
<tr>
<td>Group ‘A’</td>
<td>Rs.36/-</td>
</tr>
</tbody>
</table>

(6) The benefits of the scheme may be extended to the dependant children of the retired railway employees on payment of additional charges at half the rates as mentioned in sub para 5 above for each dependant child, the other terms and conditions remaining unaltered.

(7) Endorsement for the contribution made from time to time should be made on the identity card.

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(8) In the event of death of the beneficiary/beneficiaries before the expiry of the term for which contributions have been paid, the contribution already paid is not refundable to their heirs.

(9) No reimbursement is allowed in cases where the beneficiaries have to take medical treatment in places other than the railway hospitals. If referred to other railway hospitals for indoor treatment charges may be recovered by the treating hospitals.

(10) No medical pass can be issued.

Note: (i) Advance payment covering bed charges for 10 days as also other expected dues in full, subject to a minimum of Rs. 50/- is a precondition for admission of a beneficiary as an indoor patient. Further payment should be ensured for amounts that may become or expected to be due. The doctor in-charge of the case has to take it as his personal responsibility. Settlement of dues may be finalised at the time of discharge of the patient.

(iii) A person who is in this scheme should keep his/her identity card valid by paying the subscriptions regularly in time and getting his card renewed. The card cannot be renewed for short intermittent periods without payment for the intervening spells irrespective of whether the beneficiary has availed of any treatment or not during those spells.

(Rly Bd's No 83/H/6-2/6 dt 15/09/1984, No.84/H/6-2/9 dt 15/06/1985, No.88/H/6-2/19 dt 10/05/1988, No.81/H/6-2/8 dt.24/08/1982, No.82/H/6-2/6 dt. Nil/12/1982 and Bd's Letter No.97/H/28/1(pt) dat 30/08/1999)

Sub-Section(12)-Railway employee enrolled/commissioned in the Territorial Army

613. A Railway employee enrolled/commissioned in the Territorial Army will be entitled to treatment by military medical services during the periods of training and embodiment. The family members and dependent relatives of the employees will be governed by the Railway Medical Attendance and Treatment Rules during the period the Railway employee is in training in military service.

Sub-Section(13)-Government Railway Police Personnel

614. Medical attendance and treatment facilities, both outdoor and indoor, may be made available at the specific request of the State Government concerned, to the personnel themselves of both the "Order" Police and the "Crime" Police wings of the Government Railway Police. Debits on per capita basis, the charge being calculated on the basis of total expenditure on medical services (excluding health service) incurred on Railway employees on all Indian Railways during the previous financial year, may be raised against the State Governments concerned leaving it to the State Governments to pass on the debits to the Railways in respect of the "Order" Police.

Note: (1) No separate charges will be levied for the medicines ordinarily stocked in Railway hospitals and health units, nor will the doctors charge any fees for consultations in Railway hospitals and health units.

(2) The expenses incurred for the treatment of Government Railway Police personnel in civil hospitals and dispensaries, at places where Railway medical facilities are not available, will not be reimbursed.

(3) For the calculation of the charges to be recovered from a State Government, the total strength of the Government Railway Police personnel of the State should be taken into account irrespective of actual number of persons availing of the facilities.


Sub-Section(14)-Private servants

615. The private servant of a Railway employee(i.e. a person employed on a salary in personal service of the Railway employee concerned on a whole-time basis) as is eligible for passes, is also eligible for medical attendance and treatment as outdoor patient and also, to the extent accommodation is available, as indoor patient, at all Railway hospitals and health units. In case of indoor treatment, charges at 40 percent of the schedule of charges laid down for outsiders may be levied for the specialised and indoor treatment and for all investigations.
Note: The outpatient treatment should be confined to short routine illness and not diseases requiring prolonged management of cases.


Sub-Section(15)- Casual Labour

616. All casual labour, project as well as non-project, may be given medical facilities(for self only) in out-patient department. The service cards of the employees may be utilised as the identification card for this purpose.

Note: (i) When they develop post-sterilization complication and require indoor treatment, free diet also is admissible.

(ii) Casual labour (both project as well as open line) with more than three months service will be entitled to same rights and privileges as admissible to regular Railway employees i.e., for self and family members.


Sub-Section(16) - Contractors, their staff and labourers

617. (1) Contractors engaged by Railway administration and their staff are not entitled to free medical attendance and treatment facilities. They and their family members may be treated in Railway hospitals and health units as private patients and charged accordingly.

(2) Contractor’s labor (but not their family members) may be given free medical treatment facilities in Railway hospitals and health units in places where no other hospitals etc., are available, provided the contractor pays the cost of the diet, medicines and dressings.

Sub-Section(17)- Licensed Porters

618. (1) Licensed porters are eligible for free outdoor medical treatment for self, wife and dependent children only at Railway hospitals and health units. However, charges are levied for all laboratory, X-ray examination and other investigations.

(2) Free medical attendance and treatment facilities as indoor patient (excluding diet) will be available in Railway hospitals only when the licensed porters sustain grievous injuries while carrying passengers' luggage. This will be certified by the Station Master/Station Superintendent concerned that the party was hurt while working as a licensed porter in the Railway premises and as also about his identity. A free Railway Pass may be issued to cover his journey to the line doctor/hospital/health unit where necessary.

Note: (a) Every bonafide licensed porter should be issued a Medical Identity card bearing the photographs of all entitled members, duly attested by the competent authority engaging him. This card should mention the name of his wife and dependent children who are the bonafide beneficiaries. The same should have clear indication of 'VALID FOR OUT DOOR TREATMENT ONLY'

(b) Every licensed porter on the termination of his service or transfer of his license must surrender his medical card to the competent authority before he is relieved. Utmost care is required to be taken to avoid fraudulent use of the card by unauthorized persons.

(c) Any licensed porter, if found to be indulging in fraudulent use of this medical card, must be given deterrent punishment/cancellation of his license.


Sub-Section (18).-Licensed Shoe Shine Boys
619. Licensed Shoe shine Boys working at the Railway Stations are eligible for free outdoor medical treatment for self only at Railway hospitals and health units subject to the following conditions. However, charges are levied for laboratory, X-rays and other investigations.

(a) Every bonafide licensed shoe-shine boy should be issued a Medical Identity card bearing his name and photograph, duly attested by the authority competent to issue licenses to them. It should be clearly mentioned on the Medical Identity Card that it is ‘VALID FOR OPD TREATMENT ONLY’

(b) Every licensed shoe shine boy on transfer of his license must surrender his medical card to the competent authority before he is relieved. Utmost care is required to be taken to avoid fraudulent use of the card by any unauthorised person.

(c) Any licensed shoe-shine boy, if found to be indulging in the fraudulent use of this medical card, must be given deterrent punishment/cancellation of his license.

(Rly Bd.’s No.95/H/6-1/17 dt. nil/06/1998)

Sub-Section (19) - Commission Vendors

620. Free medical treatment facilities are available to the commissioned vendors/bearers engaged on commission basis in the departmental catering on the Railways as outdoor patients for self only. Free medical attendance and treatment facilities as indoor patients will be available only when they sustain injuries in the course of their duties.

Note: The outpatient treatment should be confined to short routine illnesses and not diseases requiring prolonged management of cases.

(Ministry of Railways' letters No.62/H/I/70, dated 16th February 1963 and No.61)H/1/70 Pt.A, dated 17th March 1964 and No.71/H/1-1/16 dated 16th June 1971).

Sub-Section (20) - Pool Officer

621. The Pool Officers of the Council of Scientific and Industrial Research, New Delhi, attached to the Railways, are not entitled to free medical attendance and treatment facilities.

(Ministry of Railways' letter No.E(GR/1/64RCI/52, dated 23rd August 1965).

Sub-Section(21) - Outsiders

622. (1) Free medical attendance and treatment facilities are not admissible to outsiders.

(2) However, when spare accommodation is available after meeting the needs of Railway beneficiaries, the Railway administration may allot up to a maximum of 10 per cent of the beds in a Railway hospital for outsiders.

(3) Different charges as shown in Annexure I have been laid down for different types of accommodation in health units/polyclinics and wards of various hospitals. For the calculation of charges to be recovered from outsiders, the day should be counted from midnight and the charges for hospital stay should be for a full day even if the stay in the hospital is for a fraction of a day. These charges are inclusive of accommodation, ordinary medicines and professional services but do not include charges for X-ray examination, pathological, bacteriological and analytical tests etc. The charges for different types of accommodation, investigations, blood transfusion and treatment procedures have been given in Annexure I to this Chapter and should be separately paid for. The charges for items not specified in Annexure I may be decided by the Railway administration locally in consultation with their F.A & C.A.O s.

(4) Outiders seeking admission in the Railway hospitals for medical or surgical treatment require thorough medical examination by the concerned doctors at the time of admission. For this examination/consultation, a fee of Rs.40/-(valid for 15 days) should be charged, in addition to the usual charges for all clinical and pathological investigations. Where the visits by outsiders are for investigations only and no examination by or consultation with the doctor is involved, only the prescribed charges for the investigations should be realised.

(5) Separate charges are also levied for diet and special medicines. The rate of recovery in respect of diet may be full cost of the diet plus 50 per cent of the overhead rounded of to the nearest rupee. Half diet charges are levied only if discharged at or before 12 noon.
(6) Charges for blood transfusion are laid down in annexure I.

(7) The bed charges also do not include fees for confinement cases and fees for operations. Fees for different types of operations, to be levied from outsiders, are as follows:-

<table>
<thead>
<tr>
<th>O.T. Charges</th>
<th>Fees for operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Trivial operations under L.A ... Rs. 70/-</td>
<td>+ Rs 250/-</td>
</tr>
<tr>
<td>under G.A ... Rs 150/-</td>
<td>+ Rs 250/-</td>
</tr>
<tr>
<td>(b) Minor operations ... Rs. 300/-</td>
<td>+ Rs 600/-</td>
</tr>
<tr>
<td>(c) Major operations ... Rs 500/-</td>
<td>+ Rs 2500/-</td>
</tr>
<tr>
<td>(d) Special Operations ... Rs 1000/-</td>
<td>+ Rs 5000/-</td>
</tr>
<tr>
<td>(e) C.A.B.G ... Rs 1000/-</td>
<td>+ Rs 8000/-</td>
</tr>
<tr>
<td>(f) Open heart surgery ... Rs 1000/-</td>
<td>+ Rs 10000/-</td>
</tr>
<tr>
<td>(g) Closed heart surgery ... Rs 1000/-</td>
<td>+ Rs 10000/-</td>
</tr>
</tbody>
</table>

(Bd’s No.89/H/6-1/2 dated 24/12/1991 & 2000/H/6-1/45 dt.15.5.2001.)

Note: Outsiders undergoing tubectomy or vasectomy in Railway hospitals/health units are exempt from any charges, including for consultation, routine investigations, operation, admission, if necessary, and medicines required for these operations.

(Ministry of Railway's letter No.95/H(FW)/9/13 dt. 31/05/1996)

(8) A list broadly classifying the operations into major, minor, trivial, and special is contained in Annexure II to this Chapter. In doubtful cases, however, the decision of the Chief Medical Director in regard to classification shall be final.

(9) Fees levied from outsiders for confinement cases to Railway hospitals are as follows:-

| Normal labour without episiotomy ... Rs.1375+ labor room charges |
| Normal labour with episiotomy ... Rs.1625+ labour room charges |
| Abnormal labour .... .... Rs.2000+ labour room charges |

Note: (1) There will be no sharing of any charges recovered for bed/cabin(Srl. No.2(i) of Annexure I) theatre/labour room charges( Srl No XVIII of Annexure I).These are to be credited in full to the Railway revenue. However, other charges given in Annexure I to this chapter are to be shared between the Railway medical personnel (including Medical officers) and the Railway administration in the ratio of 1:4. The total amount realised from outsiders should be credited to the Railway revenue first and the claim has to be preferred later. 80% of the amount so realised should be retained by the Railway. Balance 20% will be available for sharing amongst doctors and hospital staff as follows:.

| Doctors | 40% |
| Para medical Group'B' or 'C' Staff | 35% |
| Ministerial and other Group 'C' staff in separate functions like laundry, diet ambulance etc., | 5% |
| Group 'D' Staff | 20% |

The proportion allotted to various categories should be divided equally among members of the category.

(Bd.’s No 88/H/2-1/14 dt. nil/11/90)

(2) Advance payment, covering bed charges for ten days as also other expected dues in full, subject to a minimum amount which may vary from Rs 500/- to 1000/- depending upon the type of the case, is a precondition for admission of an outsider as an indoor patient. Further payments should be ensured for amounts that may become or be expected to be due. The doctor in charge of the case has to take this as his personal responsibility. Settlement of dues may be finalized at the time of the discharge of the patient.

(3) Married daughters of the Railway employees, should be charged at 40% of the scheduled charges fixed for outsiders for bed, operation, laboratory tests, X-ray etc. including Ante-natal and post natal check-up period for the first two confinements. O.T. charges will not be levied for the first two confinements. Full charges are to be levied for diet and medicines. The consultation fee in OPD valid for a fortnight as applicable to outsiders should be levied in full.
(4) Freedom fighters travelling on a valid first class pass: Medical facilities, as are available in Railway hospitals, may be provided to freedom fighters, free of cost, as and when they undertake ‘Bharat Darshan’ on a valid first class Pass.

(Bd.’s Letter No 84/H/17/3 dt. 09/04/84 and No. 86/H/6-3/15 dt 21/05/1987)

(5) The Chairman and members of the Passengers’ Amenities Committee will be governed by the Railway Medical Attendance Rules during their tenure as the Chairman/members of the committee.

