

**TRANSMISSION CORPORATION OF A.P. LIMITED  
VIDYUTH SOUDHA :: HYDERABAD**

Circular Memo.No.ED(Mechl.)/AS(M&P)/PO(Med)/MR/M4/305/2011 dt.09.09.2011

**Sub:-APTransco - Medical - Reimbursement of medical bills to  
Serving employees/Pensioner and their dependents/Family  
Pensioners of APTransco - Certain instructions - Reg.**

**Ref:-1) T.O.O (Addl. Secy-Per) Ms.No.301, dt.31.3.2009.  
2) T.O.O (Addl. Secy-Per) Ms.No.16, dt.08.04.2011.**

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Consequent to the introduction of medical scheme from time to time in APTRANSCO medical bills/credit card proposals of personnel are being sent through Zonal/Circle offices and Pay Officer/VS/Hyderabad for issue of credit card and for reimbursement of the bills. Some of these are in incomplete shape for processing.

2. In view of the above, the CEs/SEs are requested to follow the instructions scrupulously in forwarding the applications/proposals for medical facilities for claims and for issue of credit cards.

1. The claim is to be preferred within (3) months from the date of discharge of the patient from hospital.
2. The application format should be as prescribed by APTransco alongwith declaration certificate of dependency.
3. The application should be signed by the controlling officer / forwarding officer with date and stamp without the dated bills by the controlling officer, the same shall not be admitted.
4. All the columns in the check list of application has to be filled up by the employee/pensioner.
5. Essentiality certificate 'A' for out patient treatment and 'B' for inpatient treatment to be invariably furnished and duly filled in and signed by the medical attendant/Doctor who treated the patient with date and seal of the Doctor.
6. The cash receipts are to be counter signed by the Doctor together with name & seal of office who treated the patient, Lab test, Pharmacy should be accompanied with prescription slips issued by Doctor.
7. The dated cash receipts are to be enclosed alongwith application.

8. The dated cash receipts and the amount claimed should be tallied for total claim.
9. The bills should be claimed only under Bill.No. on each bill, without bill No. the same shall be rejected.
10. The employee/pensioner is required to furnish the total amount of reimbursement sanctioned to him/her in earlier occasions so far, without said details, bills shall not be forwarded.
11. The Application for reimbursement of personal bills have to be furnished in two sets i.e (one original and one duplicate).
12. The employee/pensioner is required to obtain prior permission from competent authority i.e. Joint Managing Director/HRD for taking treatment out side the state or unrecognised Hospitals.
13. The detailed discharge summary shall be furnished alongwith application for claims & reimbursement.
14. Employee with I.D.No./Pensioner with P.P.O.No. and contact number to be mentioned on the application form.
15. All the medical bills are to be endorsed by the employee as "Paid by me" and affix signature for personal bills claim.
16. All the medical bills are to be signed by the case doctor of the hospital.
17. An attested Xerox copy of age proof of patient incase of dependant son/daughter of employee/pensioner.
18. The treatment for