(Rly Bd.’s letter No ERB-I/96/23/27 dt. 17/02/97)


Sub-Section-22 - Employees of other Government Departments

623. (1) For the employees of other Government departments residing at places where there are no government hospitals/dispensaries other than the Railways, the concerned government department may enter into an agreement with the Ministry of Railway on “no-profit- no -loss” terms for the grant of Railway medical attendance and treatment facilities to their employees in such places.

(2) Medical attendance and treatment facilities of both the outdoor and indoor type will be made available to such employees and their family members. The indoor accommodation will be given to them only if the same is not required for the use of Railway beneficiaries.

(3) For these services, the Government department concerned will be required to pay annually to the Railway administration, the charges calculated on per capita basis for the total number of their employees in the area to whom the Scheme has been extended, irrespective of the number of employees who actually availed of the Railway medical facilities. The rates for purposes of such calculations will be as per Railway's per capita expenditure on medical and health facilities to their own employees in the preceding financial year. The charges are inclusive of accommodation, ordinary medicines and professional services.

(4) Accommodation, ordinary medicines, and professional services shall be free. Separate charges will, however, be levied for X-ray examination, pathological, bacteriological and analytical tests, diet, special medicines, confinement cases and operations at the scale laid down for outsiders in Sub-Section(21).

(5) Separate charges will also be levied for visits by the Railway Medical Officers to the residence of the employees and their family members at the same scales as laid down for Railway employees in Para 634.

Note: (i) The per capita rates referred to in Paras 623(3), and 610 of this chapter will be based on the All-India Railway average and not on the per capita expenditure of the concerned Railway administration.

(ii) The charges mentioned in Para 623(4) above are to be paid by the employees themselves in the first instance, which may subsequently be claimed by them from their own department as per the rules of that department.

(iii) The fees mentioned in Para 623(5) above, may be retained by the Railway doctor in full. Higher fees will not be charged for night visits.

Sub-Section (23)
Central Government employees governed by the C.S.(M.A.) Rules 1944.
624. Central Government employees governed by the C.S.(M.A) Rules 1944 and orders issued thereunder can, subject to the availability of accommodation, avail of such medical attendance and treatment as admissible to outsiders in Railway hospitals on payment of charges as prescribed for outsiders. Preference would, however, be given to these employees amongst outsiders.

(Ministry of Railways' letter No.74/H/6-3/14 dated 4th August 1975).

Note: 1) The Chairman, Vice Chairman and Members of Railway Claims Tribunal shall be entitled to medical treatment and hospital facilities as provided in the Central Govt. Health Scheme and in places where the CGHS is not in operation, as provided in the CS(MA) rules 1944.

2) Notwithstanding any thing contained in 1) above, the Chairman, Vice Chairman and Members of Railway Claims Tribunal shall be entitled, at their option, to avail of the health service facilities applicable to officers of equivalent pay scales under the Railway administration or where there are no equivalent pay scales, to facilities applicable to officers drawing the highest pay scale under the Railway administration.

(Ministry Of Railway’s No.89/H/10/2 dt. 30/11/1989)

Sub-section(24).Railway employees on deputation in India/abroad/posted abroad:--

625. Railway employees sent on deputation to other Govt. Departments/Corporations/Undertakings may be governed by the Medical Attendance Rules of the borrowing Department/Corporation/Undertaking. The borrowing Department/Corporation/Undertaking may, however, allow the Railway employee, at his option, to enjoy Railway medical facilities, provided a contribution to Railway revenue is made by the borrowing Department/Corporation/Undertaking or by the Railway employee concerned, as may be mutually agreed upon between them, at the rates of recovery prescribed from time to time for Government employees of his status under the Central Govt. Health Scheme.

(sub-section 19 under Rule 602-R.I 1995 reprint.)

(1) Railway employees on deputation abroad and India-based Railway employees posted abroad:-

Railway employees working in posts outside India and/or sent abroad on deputation may be divided into the following three categories for the purpose of grant of medical facilities, viz.:-

(a) those who are sent on "short-term" deputation abroad i.e. when the period of continued stay abroad does not exceed six months;

(b) those who are sent on "long-term" deputation abroad i.e. for a period in excess of six month; and

(c) India-based Railway employees posted abroad.

(2) Railways employees falling under category 1(a) above will governed by the orders issued by the Ministry of External Affairs from time to time, whereas those falling under 1(b) and 1(c) above will be entitled to medical facilities as are admissible under the Assisted Medical Attendance Scheme as published by Ministry of External Affairs and as corrected from time to time.

(3) Subject to the provisions of the Assisted Medical Attendance Scheme, the concessions admissible thereunder are also applicable to wives, children and step-children residing with and wholly dependent on the employees falling under 1(b) and 1(c) above.

(Ministry of External Affairs' Memorandum No. 1 (i) 19/MP-55 dated 13th September 1955).

Families in India of employees posted abroad.

(1) Free medical attendance and treatment will also be admissible to families in India of employees posted abroad, provided medical attendance and/or treatment is in accordance with the rules and orders in force in India.

(2) The employee concerned should arrange to collect from his family in India all the necessary certificates, bills, receipts, vouchers, etc. that are required to accompany any claim for refund under the relevant rules and orders. He should then submit his claim to his Accounts Officer through the Head of the Mission/post in which he is serving. The claim should be made out in the salary bill form and supported by the prescribed application form, necessary bills, vouchers and certificates as required under the rules. When
the payment is authorised by the Accounts Officer, it should be made payable in India to person duly nominated by the employee to receive payment on his behalf. Refunds for expenditure incurred in India shall not be made in a foreign currency. The nomination shall generally accompany the claim so that after the claim has been passed by the Accounts Officer, that officer can issue a letter of authority to the nominee to receive the payment. The expenditure on such refunds should be debited to the Railways.

(Ministry of External Affairs' Memorandum No. 1(i) 19/MP-55 dated 13th September 1955).

(3) **Medical Examination:** For the purposes of the Assisted Medical Attendance Scheme, the examining medical authority for both the gazetted and non-gazetted Railway employees will be the MS/MSI of the division.

(4) **The Controlling Officer:** The 'Controlling Officer' in the case of medical claim of the Railway employees serving in/deputed to Missions/post abroad will be the Head of the Mission/post concerned.

(Families of Railway Employees on secondment to foreign service.

(5) Families, left behind in India, of Railway employees on secondment abroad on foreign service terms may be treated at par with the families of retired railway employees governed by the Retired Railway Employees Contributory Health Scheme.

(M.O.R's letter No.78/H/6-1/27 dated 21/09/1978)

626. **Identity card necessary for availing of facilities in Railway hospitals**

(1) No medical treatment facilities should be provided to a Railway beneficiary if the medical identity card is not produced for the purpose.

(2) In the case of licensed porters, commission vendors etc., who are not regular employees of the Railway but who are entitled to Railway medical facilities on a restricted scale, they may be issued identity cards with an additional endorsement indicating the category to which they belong, like "licensed porter" "commission vendor", etc.

(3) In so far as casual labour is concerned, their service book which indicates whether they are in service or not at the particular point of time may serve as the medical identity card.

(4) In emergencies, however, a patient, even in the absence of identification papers, has to be attended first, including administration of such medicines, and use of such appliances as may be necessary. With the help of Welfare Inspectors, efforts should be made to establish the patient's identity. In case the patient is found to be a non-Railway beneficiary, he should be treated as an outsider and charged accordingly or transferred to a non-Railway hospital as soon as the patient's condition stabilizes and the expenditure incurred written off with concurrence of the competent authority.

(Ministry of Railway’s letters No.79/H/6-1/24, dated 30th July 1979, No.76/H/6-1/10, dated 25th May 1978 and No.79/H/6-1/22, dated 26th July 1979).

Sub-Section (25) - General

627. **Non-entitled persons temporarily staying with Railway employees residing in places where outside medical help is not readily available:** Relations of Railway employees not covered by the Railway Medical Attendance and Treatment Rules and friends temporarily staying with Railway employees residing at places where outside medical help is not readily available, will be entitled to medical attention by Railway doctors, who may charge fees as indicated in Paragraph 634(2).


628. **Passengers who take ill while travelling:**

(1) While it is not incumbent on the Railways to provide medical relief to passengers who take ill, such assistance is invariably rendered in practice as a matter of courtesy to a customer.

(2) Charges for medical aid to passengers afflicted with sudden illness or injury (other than as a result of a railway accident in which case it is the duty of the Railway administration to provide free medical attendance and treatment facilities) are levied on the principle that the relationship between a bona fide passenger and a Railway doctor must be that of a private patient and his medical attendant. A Railway doctor attending such a passenger may be allowed to recover consultation fee at the following rates:-
Consultation fee of Rs.20/- irrespective of the grade of the attending Medical Officer; This fee is retained in full by the attending doctor:

(Rly Bd.'s No 82/H/6-1/22 dt. 30/03/89)

(3) As regards the charges for medicines, injections, etc., the same may be recovered at the following rates and the amount so recovered will be credited, in full, to the Railway revenue:-
   (i) Re.1 per tablet or dose of mixture.
   (ii) Maximum retail price as mentioned on the strip per dose of higher antibiotic.
   (iii) Rs.5 per sterile dressing of wounds.
   (iv) Rs.10 per injection (which includes the cost of the common items eg. the injecting materials).

(Bd's No.99/H/6-5/1 dated 27/08/1999)

(4) In the case of indigent passengers, where it is not possible to recover the cost of medicines etc., these may be issued free on the certificate of indigence from the doctor. The expenditure, if any, incurred in connection with the hospitalisation of such cases, may be treated as a part of ordinary expenses of working the Railway hospitals.

Note: If and when a Railway doctor is not available for attending on a passenger or trespasser taking ill while travelling or on railway premises, the services of a non-Railway doctor may be obtained with the full knowledge and consent of the parties concerned that the patient or somebody on his behalf will pay to the doctor direct. For this purpose, a list of non-Railway doctors of the neighborhood should be maintained by Station Superintendents as detailed in Para 707 of chapter VII of this manual.

Note (1) below item 51 of Appendix VII-GII and Ministry of Railway's letters No.65/H/7/44, dated 17th October, 1966, No.68/H/1/17, dated 14th January 1969 and No.70/H/13/32, dated 7th May 1971).

629. Persons transferred to Railways from other services: A Government employee transferred either temporarily or permanently to a post under the Ministry of Railways, shall be entitled to medical attendance and treatment facilities in accordance with the rules as detailed in Section C&D of this Chapter.

(Rule 611-R.I.)

630. Immunisation facilities to non-entitled persons: Prophylactic immunisations, to guard against the spread of communicable diseases in an epidemic form, particularly in the case of large projects, may be extended, free of charge, to casual labour, contractors' labour and even to those persons who are otherwise not eligible normally, like the local shopkeepers, etc. who, in their unprotected state, may be a source of danger to the Railway community in general.

(Ministry of Railways' letter No.65/H/7/120, dated 13th July 1965).

631. Persons arrested under the Railway (Unlawful Possession) Act, 1966: Persons arrested under the Railway Property (Unlawful Possession) Act, 1966, and requiring medical attendance and treatment during the period of detention under the Railway Protection Force may be offered the same in the following cases -
   (i) where civil medical facilities are not available within easy reach.
   (ii) where the denial of these facilities could be dangerous or injurious to the life of such persons, or
   (iii) when such cases are specially referred to Railway doctor by the officials of the Railway Protection Force (for example, Assistant Sub-Inspectors, Sub-Inspectors and Inspectors).

(Ministry of Railways' letter No.68/Security/Spl./70/4, dated 15th March 1969.)

632. Persons governed by all India Services (Medical Attendance) Rules 1954:- Persons governed by the All India Services (Medical Attendance) Rules 1954 have been made eligible for obtaining medical attendance and treatment in Railway hospitals. The terms and conditions will be as shown in sub section (22) of Section B of this chapter.

Section C - Scope of Medical Attendance and Treatment

Sub-Section(1) - General
Medical attendance and treatment:

(a) in such Railway hospital, health unit or consulting room maintained by the Authorised Medical Officer, at or near the place where the patient falls ill, as can, in the opinion of the Authorised Medical Officer, provide the necessary and suitable facilities; or

(b) if there is no such hospital, health unit or consulting room as referred to in clause (a) above, in such Government hospital, health centre or dispensary at or near that place, as can, in the opinion of the Authorised Medical Officer, provide the necessary and suitable facilities; or

(c) if there is no such hospital, health centre or dispensary as referred to in clause (a) and (b) above, any other hospital with which arrangements have been made for the treatment of the Railway employees at as near that place as can, in the opinion of the Authorised Medical Officer, provide the necessary and suitable medical facilities.

Note:-(i) Allotment of hospital accommodation in the Railway hospitals depends on the condition and seriousness of the disease, and not on the status of the patient. However, in some Government/recognised hospitals, accommodation in special wards is provided according to the status of the patient. In so far as the Railway employees are concerned, those drawing a basic pay of Rs.4875/- and above p.m. would be considered to be eligible for 'special' wards.

(ii) Family members may avail of medical facilities from a medical institution referred to in sub-para(b) and (c) above without the intermediary of the Authorised Medical Officer.

(Rule 609 R.I and MOR’s letters No.67/H/1/58 dt. 23/05/1968, No.71/H/1-1/6 dt. 09/10/1971, and No. 79/H/6-1/5 dt. 03/02/1980)

Attendance at residence:

(1) Attendance at residence is restricted to:

(a) a gazetted Railway employee when he falls sick. No charges are to be levied in such cases.

(b) a non-gazetted Railway employee, when he falls sick and is as a result, compelled to be confined to his residence. No charges are to be levied in such cases.

(c) a member of a gazetted/non-gazetted Railway employee's family or dependent relative, when visited by the Authorised Medical Officer. In all such cases, however, the employee concerned should pay the visiting fee, as per schedule.

Note:- Railway employees, it is expected, will not call doctors to their residence for trivial ailments and thus waste the doctor’s time.

(2) For visits at residence of Railway employees drawing Rs. 3725/- and above per month for attendance on their family members and dependent relatives, emergent or otherwise, the Railway doctors are entitled to receive fees. The payment of fees in such cases may be regulated by the visit.

<table>
<thead>
<tr>
<th>Sr.Divl.Medical Officer</th>
<th>Rs 20/-</th>
<th>Rs 12/-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divl.Medical Officer</td>
<td>Rs 16/-</td>
<td>Rs 10/-</td>
</tr>
<tr>
<td>Asst.Divl.Medical Officer</td>
<td>Rs 12/-</td>
<td>Rs 6/-</td>
</tr>
</tbody>
</table>

Note: (i) No fee should be charged from any employee drawing less than Rs 3725/- per month.

(Bd’s No 82/H/6-1/22 dt. 23/05/87)

(ii) When there is more than one member of a Railway employee's family or dependent relative to be examined at the residence, visiting fees may be charged for each member separately.

(iii) When a Railway Medical Officer is called upon to render medical assistance to a Railway “beneficiary” at an out station, he may be granted travelling allowance as on tour while the medical service rendered is free. When, however, the doctor is entitled to charge fees as provided above, he may claim travelling allowance only if he deposits the fees received into the Railway revenue. While preferring
claims for the travelling allowance in such cases, the doctor should indicate the amount of fees received by him and give a certificate on the bill that the fees received by him has already been credited to the Railway revenue.

(iv) No extra fee for conveyance is to be charged.

(Rule 605 R.I 1995 reprint MOR's letters No. 62/H/1/20 dt. 06/05/1964 and No.65/H/&/44 dt. 17/10/1966)

635. Special Provision regarding female and child beneficiaries:

At places where there are no Railway hospitals or Government hospitals, female beneficiaries and children of Railway employees up to 12 years of age, may directly obtain medical attention and treatment, without the intermediary of the Authorised Medical Officer.

(Rule 606-R.I and MOR's decision No.1 thereunder and M.O.R's letters No.64/h/154 dt. 11/12/1964, No. 66/H/11/9 dt. 20/03/1967, No.76/H/11/ dt. 17/04/1970 and No.80/H/6-4/15 dt. 21/08/1980)

636. Supply of artificial limbs and appliances:-

(1) A Railway ‘beneficiary’ (injured on duty or not), requiring artificial limbs and appliances, would be entitled to reimbursement of both hospitalization charges and the full cost of artificial limbs and appliances, as recommended by the Orthopedician, as also the cost of repairs, renewals and adjustments thereof from time to time, subject to the following conditions:

(i) Production of certificate from a specialist in the concerned speciality in the Railway hospital that the purchase, repairs and renewals or adjustments are essential.

(ii) Purchase, repairs, renewals or adjustments being done at the rehabilitation department of a Medical College, artificial limb centre, Pune or such other organisations and centres recognised for the purpose by the Central/State Governments concerned.

(iii) The cost of the repairs or adjustments of the limb/appliance should not exceed the cost of the replacement of the limb/appliance.

Note:- The above para does not apply to the supply or replacement of heart pacemakers and heart valves for which para 666 may be referred to.

(MOR's letter No.80/H/6-4/33 dt. 05/12/1980 and 05/02/81)

(2) Supply of Breast Implant/Prosthesis in cases where patients undergo Mastectomy would be as under:-

(i) Patients willing to undertake permanent Breast implantation may undergo such implantation at Zonal level Railway Hospital. Implants may be arranged by the Zonal Hospital, itself.

(ii) Patients opting for external prosthesis may submit the reimbursement claim upto an upper limit of Rs. 5,000/-. Replacement will be allowed once in 5 (five) years only. Each such case should be thoroughly scrutinized and examined by a suitable lady doctor of the Railway Hospital.


637. Provision of dental treatment: (1) Free treatment may be given to all Railway “beneficiaries” in regard to the following ailments in all Railway dental clinics and at all places where Railway dental attention facilities have been provided:-

(i) Extraction,

(ii) Scaling and gum treatment,

(iii) Root canal treatment, and

(iv) Filling of teeth.

(2) In addition, free dental treatment of a major kind is also admissible in cases where it is considered as a part of any general or constitutional ailment, that the teeth are the source of disturbance. Treatment of such conditions may include treatment of any condition involving the jaw bones, operation
of gums for the extraction of growths, surgical operation needed for the removal of odontomes and impacted wisdom teeth.

Note: The supply of artificial dentures is excluded from the scope of dental treatment.

(Para 608 R.I 1995 reprint and MOR's letters No. E57me5/85/MedicalDt. 9/10/03/1961, and No.62/H/7/31 dt. 30/04/1962)

638. Donation of blood:

(1) For donating blood to blood banks attached to Railway hospitals or other Govt. hospitals, or for donating blood on being called upon in emergencies etc., the Railway employee will not be required to obtain any prior permission of the Government.

(2) When a Railway employee or a member of his family or an outsider donates blood to the blood bank attached to the Railway hospital, every effort should be made to encourage them. The Railway may consider issue of cards to voluntary blood donors with the offer of free replacement if the donor needs blood transfusion for self or his family within a period of 12 months.

(Rly Bd.'s letters No. 84/H/6-1 dt. 040685 and No.90/H/8/3 dt. 15/03/91)

(3) Railway employee who donates blood to a Railway hospital on a working day, may be granted special casual leave for that day. This special casual leave will be granted even if the donor is returned back without donating blood on medical grounds.

(4) A Railway employee who comes from an out station to donate blood to a Railway hospital, may be granted complimentary pass of the same class, as admissible to him under the normal rules, to cover the journey. He may also be allowed a minimum of journey time apart from the one day special casual leave for rest.

(5) As blood is considered to be a therapeutic substance used in treatment of patients, any expenditure incurred by the Railway hospitals for obtaining blood for their blood banks shall be debited to the Railway revenue and allocated under the head “Medicines.”

Note: As far as possible, Railway employees should be encouraged to donate blood voluntarily and not with any mercenary motive.

(MOR's letter No.65/H/7/248 dt. 05/02/1966)

Sub-Section(2) - Instructions regarding Diet

639. Diet to be provided in Railway hospitals:

Railway administration should, as a rule, provide cooked food to all the in-patients in Railway hospitals.

640. Scale:

(1) The scale of diet to be served in Railway hospitals should be drawn up by the Railway administration with a view to suit the local conditions and basic caloric requirements of the patients.

(2) The scale of diet provided in Railway hospitals should be published in the Weekly Gazette once a year for general information.

641. Charges:

Diet supplied to patients in Railway hospitals will be charged as per the following schedule:-

Charges are to be fixed by the various Zonal Railways for the hospitals under their control.

Categories:

(A) Railway employees:

<table>
<thead>
<tr>
<th>Category</th>
<th>Charges per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Railway Employee</td>
<td></td>
</tr>
<tr>
<td>(a) Whose basic pay does not exceed Rs.4000/- p. m. in case of group 'D' categories</td>
<td>Free</td>
</tr>
<tr>
<td>(b) All Railway employees in group 'C' whose basic pay is Rs 4200/- or below per month</td>
<td>75 % of the charges as fixed by the Railways</td>
</tr>
<tr>
<td>2. Railway employees whose pay is above Rs 4201/- &amp; above per month</td>
<td>Full Charges as fixed by the Railways</td>
</tr>
</tbody>
</table>
3. Railway employees injured in the course of duty (not exceeding beyond one year after they are declared permanently unfit and discharged from service). ... Free

4. Retired railway employees governed by the RELHS-97 ... Same as for serving employees (see note x below)

   a. Private servants and outsiders etc. ... Full charges as fixed by the Railways.(see note(ix) below)

5.  (i) Railway employees whose pay is below Rs.6200/- per month when receiving treatment for T.B., Leprosy or mental diseases in a Railway or approved institution. ... Free

   (ii) Railway employees whose pay is Rs. 4200/- or below per month when receiving treatment for cancer in Railway hospital. ... Free

   (iii) Railway employees whose basic pay is Rs 6200/- p.m. and above when receiving treatment for TB/Leprosy or mental diseases in a Railway or approved institution and whose pay is above Rs 4200/- p.m. when receiving treatment for cancer. ... Actual cost to be recovered

(B) Family members and dependent relatives :-

   (a) Family members receiving treatment for T.B., leprosy or mental diseases and dependent relatives of railway employees receiving treatment for TB or leprosy in a Railway or approved institution, when the pay of the Railway employee concerned is below 6200/- per month ... Free

   (b) Family members and dependent relatives of employee whose pay is Rs.4200/- or below per month while receiving treatment for cancer in Railway hospital ... Free

   (c) Family members/dependents of Retired employees governed by RELHS-97 ..... same as for family members/dependants of serving employees

   (d) Family members and dependent relatives not covered by (a), (b) or (c) above ..... Full charges as fixed by the Railways

   (Bd.'s No 86/H/6-1/39 dt. 22/03/90, No.86/H/6-1/39 dt. 16/07/92and 98/H/6-1/29 dt. 25/06/99)

Note:- (i) The charges for the supply of special articles of food not ordinarily provided by the Railway hospitals to its in-patients shall be billed for separately.

   (ii) General Managers have powers to sanction free diet to Railway employees injured in the course of duty for such period as they remain indoor patients not extending beyond one year after they are declared permanently unfit and discharged from service. This provision applies to all Railway employees gazetted or non-gazetted, irrespective of pay limits.

   (iii) Free diet is admissible to casual labour while undergoing treatment in a Railway hospital in connection with accident cases falling under the Workmen’s Compensation Act and other cases referred to in sub section (15) of section B of this chapter.

   (iv) Indigent passengers and trespassers injured or taken ill and removed to a Railway hospital may be given diet at the expense of the Railway, the expenditure being treated as part of the ordinary working expenses of the Railway hospital.
(v) The charges for diet, when supplied by non-Railway Government/recognised hospitals to Railway employees, when not indicated separately in the tariff should, for reimbursement purposes, be reckoned to be 20 per cent of the flat rate charged.

(vi) Pay limits given at (A) and (B) above refer to "basic pay" and are exclusive of "dearness pay".

(vii) Diet provided by the hospitals is intended for patients only. In exceptional cases, when diet may have to be provided to patients' attendants (companions) who, of necessity, had to stay in hospital having come from outside and long distances or in serious cases, should be charged for to cover full costs and all overheads and the charges should be high enough to be a disincentive.

(viii) Any patient from whom charges are to be levied for diet and who takes diet from the hospital, may be charged for the full day, if he/she has been admitted before 12.00 hours in any particular day and only half diet charges if he/she has been admitted after 12.00 hours.

(ix) Diet charges for outsiders undergoing treatment in railway hospitals will be actual diet charges fixed by railways and 50% as handling and service charges as additional charge.

(x) For the purposes of calculation of diet charges the amount deposited by the Retiree at the time of joining RELHS is taken as his/her pay.

In case of railway employees who have retired prior to 1-1-96 and have already joined RELHS by paying the last basic pay at the time of retirement, their eligibility for free and chargeable diet will be governed by the earlier instructions in regard to different pay slabs contained in Bd's Letter No.86/H-6-1/39 dated 26/03/90 and 14/05/90 i.e Rs.1150/-. Rs 1350/- and Rs 2000/- in place of Rs 4000/-, Rs 4200/- and Rs 6200/- respectively.

642. Review of diet charges: It is essential that the Railways should periodically revise the rates of recovery against diet charges in consultation with their F.A. & C.A.O.s, in respect of such of the patients as are not supplied free diet. The rates are to be fixed on the principle of 'no-profit-no-loss'. The charges should be calculated on the basis of the local market price of various food items supplied by the Railways in their hospitals such as milk, vegetables, rice, pulses, egg etc.,. In addition, all the Railways may also include 20% of the total cost so calculated for basic inputs, to meet the cost of overheads and fix diet charges accordingly. The rates thus fixed must be reviewed every three years. For this purpose Railways may nominate Diet Review Committee of 5-6 members belonging to Medical department such as CMS, Sr.DMO, etc., and one member from finance, one from personnel department, and one or two from local recognised unions.Revision of diet charges should be made on the basis of recommendation of such a review committee.Action for review should be initiated one year in advance on the basis of actual for the last two years so that the revised charges are made effective immediately after three years. The revised rates will apply prospectively...A copy of the memorandum of revised diet charges should be sent to Board by the Railways.

(Bd's Letter No 98/H/6-1/29 dt 11-3-03)

643. Option for hospital diet: To avoid any chances of complaint, a patient who is not entitled to free diet under the rules should be asked to give in writing whether he prefers to have his own diet or wants to get hospital diet on payment as prescribed. Patients who have exercised their option for hospital diet, to start with, will not ordinarily be allowed to change over to own diet during their stay in the hospital and vice versa.


Sub-Section(3)- Instructions regarding Nursing

644. Nursing in Railway hospitals:(1) In Railway hospitals, all in-patients should be provided with ordinary and routine nursing to the extent possible.
(2) Engagement of special nurses should be considered on merits. The attending medical Officer should recommend the employment of special Nurses only where their services are absolutely essential and that too for the minimum period necessary.

(Rules 603(5)(v) and 632-R.I. and Ministry of Railways letter No.MH60ME1/4/Medical dated 10th March 1961).

645. Nursing in Non-Railway hospitals:-(1) For ordinary nursing provided in a Government recognised hospital, the charges are normally included in the hospital bills and are not separately recovered from the patient. If, however, these charges are recovered separately, they are reimbursable.

(2) Where special nursing is required, the certificate of the Medical Officer in charge of the hospital should be obtained before hand. The necessary recommendation should be made in the form of certificate as given in part B of Certificate B of Annexure III to this Chapter. As for the reimbursement of charges in such cases, the Railway employees should bear the cost up to 25 % of his/her pay for the period for which special nursing was engaged, the rest being borne by the Railway administration. This does not, however, apply in the case of a Railway employee who is injured on duty.

646. Railway employees injured on duty: (1) A Railway employee injured on duty would, in addition to the treatment ordinarily admissible to others, be entitled free of cost, to such special nursing as the Authorised Medical Officer may certify in writing to be essential for the recovery of or for the prevention of serious deterioration in the condition of the Railway employee.

Note:-The above concession will also be admissible to a Railway employee on duty who receives injuries in connection with civil disturbances.

(2) For this purpose, a Railway employee in a disturbed area shall be considered as being continuously on duty and any injuries received by him as a result of those disturbances shall be held to have been received in the course of such duty unless the facts of the case give a clear indication to the contrary. This also applies to a Railway employee on leave in a disturbed area, in whose case it should be assumed, unless the facts of the case give a clear indication to the contrary, that he was attacked and injured because of his being a Railway employee.

Sub-Section (4) - Reimbursement

647. Reimbursement allowed if medical attendance was availed at the instance of the Authorised Medical Officer:-(1) A Railway employee obtaining medical attendance and/or treatment for himself or a member of his family or dependent relatives should, under the provisions of para 633 consult his authorised medical officer first and proceed in accordance with his advice. In case of his failure to do so, his claim for reimbursement will not be entertained except as provided hereinafter. All claims for reimbursement should be scrutinised with a view to see that the Authorised Medical Officer, or another Medical Officer who is either of equivalent rank or immediately junior in rank to his Authorised Medical Officer and attached to the same hospital/health unit as the Authorised Medical Officer, was consulted in the first instance.

Note: When a patient is referred to any Govt./recognised hospital by Authorised Medical Officer the referral covers treatment/investigations in that specific hospital only. If in the course of treatment in that hospital some investigations are required to be done at a place other than that hospital such referral should also be routed through the Authorised Medical Officer except those cases who are taking indoor treatment in that hospital. Only those cases, (particularly those taking treatment as OPD patients in the referral hospitals), where it has been specifically certified by the Authorised Medical Officer that reference was done with his approval, will be considered for reimbursement.

(Bd.'s Letter No92/H/6-4/121 dt. 10/03/93)

(2) Consent of the Authorised Medical Officer is not necessary in the case of family members and dependent relatives when they go to one of the recognised hospitals. In such cases, the counter-signature on the bills or of the receipts (where the bill system is not in vogue and receipts are issued for payments), by the Superintendent or other head of the hospital will be regarded as sufficient.


648. Treatment in an emergency: 1) Where, in an emergency, a Railway employee or his dependant has to go for treatment (including confinement) to a Government hospital or a recognised
hospital or a dispensary run by a philanthropic organisation, without prior consultation with the Authorised Medical Officer, reimbursement of the expenses incurred, to the extent otherwise admissible, will be permitted as detailed below. In such a case, before reimbursement is admitted, it will be necessary to obtain, in addition to other documents prescribed, a certificate in the prescribed form as given in part C of certificate B of Annexure III to this Chapter from the Medical Superintendent of the hospital to the effect that the facilities provided were the minimum which were essential for the patient's treatment. In such cases, the General Managers are delegated with -

a) full powers for reimbursement of medical expenses for treatment taken in Govt. Hospitals and

b) upto a limit of Rs.1,00,000/- (Rupees one lakh) in each case where treatment is taken in Recognised Hospitals (strictly for the diseases for which such Hospitals have been recognised) and dispensaries run by philanthropic organisations without proper referral by Authorised Medical Officer (AMO) in emergent circumstances. All cases above Rupees one lakh would be referred to Railway Board along with the Proforma as given in Annexure VI to this chapter duly filled in all the columns.

2) In case, where the treatment had to be taken in private/non-recognised hospitals in emergent circumstances, without being referred by the Authorised Medical Officer, the General Managers are empowered to settle reimbursement claims up to Rs.50,000/- per case. It should be ensured that treatment taken in private hospitals by Railway men is reimbursed only in emergent cases and for the shortest and unavoidable spell of time. All claims above Rs 50,000/- should be referred to be Railway Board. along with the duly filled in proforma given in Annexure VI to this chapter.

Note: (ii) However if treatment is neither available at Railway Hospital nor at recognised hospitals, Zonal Railways may refer the emergent cases to Private non recognised hospitals involving the cost of treatment up to Rs 50,000/- (Rupees fifty thousand only) in each case and also to release advance payment thereof, if any, directly to such hospitals

(Bd’s No 2000/H/6-4/Policy dt 15-1-04)

3) Divisional Railway Managers are also empowered to settle the claims with the concurrence of their associate finance for reimbursement of medical expenses in respect of treatment taken in emergency in Government or Recognised Hospitals (except in the case of Private Hospitals where the existing procedure of taking personal approval of GM/AGM should continue) upto Rs.10,000/- (Rupees ten thousand only) per case and with a ceiling limit of Rs.50,000/- (Rupees fifty thousand only) per year only.

Note: i) These powers, as mentioned in sub paras 1) and 2) above, will not be delegated further to any lower authorities and will be exercised by the GM/AGM personally, duly scrutinised by CMD (CMS in the case of production units) and concurred by FA&CAO.

ii) The powers of (1) (b) above do apply for the specified diseases only for which recognition to a Private Hospital has been granted and not for treatment of other diseases. Referral of a patient to such recognised hospital for treatment other than the specified diseases in special circumstances and reimbursement thereof would continue to be referred to Railway Board.

(备注 No 67/H/1/26, dated 25th January 1968 and 1st June 1968, No 91/H/6-4/4 dt. 21/02/1992, No.80/H/6-4/49 dated 24th April. No.91/H/6-4/26(pt) dt. 20/11/1995, dt. 28/05/96, No.91/H/6-4/4, dt. 21/02/92 and 05/12/97. No.91/H/6-4/26 (P) dt 10/09/1999 and No 2000/H/6-4/Policy dt 6-3-2003).

649. Families accompanying Railway employees proceeding on tour:

(1) The medical expenses incurred on the treatment of a member of a Railway employee's family accompanying him on tour can be reimbursed, on the same scale and conditions on which they can be reimbursed to the Railway employee himself, if illness occurs during that period and treatment is taken in a Railway or Government hospital.

(2) The above concession is not admissible in a case where a Railway employee, while proceeding on tour, takes a member of his family along with him with the intention of obtaining treatment in a place other than at his headquarters.

(MOR's decision below Rule 618-R.I 1995 reprint.)

650. Treatment at the residence:

(1) Where, owing to the absence or remoteness of a suitable hospital (Railway or otherwise) or owing to the severity of the illness or other causes considered adequate by the Authorised Medical Officer, a Railway employee receives treatment at his residence, the expenses
incurred by the Railway employee for such items and services as would have been admissible to the patient otherwise would be reimbursable.

(2) The above claims should be accompanied by a certificate in writing by the Authorised Medical Officer stating reasons for his opinion as referred to above and indicating the cost of treatment admissible to the patient otherwise. Such cost should take into account the charges for medicines and dressings, as also amount of fees, if any, paid to the Authorised Medical Officer.

(Rule 619 R.I 1995 reprint and Note below )

651. Payment of charges: Payment to Government/recognised hospitals on account of hospital charges should, in the first instance, be made by the Railway employee concerned to the hospital authorities and the refund thereof claimed from Railway administration later.

Note :The State Government, where agreeable, should debit the Railway administration concerned by preferring bills for those items for which reimbursement is permissible. To facilitate payment to such of the Government/recognised hospitals which press for advance deposit of money for the treatment of cases referred to them, the CMS/MS in charge of the division concerned may be allowed an imprest. The holder of the imprest should submit a report for the amount spent. Further, the General Managers may sanction advance payment up to the reimbursable portion of the anticipated cost of the treatment or up to Rs.1 Lakh, whichever is less on recommendations of the C.M.D and the concurrence of the F.A.&C.A.O towards the treatment of Railway 'beneficiary' in Govt. Hospital/recognised hospitals where they are officially referred by the authorised Medical Officer. However efforts should be made for payments through bill system or in installments agreeable to the concerned hospital authorities through negotiation. In order to meet some urgent requirements to save the life of the patients, DRM of the divisions can also sanction such advance payment subject to limitations stipulated above with the concurrence of the Divisional finance and on recommendations of the CMS/ MS of the divisional hospital. However, post facto approval of the G.M in such exceptional cases must be obtained to regularise the same.


652. Claims to be preferred within six months: All claims for reimbursement of medical charges should invariably be preferred within six months from the date of completion of treatment as shown in the essentiality certificate of the Authorised Medical Officer/Medical Officer concerned.. A claim for reimbursement of medical charges not countersigned and not preferred within six months of the date of completion of treatment, should be subjected to investigation by the Accounts Officer and, where a special sanction is accorded on an application from the Railway employee for reimbursement of any charges in relaxation of the rules, that sanction will be deemed to be operative from the date of its issue and the period of six months for preferment of claim will count from that date.

(Note 2 below Rule 621- R.I. 1995 reprint)

653. Forms for preferring claims: A Railway employee claiming refund for the expenses incurred by him on account of medical attendance and treatment in a Government/recognised hospital should prefer his claim in the prescribed forms as given in Annexure III & IV to this Chapter, accompanied by the necessary documents as indicated in those forms.

654. "Rounding off" of claims: Like other payments, such as pay and allowance, the payment on account of medical expenses should also be rounded off to the nearest rupee.

655. Scrutiny of claims: All claims for reimbursement should first be carefully scrutinised by the competent authorities, who, in consultation with the Authorised Medical Officer, where necessary, will disallow any claims or items, which do not satisfy the rules and orders on the subject. Thereafter, as and when the bills are received by the department concerned, they should be disposed of without delay.

656. Rate and schedule of charges: (1) The rates and schedule of charges of the Government/ recognised hospitals concerned may be obtained from the respective State Government/Recognised hospital.

(2) In the case of Government/recognised hospitals, the tariff of which does not indicate the accommodation and diet charges separately, 20 per cent of the flat rate should be reckoned as diet charges.

657. Expenses incurred as outdoor patient: Reimbursement of medical expenses incurred as an 'outdoor' patient in a Railway hospital/health unit or at a Government and other recognised institution is permitted.
658. **Items and services not covered by the definition of the term "treatment":** – Expenditure incurred by a Railway “beneficiary” on items and services not covered by the definition “treatment” will not be reimbursable.

659. **Reimbursement of cost of medicines which are neither ordinarily stocked nor available in Railway medical institutions, but are purchased from the market:** (1) With a view to minimising the claims for refund of the cost of items which are inadmissible, the Medical Officers who are concerned with the medical attendance and treatment of patients, should bear in mind that essentiality certificates should not be issued in respect of items which are not medicines but which are primarily foods, tonics, toilet preparations, disinfectants or appliances etc. A decision should depend on whether the drug element is small in comparison with the food content of the preparation prescribed. Further, a proprietary preparation should not be prescribed if a non-proprietary medicine of similar therapeutic effect is available. Necessary guidance in this regard should be taken from the Indian Railway Pharmacopoeia with respect to admissibility of drugs/medicines for the reimbursement and which has been certified to be of therapeutic value and essential for the recovery/prevention of serious deterioration in the condition of the patient. The cost of disposable sundries shall be treated as reimbursable. The disposable sundries include gauges, bandages, adhesive plasters, I.V sets, syringes, catheters, Ryle’s tubes and other disposable used in surgical and other operations.

(Bd.'s No 91/H/6-4/39 dt. 26/12/91/30/01/92, and 30/10/96)

(2) The charges for the cost of medicines which are refundable will be allowed only if the claim for refund thereof is accompanied by the cash memo and an essentiality certificate duly countersigned by the Authorised Medical Officer in the prescribed proforma as given in Annexure V to this Chapter. Every cash memo must be countersigned by the doctor prescribing the medicines and the essentiality certificate must contain the names of all the medicines prescribed and the amount incurred on the purchase of each medicine, whether or not the original prescriptions have been submitted.

Note: The underlying idea in asking for the essentiality certificate and the cash memos etc., is to make sure that the medicines were actually considered essential by the Authorised Medical Officer and that they were purchased and consumed by the patient as directed.

(3) Any sales tax paid on these medicines will also be reimbursable.

(4) The charges for packing and postage, if any, incurred will not be refundable.

(5) Ordinarily, expenses on account of the cost of medicines intended for injections prescribed at the consulting room of the Authorised Medical Officer but administered at the residence of the patient, who is a member of the family or dependent relative of a Railway employee, will not be refundable. In serious cases, however, the reimbursement is regulated vide Sub-paragraph (2) above.

(6) The State Government, where agreeable, should debit the Railway administration concerned by preferring bills or by raising debits in respect of the cost of medicines, vaccines, sera etc. not ordinarily available in hospitals, which are certified in writing to be essential for the recovery or prevention of serious deterioration in the condition of a Railway “beneficiary”, who is admitted in a non-Railway Government hospital for treatment at the instance of the Authorised Medical Officer. If the State Government concerned are not agreeable to such an arrangement, reimbursement to the Railway employee concerned would be permissible as per rules.

(MOR's decisions No.1,2 and 3 below Rule 603-R.I. and No.92/H/6-1/41 dt. 15/01/1993).

660. **Items and services rendered in connection with medical attendance and treatment:**

Charges for items and services rendered in connection with (but not included in) medical attendance and treatment of a patient entitled to Railway medical attendance and treatment facilities shall be determined by the Authorised Medical Officer and paid by the patient.

( Rule 626-R.I 1995 reprint.)

661. **Reimbursement of medical expense incurred abroad:** The following guide-lines should be adopted in dealing with cases relating to requests for medical treatment abroad and matters relating thereto.

(i) As a rule, reimbursement of cost of medical treatment incurred abroad should not be allowed.
(ii) In exceptional cases, necessitating treatment of a kind yet to be widely established in the country, where railway employees, on medical advice, choose to go on their own, reimbursement could be authorised by the Ministry of Railways, but should be limited to the expenditure that would have been incurred had such treatment been received in India in a Govt. Hospital or a recognised hospital. However, the question of reimbursement of air passage in such cases shall not arise at all.

(iii) Foreign exchange may be released to Railway employee for the purpose of treatment abroad to the same extent as is permissible to private citizen.

(iv) The facilities for specialist treatment, as available in Railway hospital or other Govt/recognised hospitals, should be availed of by the Railway employees.

(v) To consider cases treatment of which is not available in India a medical Board should be constituted at the Zonal Railway by the C.M.D. The Board should make specific recommendations and also give reasons for recommending treatment abroad. It should also certify that the treatment is not available in India. The certificate should be endorsed by the C.M.D & General Manager and sent to the Ministry of Railways for approval.

(Rly Bd.’s No 83/H/6-4/19 dt. 22/09/83)

662. Reimbursement for in-vitro fertilisation for treatment of sterility: The method of conception by In-vitro fertilisation (IVF) and Intra-Uterine Insemination (IUI) techniques shall be subsidised by allowing reimbursement to a ceiling limit of 25% of the expenses incurred per cycle and limited up to a maximum number of three cycles. This subsidy will be available only to those employees whose cases have been referred to any hospital (including private hospitals and nursing homes) where such facilities are available, on the specific recommendations of the Medical Board, with the expert doctors as members, nominated by the Chief Medical Director of Zonal Railways. The acceptance of the recommendations of such Medical Board by the Chief Medical Director will be mandatory before such reference to Railway Board.

(Bd.’s No 96/H/6-1/9 dt. 08/08/96 and No. 2000/H/6-3/1 dt 21/11/2000)

663. Reimbursement of expenses on CAT Scan : (i) Powers have been delegated to G.M/C.M.D to settle claim of the railway employees up to Rs 10000/- for C.T Scan carried out without prior permission of C.M.D in a Govt. Hospital and even in a private institution without the prior permission of the Authorised Medical Officer in case the same had to be got done by the patient in emergency by according their post facto sanction.

(ii) MD/CMS/MS of Central hospitl/Divl. Hospital/work shop hospital/Production unit is empowered to sanction/reimburse up to a maximum of Rs 10000/- for CAT scan done in Govt./recognised hospital or in any Hospital in case the requisite facilities are not available in nearby Govt./Recognised hospitals. This power will be exercised by the MD/CMS/MS in consultation with two senior doctors(one from surgical and one from medical specialty) and the proceedings of the opinion, justification and sanction recorded in the bed head ticket of the patient before the test is recommended.

(Railway Bd.’s No. 97/H/6-4 dated 09/05/97, No96/H/6-1/32 dt.5/3/1998 and No 91/H/6-4/26 Pt dt. Nil-03-98, No 91/H/6-4/26 Pt III dt. 16/12/98 and No. 99/H/6-4/Policy Dt. 20/09/2000)

664. Reimbursement of expenses on M.R.I: Sanction up to Rs 10000/- to Railway employees for M.R.I investigation from Govt./recognised institution and from non-recognised institutions, in absence of such facilities in Govt./recognised institutions, will be given by the MD/CMS/MS of the Central Hospitals/Divl. Hospitals/Work shop hospitals/Production units. This power will be exercised by the MD/CMS/MS in consultation with two more senior doctors(one from surgical and one from medical specialty) and the proceedings of the opinion, justification and sanction recorded in the bed head ticket of the patient before the test is recommended.

(Bd.’s No 96/H/6-1/32 dt. 08/08/1996, No .91/H/6-4/26 Pt dt. nil-3-98, No.98/H/6-4/26 Pt III dt. 16/12/98 and No. 99/H/6-4/Policy Dt. 20/09/2000)

Note: G.M/C.M.Ds are competent to settle all claims of Railway employees for CT Scan/M.R.I up to the ceiling limit as laid down above by according their post facto approval.

(Bd.’s No. 96/H/6-1/21 dt. 05/03/98)

665. Reimbursement of expenses on purchase/replacement/repair/adjustment of artificial Electronic larynx: Reimbursement of the cost of the artificial electronic larynx should be made to
the Railway employees and their family members governed by the Railway Medical Attendance Rules on the recommendations of the DG(RHS). The payment would, however, be made by the administrative authority direct to the supplying agencies, and not to the Railway employee concerned.

(Bd.’s No 82/H /6-1/21 dated 11/10/1984)

666. Reimbursement of the cost of Heart Valves, Heart Pace Makers and Pulse Generators etc.:  

(i) Supply of Heart valves, Heart Pace Makers and Pulse Generators as well as the replacement of Pulse Generators in the case of a Railway “beneficiary” will be made only on the recommendation of the Chief Medical Director, the administrative authority directly making the payment to the supplying agencies and not to the Railway employees concerned. The ceiling limit of the cost of VVI pace maker is Rs 60,000/-This payment may however be made to the beneficiary on production of valid documents and on the recommendations of the authorised Medical Officerss(AMOs) in case the implantation has been done at Govt/Private hospitals, in emergent circumstances. The reimbursement would be limited to such amount which would have been otherwise paid by the Railways Hospital for same device if procured by them

(ii) In case s where the cost of VVI pace maker exceeds the limit of 60,000/- the same would continue to be referred to the Ministry of Railways duly certifying the reasonability of its cost by CMD/GMs of the concerned Railways /Production units ans concurred in by their FA&CAO for consideration and approval

(iii) Delegation of powers referred to above in para (i) above does not authorise the zonal Railways to allow reimbursement of part payment from the overall claim, and send the proposal to Bd’s office for reimbursement of balance amount.

(Bd’s No 2000//6-4 /Policyt (pace maker) dt 21-2-3)

667. Hearing aids : Rs 2500/- or the cost of hearing aid, which ever is lower, can be reimbursed by the Chief Medical Directors. The administrative authority would make the payment involved direct to the supplying agency and not to the Railway employee concerned. Cases of hearing aids costing above Rs 2500/- should be referred to Board, duly concurred by FA&CAO, for consideration and approval.

(Bd.’s No 85/H/6-4/28 dt. 28/08/96)

668. Intra-ocular lens : The cost of intra-ocular lens implant surgery done in Government hospitals, when the facility is not available in Railway hospitals, will be reimbursed in full. When the I.O.L surgery is done in non-Railway recognised hospitals, the actual cost or Rs. 12000/- whichever is less, for each eye will be reimbursed. However stringent scrutiny shall be made by ophthalmologists and only complicated, high risk cases be referred with adequate justification be referred to non railway hospitals. Zonal Railways may deal with and settle the reimbursement claims for IOL lens implantation surgerydone in non railway/non recognised hospitals , as per the new rates, on merit.

(A) Dental Treatment : Subject to conditions laid down in para 647 the cost of dental treatment will be re-imbursed at the following rates.

| (i)   | Extraction under L.A. (any tooth)       | Rs. 75.00 |
| (ii)  | Extraction under L.A. of Molar tooth    | Rs. 100.00 |
| (iii) | Cement/Glass Inomer filling ( per tooth) | Rs. 75.00 |
| (iv)  | Silver Amalgam/composite filling per tooth | Rs. 125.00 |
| (v)   | Root canal of Molar tooth                | Rs. 600.00 |
| (vi)  | Root canal of a tooth (other than a molar) | Rs. 250.00 |
| (vii) | Oral prophylaxis                          | Rs. 250.00 |
| (viii)| Periodontal surgery(each quadrant)       | Rs. 250.00 |
| (ix)  | Periodontal surgery ( full mouth)         | Rs.1000.00 |
| (x)   | Apicoectomy                              | Rs. 600.00 |
| (xi)  | Extraction of impacted tooth              | Rs. 600.00 |
| (xii) | Alveolectomy                              | Rs. 250.00 |
| (xiii)| Fracture Mandible/Maxilla intermaxillary fixation | Rs.2500.00 |
| (xiv) | Intra Oral periapical Dental X-ray        | Rs. 50.00 |
| (xv)  | Occlusal X-ray                            | Rs. 100.00 |
| (xvi) | Upper/lower full dentured (once in life time) | Rs.2000.00 |

(Bd’s No.2000/H-1/12/27 Part I dt 2-9-02)
Section (D) - Other General Instructions regarding medical attendance and treatment

669. Duties of Railway doctors in urgent cases: Whenever a Railway employee calls upon a Railway Medical Officer for medical assistance either for himself or for any member of his family or dependent relatives, the doctor so called upon shall, if the case is represented as urgent, render such assistance as may be necessary without hesitation, leaving the question of his being the Authorised Medical Officer and fees etc. to be inquired into and settled afterwards.

(Rule 632- R.I. 1995 reprint)

670. Issue of Passes under medical advice: (1) Special Passes on medical grounds will be issued for journey from station nearest to the residence of a Railway servant where Railway medical facilities for treatment of the railway servant or his family members are not available to a station where railway dispensary or hospital or sanatorium with the required facilities for treatment is located. Passes will ordinarily be issued for the class of entitlement of the railway servant on privilege account. The grant of higher class passes and attendants on medical grounds shall be regulated as under:-

(2) If the Medical Officer considers that the patient should be accompanied by an attendant during travel for his journey to an outstation for treatment the inclusion of the attendant in the Railway pass shall be regulated as under:-

(a) One attendant may be allowed, on the recommendation of the Medical Officer in-charge of the hospital, health unit / polyclinic, if the patient is bed ridden and is unable to sit up.

(b) If the patient is in big plaster, or physically handicapped or unconscious or paralysed or mentally retarded, where one attendant cannot lift the patient, two attendants in the same class may be provided on the express recommendation of the Medical Officer. In cases where the patient is in coma/shock/stupor due to any cause (irrespective of T.B/ Cancer) such as head injury etc., a higher class pass along with an attendant in the same class may be given, on the recommendation of the Medical Officer.

(i) Provided that, the facility of an attendant shall be available only when no other family member is accompanying the patient. Such passes where an attendant has been allowed should, therefore, be restricted to the patient and the attendant only.

(ii) Provided further that higher class passes shall be allowed only for outward journey while proceeding for treatment to an outstation. After the patient recovers, the return journey pass shall be issued for the class to which the patient is entitled. Where an attendant was allowed to accompany the patient, he shall be issued second class pass for the return journey.

(iii) In case, higher class pass to the Railway employee for his return journey has also been considered necessary specific recommendation of the C.M.D of the Railway in whose jurisdiction the hospital is located shall be necessary

(iv) Pass for the return journey of the entitled class or the higher class as the case may be shall be issued on the recommendation of the C.M.D of the Railway in whose jurisdiction the hospital is located. To facilitate the issue of passes by that Railway stamped endorsement authorising that Railway for issue of the medical passes may be made on the pass when it is issued for outside journey.

(v) In cases where a Railway servant falls seriously ill outside the Zonal Railways on which he is working and is referred to a hospital located on another station for specialised treatment by the Railway Medical officer, he may be given a special pass available from that place to the location of the hospital/dispensary to which he has been referred to and back to the same place. The concerned medical officer recommending the grant of the pass shall report the facts of the case to the controlling C.M.D of the employee indicating clearly reasons that necessitated the treatment at an out station in support of his recommendation for issue of a Special Pass.

(3) The Medical Officers recommending the issue of pass on medical grounds shall submit a monthly statement to the concerned C.M.D indicating the circumstances of each case and the reasons for recommending such passes. C.M.D should ensure that the recommendation of the Medical Officers for issue of Passes were in accordance with the guidelines of these orders.
671. Use of ambulance cars by lady doctors in emergencies:

(1) Lady doctor, when called to visit a patient, may be allowed the use of ambulance cars not only for going to the patient’s house and also to bring her back to her residence/hospital, in the following circumstances:

(a) When she has to attend an emergency.
(b) When the call for a house visit is received by her from a remote area.
(c) When the call is received from an unknown quarter.
(d) When the call is received at night.

(2) Validity of the points made for eligibility of use of the ambulance cars would be decided by the head of the hospital concerned.

(3) It is not necessary that on the visit, the lady doctor should bring the patient for admission if it is considered not necessary to admit the patient.

(4) No mileage allowance would be admissible to the lady doctor for such calls. If she draws any consolidated conveyance allowance, there would be automatically proportionate deduction in the same for such use of ambulance car.

(Ministry of Railway’s letter No.76/H/22/16 dated 18th January 1977).
ANNEXURE I
(see Para 622)
Schedule of charges laid down for treatment of Outsiders in Railway Hospitals

Note: For the first two pregnancies of married daughters of Railway employees concessional charges at 40% of schedule of charges laid down for outsiders are levied for confinement including bed, operation, laboratory, X-ray etc., except diet and medicines. This facility is extended to the ante-natal and post-natal periods also.

<table>
<thead>
<tr>
<th>Nature of treatment/Investigation</th>
<th>Charges (Rs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. OPD in Hospital/Health Unit. Cost of medicines, investigation extra per 15 days consultation.</td>
<td>40</td>
</tr>
<tr>
<td>2. (i) Daily ward charges</td>
<td>40</td>
</tr>
<tr>
<td>(a) Admission charges</td>
<td>400</td>
</tr>
<tr>
<td>(b) A Class (Cabin Ward AC)</td>
<td>350</td>
</tr>
<tr>
<td>(c) B Class (Cabin Ward non-AC)</td>
<td>60</td>
</tr>
<tr>
<td>(d) General Ward AC, irrespective of whether AC is used or not</td>
<td>20</td>
</tr>
<tr>
<td>(e) General Ward non AC</td>
<td>450</td>
</tr>
<tr>
<td>(f) Beds in Health Units, Health Centres &amp; Polyclinics</td>
<td>750</td>
</tr>
<tr>
<td>(g) ICU (Life support system not used)</td>
<td>50</td>
</tr>
<tr>
<td>(h) ICU (Life support system used)</td>
<td>100</td>
</tr>
<tr>
<td>(ii) a) Special Nursing</td>
<td>300</td>
</tr>
<tr>
<td>b) Additional visit of Doctor</td>
<td>50</td>
</tr>
<tr>
<td>c) Cabin ward</td>
<td>100</td>
</tr>
<tr>
<td>(iii) Surcharge</td>
<td></td>
</tr>
</tbody>
</table>

There will be surcharge of 25% on all the above mentioned charges at Zonal Headquarters’ Hospital.
(iv) Operational charges

(a) Trivial operation 250
(b) Minor operation 600
(c) Major operation 2500
(d) Special operation 5000
(e) Open Heart Surgery -
(f) CABG General Ward 114000
(g) CABG with One Valve 127500
(h) Angiogram (Pvt. Ward) 52000
(i) Angiogram (Genl. Ward) 49500
(j) Angiogram with Stent 126000

(v) Service charges for the following, if done in isolation as an independent procedure.

(a) Catheterisation 125
(b) Transfusion of blood 150
(c) Lumbar puncture 150
(d) Confinement – Normal without episiotomy 1375
(e) Confinement – Normal with episiotomy 1625
(f) Confinement – Abnormal 2000

Note: These charges do not include cost of drugs transfusion of blood, disposable items, implants or Transplants used during operation. It covers only theatre charges operation fee and oxygen Inhalation anesthesia agents, incubation and lumbar puncture done in theatre labour room.

(vi) Others

(a) ECG without report 125
(b) ECG with report 150
(c) SIGNAL Average Late Potential E.C.G 750
(d) Sonography/echography
  - Heart 600
  - Other parts of body 450
(e) Angiography coronary 8000
(f) Tread Mill Winkes’ Tests 450
(g) Computerized Tread Mill 825
(h) Echo-Cardiogram 750
(i) Physiotherapy electrical e.g., electric traction, short-wave diathermy per sitting whether with our without exercise. 25
(j) Physical physiotherapy e.g., physical traction, wax bath hot packs per sitting with our without exercise. 15
(k) Exercises only per sitting 5
(i) All other laboratory charges, investigations, X-rays or other procedures as given below:

I. Clinical Pathology

1. Routine blood cell examination, including blood cell counts.  
   
2. Smears for Haemoparasite  
   
3. Urine examination – Routine, chemical and microscopic.  
   
4. Examination of stools for parasites including microscopic examinations for parasites occult blood.  
   
5. Examination of sputum smears AFB and other microorganisms.  
   
6. Microscopic examination of pus smears.  
   
7. Other pathological examinations like throat swabs and skin scrapings for fungus, Lepra bacillus, etc.  
   
8. Examination of CSF, complete (microscopic and chemical).  

II. Microbiology

1. Cultures for bacteria  
   
2. Culture and sensitivity test  
   
3. Serological test for identification of infecting organisms such as Widal test, VDRL, Kahn’s STS, etc.  
   

III. Hematology and Immunology

1. Bleeding and coagulation time  
   
2. ESR  
   
3. PCV  
   
4. Haemogram  
   
5. LE Cell  
   
6. Bone marrow test  
   
7. Rh. factor and other anti-globulin tests  
   
8. Coomb’s test  
   
9. Serum electrophoresis  
   
10. Immuno-globulin estimations and immuno-electrophoresis  

IV. Bio-Chemistry

1. Blood Sugar  
   
2. Blood Urea  
   
3. Blood Urea Nitrogen  
   
4. Serum Creatine  
   
5. Serum amylase  
   
6. Simple non routine tests  
   Glucose tolerance test (according to samples examined),
Serum proteins including albumin globulin ratio, serum electrolyte, serum uric acid, serum phosphates, phosphatases (acid, alkaline), liver function tests including SGPT and total protein, gastric analysis and stools fats estimations.

7. Bilirubin & urobilinogen 20
8. Prothrombine time 30

V) Tests requiring high inputs and specialised equipment.

(i) Lipid profile 200
(ii) Blood gas analysis 300
(iii) Radio immuno-assay 300
(iv) Hormone estimations using radio isotope techniques. 300
(v) Urinary ketosteroids, VMA 250
(vi) Urea clearance test 75
(vii) Urine urea estimation 75

VI) Blood Bank
1. Blood grouping, including Rh. 50
2. Blood grouping and cross matching 225
3. M.P 25
4. VDRL 100
5. HBS Ag 150
6. HIV 225
7. HCV 225
(Blood Donor to be provided)

VII) Cytology
1. Histopathological examination 80
2. Exfoliative cytological examination 50
3. Aspiration cytological examination 80
4. Radio therapy per sitting (deep and superficial) 125
5. Electro convulsive therapy per sitting 50

VIII) Miscellaneous examinations and services.
1. Mantoux test 15
2. Patch or intra-dermal tests for sensitivity to antigen per test. 15
3. – do - set of tests. 150
4. Respiratory function test (FVC, FEV & MSP) 125
5. Detailed respiratory functions excluding blood gas. 150
6. Anti-rabies vaccine per course (in case of human diploid vaccine & PCEV – cost of vaccine will be extra). 200
7. Audiometry 100
8. Refraction 75
IX. Dental Treatment

1. Extraction under L.A. (any tooth) 75
2. – do - (molar tooth) 100
3. Cement/Glass Income filling (per tooth) 75
4. Silver amalgam/Composite filling 125
5. Partial denture 500
6. Full denture 900
7. Root Canal of a tooth (other than Molar) 250
   Root Canal for Molar teeth 600
8. Oral Prophylaxis 250
9. Periodontal Surgery each quadrant 250
   ------do-------- (full-mouth) 1000
10. Apicolectomy 600
11. Extraction of impacted tooth 600
12. Alveolectomy 250
13. Fracture Mandible/Maxilla inter maxillary fixation 2500


X) Others

1. Charges for BGPD 150
2. Charges for Holter Monitor Test 1375
3. Charges for EEG 500
4. Charges for fluoroscopy 60

XI) Charges for X-ray

1. Dental Perpical X-Ray 20
2. MMR 4" x 4" 30
3. 6.1/2 x 8.1/2" 50
4. 8" x 10" 50
5. 10" x 12" 75
6. 12” x 15” 90
7. 14” x 14” 100
8. 14” x 17” 110

(Cost of opaque material involved is extra (in special investigations at cost plus 25% handling charges).

XII) 1. All other laboratory charges, investigations and X-rays, or other procedures not specified above 50% increase proposed over existing charges.
2. Drugs, disposable items and implants, items of Local Purchase will be charged at cost plus 35% handling charges.
3. Handling and service charges will be 70% additional over the diet charges.

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XVII.  
(a) Hemodialysis (first dialysis) 2250  
    Subsequent five dialysis 750  
    Seventh dialysis 1500  
(b) Peritoneal dialysis 3000  

XVIII. In addition, labour room/theatre charges shall be charged as follows:  
1. For trivial operation under local anesthesia 70  
2. For trivial operation under general anesthesia or regional. 150  
3. For minor operation. 300  
4. For major operation. 500  
5. For special operation. 1000  
6. CABG 1000  
7. Open heart/closed heart 1000  

XIX. Separate OT charges are not applicable if dental surgery is done in OT attached to dental OPD.  

For the above mentioned operations, the costs of disposable surgical appliances, valves, anesthesia and (any other costly items used) will be levied separately actual cost plus 25% handling charges.  

Note: ‘NIL’ indicates no changes required to be done as the  

(Bd’s No.200/H/6-1/45 dt 15-05-2001)  

Annexure-1(A)  

Proposed (Revised) Rate of investigation for non-railway cases  
In nuclear medicine/Ophthalmology departments of B.R. Singh Hospital, Sealdah.  

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Modalities</th>
<th>Type</th>
<th>Charges (Rs.)</th>
</tr>
</thead>
</table>
| 1.    | Myocardial Perfusion Imaging | With 99mTc-Terfusion Imaging  
        |           | With 201 – Thallium  
        |           | First pass study | 2970.00  
        |           | 5940.00  
        |           | 1780.00  
| 2.    | Liver Scan | 800.00  
| 3.    | Renogram | 1000.00  
| 4.    | Renal Scan with 99mTc-DMSA | 4000.00  
| 5.    | Bone Scan | 1100.00  
| 6.    | Lung Persusion, Ventilation Scan | 1700.00  
| 7.    | Hepatobiliary System | 1000.00  
| 8.    | MUGA gated blood scan | Stress 1400.00  
|       |           | Rest 1200.00  
| 9.    | Thyroid Scan with 99mTc04 | 600.00  
| 10.   | Parathyroid Scan | 3000.00  |
11. Brain SPECT Scan  5000.00
12. Throid Uptake and Scan  1000.00
13. Renal Scan with 99mtechnetium-IDA  1000.00
14. 131-I Therapy  1000.00
15. Fundus Photography (Each Eye)  100.00
16. Biometry (each eye)  125.00
17. Fluorescein in Angiography  600.00
18. Laser Photocoagulation  By Argon Laser  600.00
19. Laser Yag Application for Membranectomy  600.00

Annexure-1(B)
Revised Rate of Non Rly cases in Cardiology Department of Perambur Rly Hospital, Chennai.

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Treatment procedure</th>
<th>Charges payable to Hospital</th>
<th>Expenditure on material (in Rupees) including 25% levy</th>
<th>Total expenditure for the patient (in rupees)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Coronary Angiogram/ Cardiac Catheterisation</td>
<td>8,000</td>
<td>3,750</td>
<td>11,750</td>
</tr>
<tr>
<td>2</td>
<td>Permanent Pacing</td>
<td>8,000</td>
<td>52,500</td>
<td>60,500</td>
</tr>
<tr>
<td>3</td>
<td>Coronary Angioplasty (without stent)</td>
<td>15,000</td>
<td>37,500</td>
<td>52,500</td>
</tr>
<tr>
<td>4</td>
<td>Coronary Angioplasty with Stent (one vessel/one lesion)</td>
<td>15,000 **87,500 1,02,500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Valvuloplasty</td>
<td>15,000</td>
<td>56,250</td>
<td>71,250</td>
</tr>
<tr>
<td>6</td>
<td>Peripheral Angioplasty Without Stent</td>
<td>15,000</td>
<td>37,500</td>
<td>52,500</td>
</tr>
<tr>
<td>7</td>
<td>Peripheral Angioplasty with stent</td>
<td>15,000</td>
<td>75,000</td>
<td>90,000</td>
</tr>
<tr>
<td>8</td>
<td>Open Heart Surgery/CABG</td>
<td>40,000</td>
<td>62,500</td>
<td>102,500</td>
</tr>
<tr>
<td>9</td>
<td>CABG with one valve</td>
<td>40,000</td>
<td>1,12,500</td>
<td>1,52,500</td>
</tr>
<tr>
<td>10</td>
<td>Closed Heart Surgery</td>
<td>15,000</td>
<td>12,500</td>
<td>27,500</td>
</tr>
</tbody>
</table>

- Material to be supplied by the patient to the hospital.
- ** The above rates for angioplasty and stenting are given for single vessel/single lesion.
For any additional balloon or stent, patient has to incur appropriate expenditure.


ANNEXURE II
LIST SHOWING CLASSIFICATION OF OPERATIONS INTO MAJOR, MINOR AND TRIVIAL

<table>
<thead>
<tr>
<th>SR. NO.</th>
<th>SYSTEM</th>
<th>TYPE</th>
<th>OPERATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>OP. ON NERVOUS SYSTEM (N.S)</td>
<td>SPECIAL</td>
<td>REMOVAL OF BRAIN TUMOR</td>
</tr>
<tr>
<td>2</td>
<td>OP. ON NERVOUS SYSTEM</td>
<td>MAJOR</td>
<td>CRANIOSYNOSTOSIS</td>
</tr>
<tr>
<td>3</td>
<td>OP. ON NERVOUS SYSTEM</td>
<td>MAJOR</td>
<td>DRAINAGE OF INTRACRANIAL ABSCES</td>
</tr>
<tr>
<td>4</td>
<td>OP. ON NERVOUS SYSTEM</td>
<td>MAJOR</td>
<td>CEREBRAL ARTERIOGRAPHY</td>
</tr>
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14 OP. ON PERIPHERAL N.S MAJOR SECTION OF SYMPATHETIC NERVE
15 OP. ON PERIPHERAL N.S MAJOR GAGLIONECTOMY & SYMPATHECTOMY
16 OP. ON PERIPHERAL N.S MAJOR NEUROLYSIS
17 OP. ON PERIPHERAL N.S MAJOR NEUROPLASTY
18 OP. ON PERIPHERAL N.S MINOR MYELOGRAPHY
19 OP. ON PERIPHERAL N.S MINOR NEUROTOMY
20 OP. ON PERIPHERAL N.S MINOR NEURECTOMY
21 OP. ON PERIPHERAL N.S MINOR AVULSION OF NERVE
22 OP. ON PERIPHERAL N.S MINOR NEUROTIPSY
23 OP. ON PERIPHERAL N.S MINOR NEURORRAPHY
24 OP. ON PERIPHERAL N.S TRIVIAL SPINAL PUNCTURE: INJ. INTO PERIPHERAL NERVE
25 OP. ON PERIPHERAL N.S MINOR INJ. INTO SYMPATHETIC NERVE OR GANGLION
26 OP. ON THYROID & PARATHYROID MAJOR THYROIDECTOMY SUBTOTAL/PARTIAL
27 OP. ON THYROID & PARATHYROID MAJOR THYROIDECTOMY TOTAL
28 OP. ON THYROID & PARATHYROID MAJOR EXCISION OF THYROGLOSSAL TRACT
29 OP. ON THYROID & PARATHYROID MAJOR OP. ON PARATHYROID INCLUDING REMOVAL
30 OP. ON THYROID & PARATHYROID MAJOR REMOVAL OF THYROID, ADENOMA
31 OP. ON THYROID & PARATHYROID MAJOR INCISION OF THYROID ABCESS
32 OP. ON ADRENAWS SPECIAL ADRENALECTOMY
33 OP. ON PITUITARY SPECIAL HYPOPHYSECTOMY-TRANSFRONTAL
34 OP. ON PITUITARY SPECIAL HYPOPHYSECTOMY-TRANSPHENOID
35 OP. ON THYMUS SPECIAL THYMECTOMY
36 OP. ON OTHER ENDOCRINE ORGANS MAJOR OP. ON CAROTID BODIES
37 OP. ON EYE MAJOR INTRAOCULAR REMOVAL OF EYE BALL
38 OP. ON EYE MAJOR EXENTERATION OF ORBIT
39 OP. ON EYE MAJOR TENOTOMY OF EYE TENDON
40 OP. ON EYE MAJOR ENUCLEATION OF EYE BALL
41 OP. ON EYE MAJOR REMOVAL OF INTRAOCULAR FOREIGN BODY
42 OP. ON EYE MAJOR EVISCERATION OF EYE
43 OP. ON EYE MINOR REMOVAL OF FOREIGN BODY (PARTIAL & PERIPHERAL) CONJ. SAC
44 OP. ON EYE TRIVIAL CANTHITOMY
45 OP. ON EYE MINOR CANTHECTOMY
46 OP. ON EYE MINOR CANTHIOTOMY
47 OP. ON EYE MINOR BlepHARotOMY
48 OP. ON EYE MINOR EXCISION OF TARSAL PLATE
49 OP. ON EYE MAJOR BlepHAROpLASTY & TARSOpLASTY
50 OP. ON EYE TRIVIAL CHALAZION OPERATION
51 OP. ON EYE TRIVIAL EPLEXATION OF EYE LID
52 OP. ON EYE MINOR REPAIR OF CONJUNCTIVA
53 OP. ON EYE TRIVIAL INCISION OF CONJUNCTIVA
54 OP. ON EYE SPECIAL CORNEAL TRANSPLANTATION
55 OP. ON EYE MAJOR KERATOPLASTY
56 OP. ON EYE MINOR KERATOPLASTY
57 OP. ON EYE MAJOR IMPLANTATION OF LENS, IOL
58 OP. ON EYE MINOR BRIDOTOMY
59 OP. ON EYE MINOR BRIDECTOMY
60 OP. ON EYE MINOR BRIDODALYSIS
61 OP. ON EYE MINOR BRIDOPLASTY
62 OP. ON EYE MINOR BRIDOTASIA
63 OP. ON EYE MINOR CYCLODIALYSIS
64 OP. ON EYE MINOR CYCLODIATHERMY
65 OP. ON EYE SPECIAL DETACHMENT OF RETINA
66 OP. ON EYE MAJOR OP. OF CHORIOID
67 OP. ON EYE MINOR SCLEROTOMY
68 OP. ON EYE MINOR SCLERECTOMY
69 OP. ON EYE SPECIAL CATARACT WITH IMPLANTATION OF LENS (PC)
70 OP. ON EYE MAJOR CATARACT EXTRACTION
71 OP. ON EYE MINOR CAPSULOTOMY
72 OP. ON EYE MAJOR DACRYOCYSTORHINOSTOMY
73 OP. ON EYE MAJOR DACRYOCYSTECTOMY
74 OP. ON EYE TRIVIAL INCISION OF LACRIMAL SAC
75 OP. ON EYE TRIVIAL OPHTHALMOLOGY, FUNDUSCOPY
76 OP. ON EAR SPECIAL COCHLEAR IMPLANTATION
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203. OP. ON LIVER & BILE DUCTS                MAJOR   ERCP & SCPHINTEROTOMY
204. OP. ON LIVER & BILE DUCTS                MAJOR   BASKETING & ERCP
205. OP. ON LIVER & BILE DUCTS                MAJOR   ERCP
206. OP. ON LIVER & BILE DUCTS                MAJOR   CHOLECYSTOTOMY
207. OP. ON LIVER & BILE DUCTS                TRIVIAL   BIPSY OF LIVER & NEEDLE ASPIRATION
208. OP. ON PANCREAS                        SPECIAL   PANCREATODUODENECTOMY
209. OP. ON PANCREAS                        SPECIAL   PANCREATOTOMY
210. OP. ON PANCREAS                        MAJOR   PANCREATOTOMY
211. OP. ON PANCREAS                        MAJOR   PANCREOLITHOTOMY
212. OP. ON PANCREAS                        MAJOR   EXCISION OF LESION OF PANCREAS
213. OP. ON PANCREAS                        MAJOR   PANCREATOEJUNOSTOMY
214. OP. ON PANCREAS                        MAJOR   DRAINAGE OF PANCREATIC ABSCESS
215. OP. ON SPLEEN                        MAJOR   SPLEENECTOMY
216. OP. ON KIDNEY                        SPECIAL   RENAL TRANSPLANTATION, RECIPIENT ONLY
217. OP. ON KIDNEY                        MAJOR   NEPHROTOMY, EXPLORATORY
218. OP. ON KIDNEY                        MAJOR   NEPHRECTOMY
219. OP. ON KIDNEY                        MAJOR   NEPHROLITHOTOMY
220. OP. ON KIDNEY                        MAJOR   PYELOPLASTY/PYELOLITHOTOMY
221. OP. ON KIDNEY                        MAJOR   NEPHRECTOMY
222. OP. ON KIDNEY                        MAJOR   NEPHROPEXY
223. OP. ON KIDNEY                        MAJOR   RETROGRADE PYELOGRAPHY
224. OP. ON URETER                        MAJOR   URETEROLITHOTOMY, URETEROCYSTOTOMY
225. OP. ON URETER                        MAJOR   URETEROSIGMOIDOSTOMY/URETEROCYSTOTOMY
226. OP. ON URETER                        MAJOR   ILEAL CONDUIT
227. OP. ON URINARY BLADDER                 MAJOR   CYSTECTOMY (PARTIAL/TOTAL)
228. OP. ON URINARY BLADDER                 MAJOR   CYSTOSTAPSY
229. OP. ON URINARY BLADDER                 MAJOR   TRANSMURETHRAL RESECTION OF BLADDER TUMOUR
230. OP. ON URINARY BLADDER                 MAJOR   BASKETING OF URETERIC STONES
231. OP. ON URINARY BLADDER                 MINOR   CYSTOTOMY
232. OP. ON URINARY BLADDER                 MINOR   CYSTOLITHOTOMY
233. OP. ON URINARY BLADDER                 MINOR   CYSTOSCOPY
234. OP. ON URETHRA                        MINOR   URETEROTOMY, EXTERNAL
235. OP. ON URETHRA                        MINOR   URETHROLITHOTOMY
236. OP. ON URETHRA                        MAJOR   URETHROPLASTY
237. OP. ON URETHRA                        MINOR   URETHROSCOPY
238. OP. ON URETHRA                        TRIVIAL   MEATOTOMY, URETHRAL
239. OP. ON URETHRA                        TRIVIAL   URETHROSCOPY
240. OP. ON URETHRA                        TRIVIAL   DILATION OF URETHRA WITH SOUND
241. OP. ON PROSTATE SEMINALVESICLES        MAJOR   PROSTATOMY, SUPRAPUBIC
242. OP. ON PROSTATE SEMINALVESICLES        MAJOR   PROSTATECTOMY, RETROPUBIC
243. OP. ON PROSTATE SEMINALVESICLES        MAJOR   PROSTATECTOMY, PERINEAL
244. OP. ON PROSTATE SEMINALVESICLES        MAJOR   PROSTATECTOMY, TRANSMURETHRAL
245. OP. ON PROSTATE SEMINALVESICLES        MAJOR   VESICULECTOMY, SEMINAL
246. OP. ON OTHER MALE GENITALIA            MAJOR   EXCISION OF PENIS
247. OP. ON OTHER MALE GENITALIA            MAJOR   HYPOSPADIAS
248. OP. ON OTHER MALE GENITALIA            MAJOR   EXCISION OF FOLLICULAR SCROTUM & IMPLANTATION OF TESTES INTO THIGHS
249. OP. ON OTHER MALE GENITALIA            MAJOR   OP. FOR STRESS INCONTINENCE OF URINE
250. OP. ON OTHER MALE GENITALIA            MINOR   CASTRATION
251. OP. ON OTHER MALE GENITALIA            MINOR   ORCHIDECTOMY
252. OP. ON OTHER MALE GENITALIA            MINOR   UNILATERAL EXCISION OR EVERSION IN HYDROCELE
253. OP. ON OTHER MALE GENITALIA            MINOR   EXCISION OF VICOCELE
254. OP. ON OTHER MALE GENITALIA            MINOR   ORCHIDECTOMY
255. OP. ON OTHER MALE GENITALIA            TRIVIAL   CIRCUMCISION
256. OP. ON OTHER MALE GENITALIA            MINOR   RECANALISATION OF VAS
257. OP. ON OTHER MALE GENITALIA            MAJOR   ANASTOMOSIS OF TUBES
258. OP. ON OTHER MALE GENITALIA            MINOR   CASTRATION-MALE
259. OP. ON OTHER MALE GENITALIA            MINOR   SALPINGO-OOPHORECTOMY
260. OP. ON OTHER MALE GENITALIA            MINOR   SALPINGECTOMY
261. OP. ON OTHER MALE GENITALIA            TRIVIAL   FALLOPIAN INSUFFLATION
262. OP. ON OTHER MALE GENITALIA            MAJOR   RECANALISATION AFTER TUBECTOMY/TUBAL BLOCK
263. OP. ON OTHER MALE GENITALIA            SPECIAL   PELVIC EVISCREATION
264. OP. ON OTHER MALE GENITALIA            MAJOR   HYSTERECTOMY, TOTAL
265. OP. ON OTHER MALE GENITALIA            MAJOR   HYSTERECTOMY, RADICAL

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266 OP. ON UTERUS & SUPP. STRUCTURE MAJOR HYSTERECTOMY, VAGINAL
267 OP. ON UTERUS & SUPP. STRUCTURE MINOR HYSTEROTOMY
268 OP. ON UTERUS & SUPP. STRUCTURE MINOR HYSTEROPEXY
269 OP. ON UTERUS & SUPP. STRUCTURE MINOR COLORPHERAPY
270 OP. ON UTERUS & SUPP. STRUCTURE TRIVIAL DILATION OF CERVIX
271 OP. ON UTERUS & SUPP. STRUCTURE MINOR CURETTAGE OF UTERUS
272 OP. ON UTERUS & SUPP. STRUCTURE TRIVIAL CAUTERIZATION OF CERVIX
273 OP. ON UTERUS & SUPP. STRUCTURE TRIVIAL BIOPSY OF UTERUS
274 OP. ON UTERUS & SUPP. STRUCTURE TRIVIAL COLPOTOMY
275 OP. ON VAGINA MAJOR PERINEORRHAPHY
276 OP. ON VAGINA TRIVIAL INCISION OF ABSCESS OF BARTHOLIN'S GLANDS
277 OP. ON VAGINA MINOR BIOPSY OF VULVA
278 OP. ON VAGINA MAJOR REPAIR OF VESICO VAGINAL FISTULA
279 OBSTETRIC OPERATIONS MAJOR CAESAREAN SECTION
280 OBSTETRIC OPERATIONS MAJOR EMBRYOTOMY
281 OBSTETRIC OPERATIONS MAJOR CRANIOTOMY, FOETAL
282 OBSTETRIC OPERATIONS MINOR VERSION, INTERNAL
283 OBSTETRIC OPERATIONS MINOR EPISIOTOMY & STITCHING
284 OBSTETRIC OPERATIONS TRIVIAL VERSION, EXTERNAL
285 OP. ON BONE SPECIAL HIP REPLACEMENT
286 OP. ON BONE SPECIAL KNEE REPLACEMENT
287 OP. ON BONE SPECIAL SPINAL FUSION, ANTERIOR, POSTERIOR
288 OP. ON BONE SPECIAL LIMB SAVING OP. WITH IMPLANTS
289 OP. ON BONE MAJOR OPEN REDUCTION OF FRACTURE WITHOUT FIXATION
290 OP. ON BONE MAJOR REDUCTION OF FRACTURE FIXATION
291 OP. ON BONE MAJOR LAMINECTOMY & DECOMPRESSION
292 OP. ON BONE MAJOR LAMINECTOMY WITH DISCECTOMY
293 OP. ON BONE MINOR SEQUESTRECTOMY
294 OP. ON BONE MINOR CLOSED REDUCTION OF FRACTURE
295 OP. ON BONE MINOR DEBRIDEMENT OF COMPOUND FRACTURE
296 OP. ON BONE TRIVIAL NEEDLE BIOPSY OF BONE OR MARROW
297 OP. ON JOINTS MAJOR ARTHROSCOPY-DIAGNOSTIC/OPERATIVE
298 OP. ON JOINTS MAJOR KNEE ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION
299 OP. ON JOINTS MAJOR EXTERNAL FIXATION STABILISATION
300 OP. ON JOINTS MAJOR ARTHROTOMY
301 OP. ON JOINTS MAJOR EXCISION OF SEMILUNAR CARTILAGE
302 OP. ON JOINTS MINOR BURSECTOMY
303 OP. ON JOINTS MINOR CLOSED REDUCTION OF DISLOCATION
304 OP. ON JOINTS MAJOR OPEN REDUCTION OF DISLOCATION
305 OP. ON JOINTS MAJOR ARTHRODESIS
306 OP. ON JOINTS MINOR ASPIRATION OF JOINT
307 OP. ON JOINTS TRIVIAL MANIPULATION OF JOINT
308 OP. ON JOINTS MINOR BIOPSY OF JOINT
309 OP. ON MUSCLES & TENDONS MAJOR TRANSPLANTATION OF MUSCLE ORIGIN
310 OP. ON MUSCLES & TENDONS MAJOR TRANSPLANTATION OF TENDON
311 OP. ON MUSCLES & TENDONS TRIVIAL TENOTOMY
312 OP. ON UPPER LIMB SPECIAL INTERSCAPULO THORACIC AMPUTATION
313 OP. ON UPPER LIMB MAJOR DISARTICULATION AT SHOULDER
314 OP. ON UPPER LIMB MAJOR AMPUTATION, FOREARM
315 OP. ON UPPER LIMB MAJOR AMPUTATION, ARM
316 OP. ON UPPER LIMB MAJOR DISARTICULATION AT ELBOW
317 OP. ON UPPER LIMB MAJOR DISARTICULATION AT WRIST
318 OP. ON UPPER LIMB MINOR AMPUTATION, THUMB
319 OP. ON UPPER LIMB TRIVIAL DISARTICULATION OF FINGER
320 OP. ON LOWER LIMB SPECIAL ABDOMINOPELVIC AMPUTATION
321 OP. ON LOWER LIMB MAJOR DISARTICULATION OF HIP JOINT
322 OP. ON LOWER LIMB MAJOR AMPUTATION, THIGH
323 OP. ON LOWER LIMB MAJOR AMPUTATION, LEG
324 OP. ON LOWER LIMB MAJOR AMPUTATION, FOOT
325 OP. ON LOWER LIMB MAJOR DISARTICULATION AT KNEE
326 OP. ON LOWER LIMB TRIVIAL AMPUTATION, TOE
327 OP. ON ARTERIES SPECIAL EXCISION OF ANEURYSM OF GREAT VESSELS
328 OP. ON PERIPHERAL ARTERIES MAJOR ARTERIOTOMY WITH EXPLORATION

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(Rly Bd's No.2000/H6-1/45 dt 21-12-01)
CERTIFICATE ‘A’
(To be completed in the case of patients who are not admitted to hospital for treatment)

1. Name and designation of the Railway employee (in BLOCK letters) ...........................................................  
2. Office in which employed .........................................................................................................................  
3. Pay of the Railway employee .......................................................................................................................  
4. Place of duty ...............................................................................................................................................  
5. Actual residential address ............................................................................................................................  
6. Name of the patient and his/her relation to the Railway employees ...............................................................  

Note: In the case of children, state age also.

7. Place at which the patient fell ill .................................................................................................................  
8. Nature of illness and its duration ..................................................................................................................  

(a) that the injections administered were not for immunising or prophylactic, purposes.

(b) that the patient has been under treatment at ................................................................. hospital/dispensary and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the ........................................... (name of hospital/dispensary) for supply to private patients and do not include proprietary preparation for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

Name of medicines                                             Price
1. .................................................................................................................................................................  
2. .................................................................................................................................................................  
3. .................................................................................................................................................................  
4. .................................................................................................................................................................  
5. .................................................................................................................................................................  

(a) that the patient is/was suffering from .............................................. and is/was under my treatment from ............... to ...............  

(b) that the patient was given pre-natal or post-natal treatment.

(e) that the X-ray, laboratory tests, etc. for which an expenditure of Rs ......................... was incurred were necessary and were undertaken on my advice at ..................................................... (name of hospital or laboratory).

(f) that I referred the patient to Dr................................. for specialist consultation and that the necessary approval of the ................. (name of the principal Medical Officer) as required under the rules was obtained.

(g) that the patient did not require hospitalisation.

Signature and designation of the Medical Officer

Date .............................................

Name of the hospital/dispensary to which attached

Note: Certificates not applicable should be struck off. Essentiality certificate as given in (b) as above is compulsory and must be filled in by the Medical Officer in all cases.
CERTIFICATE ‘B’

(To be completed in the case of patients who are admitted to hospital for treatment)

Part A
I, Dr....................................................... hereby certify:

(a) that the patient was admitted to hospital on my advice/on the advice of .................................................. (name of Medical Officer).

(b) that the patient has been under treatment at .................................................. and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the (name of the hospital).......................... for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

<table>
<thead>
<tr>
<th>Name of medicines</th>
<th>Price</th>
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<tbody>
<tr>
<td>1. ...............................................................</td>
<td>...........</td>
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<tr>
<td>5. ...............................................................</td>
<td>...........</td>
</tr>
</tbody>
</table>

(c) that the injections administered were not for immunising or prophylactic purposes.

(d) that the patient was suffering from .................................................. and was under my treatment from .................................. to ..................................

(e) that the X-ray, laboratory tests, etc. for which an expenditure of Rs....................... was incurred were necessary and were undertaken on my advice at .................................................. (name of hospital or laboratory).

(f) that I called in Dr.................................................. for specialist consultation and that the necessary approval of the .......... (name of the principal Medical Officer), as required under the rules was obtained.

Date ...............................                                                                                                                            Signature and designation of the
Place ..............................                                                                                            Medical Officer in charge of the case at the hospital

Part B
I certify that the patients has been under treatment at the .................................................. hospital and that the services of the special nurses, for which an expenditure of Rs.................................... was incurred vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Date.........................                                                                                             .                          ...........................................................
Place ...............................                                                                                                                  Signature and designation of the
Medical Officer in charge of the hospital.

Countersigned

..........................................
Principal Medical Officer

Part C
I certify that Shri/Shrimati/Kumari.................................................., wife/son/daughter
.................................................. employed in the .................................................. has been under
treatment for .................................................. disease from .................................. to .................................. at the
.................................................. hospital and that the facilities provided were the minimum which were essential for the patient’s

Date............ ..............................................................................................................................................
Place . .......................................................... Medical Department
.......................................................... Hospital

Note: Certificates not applicable should be struck off. The Essentiality Certificate as given in Part A (b) above is compulsory and must be filled in by the Medical Officer in all cases.
FORM OF APPLICATION TO BE SUBMITTED BY A RAILWAY EMPLOYEE FOR CLAIMING
REIMBURSEMENT OF MEDICAL EXPENSES

(Note: Separate form should be used for each patient)

1. Name and designation of the Railway employee (in BLOCK letters)  ……………………………
2. Office in which employed  ……………………………
3. Pay of the Railway employee  ……………………………
4. Place of duty  ……………………………
5. Actual residential address  ……………………………
6. Name of the patient and his/her relationship to the Railway employee  ……………………………

Note: In the case of children, state age also.

7. Place at which the patient fell ill  ……………………………
8. Nature of illness and its duration  ……………………………
9. Details of the amount claimed  ……………………………

I. Medical Attendance:

(i) Fees for consultation indicating

(a) the same and designation of the Medical Officer consulted and the hospital or dispensary to which attached.  ……………………………

(b) the number and dates of consultations and the fee paid for each consultation.  ……………………………

(c) the number and dates of injections and the fee paid for each injection.  ……………………………

(d) whether consultations and/or injections were had at the hospital, at the consulting room of the Medical Officer or at the residence of the patient.  ……………………………

(ii) Charges for pathological, bacteriological, radiological or other similar tests undertaken during diagnosis, indicating:

(a) the name of the hospital or laboratory where the tests were undertaken.  ……………………………

(b) whether the tests were undertaken on the advice of the Authorised Medical Officer. If so, a certificate to that effect should be attached.  ……………………………

(c) Cost of medicines purchased from the market (List of medicines, cash memo and the essentiality certificates should be attached).  ……………………………

II. Hospital Treatment:

Charges or hospital treatment, indicating separately the charges for:

(i) Accommodation  ……………………………

(State whether it was according to the status or pay of the Railway employee and in cases where the accommodation is higher than the status of the Railway employee, a certificate should be attached to the effect that the accommodation to which he was entitled was not available).

(ii) Diet  ……………………………

(iii) Surgical operation or medical treatment  ……………………………

(iv) Pathological, bacteriological, radiological or other similar tests indicating:

(a) the name of the hospital or laboratory at which undertaken  ……………………………

(b) and whether undertaken on the advice of the Medical Officer in charge of the case at the hospital. If so, a certificate to that effect should be attached.
(v) Medicines ........................................

(vi) Special medicines ........................................
    (List of medicines, cash memo and the essentiality certificate should be attached).

(vii) Ordinary nursing. ........................................

(viii) Special nursing i.e., nurses special engaged for the patient ........................................
    (State whether they were employed on the advice of the Medical Officer in charge of the case at the hospital or at the request of the Railway employee or patient. In the former case, a certificate from the Medical Officer in charge of the case and countersigned by the Medical Superintendent of the hospital should be attached).

(ix) Ambulance charges ........................................
    (State the journey – to and from – undertaken)

(x) Any other charges e.g., charges for electric light, fan, heater, air-conditioning, etc. ........................................
    (State also whether the facilities referred to are a part of the facilities normally provided to all patients and no choice was left to the patient).

Note: (1) If the treatment was received by the Railway employee at his residence under Para 634, give particulars of such treatment and attach a certificate from the Authorised Medical Officer as required.

(2) If the treatment was received at a hospital other than a Government, recognised hospital, necessary details and the certificate of the Authorised Medical Officer that the requisite treatment was not available in any nearest Government/recognised hospital should be furnished.

III. Consultation with a specialist:

Fees paid to a specialist or a Medical Officer other than the Authorised Medical Officer, indicating:

(a) the name and designation of the specialist Medical Officer consulted and the hospital to which attached. ........................................

(b) number and dates of consultations and the fee charged for each consultation. ........................................

(c) whether consultation was had at the hospital, at the consulting room of the specialist or Medical Officer, or at the residence of the patient. ........................................

(d) whether the specialist or Medical Officer was consulted on the advice of the Authorised Medical Officer and the prior approval of the Chief Medical Director of the Railway was obtained. If so, a certificate to that effect should be attached. ........................................

10. Total amount claimed ........................................

11. List of enclosures ........................................
    ........................................
    ........................................
    ........................................

DECLARATION TO BE SIGNED BY THE RAILWAY EMPLOYEE

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me.

Date........................................

Place ........................................

Signature of the Railway employee.
ANNEXURE V
(See Para 659)

............................... RAILWAY

MEDICAL DEPARTMENT

ESSENTIALITY CERTIFICATE

I certify that Shri/Shrimati/Kumar ................................................................., wife/son/daughter ....................................................., has been under my treatment for disease from ................................ to ................................ at the hospital/my consulting room and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the hospital and do not include proprietary preparations for which hospital hospital for supply to private patients cheaper substances of equal therapeutic value are available, nor preparations, which are primarily foods, tonics or disinfectants.

Name of medicines | Price
--- | ---
1. .......................................................... | ................................
2. .......................................................... | ................................
3. .......................................................... | ................................
4. .......................................................... | ................................
5. .......................................................... | ................................

...................................................
Signature of the Medical Officer
In charge of the case at the hospital.

Date .........................
Place ..........................

...................................................
Signature and designation of the Authorised Medical Officer
Proforma for submission of claim for reimbursement of medical expenses incurred by Railway Employees for treatment in Private Hospital/Non-Recognised Institutions

1. Name of the patient
2. Age
3. (a) Relationship with Railway Employee  
   (b) Name of the employee
4. Designation
5. Pay
6. Name of the Institution where taken for treatment
7. Date of admission
8. Date of discharge
9. Date of admission of claim
10. Reasons for delay, if delayed for more than 3 months
11. Total period of stay as Indoor patient
12. Reasons for long stay (if stayed for more than 48 Hrs)
13. Type of medical emergency
14. Was there no Railway/Govt. facility available to deal with it
15. Distance of the nearest Govt. Hospital and whether facilities available there
16. Distance of the nearest Railway hospital and whether facilities available there. If not how far is the Railway hospital with the facilities available.
17. Distance of the private hospital, where facilities availed, from residence/place of illness.
18. When the Railway Medical Officer was informed about such admission.
19. Did the patient take any treatment before or after the present sickness (if this existed ad if YES when………..)
20. Total amount claimed (with break-up charges)
21. Item wise break of expenditure had the treatment taken place in Govt. Hospital.
22. Verbatim views of C.M.D
23. Verbatim views of F.A & C.A.O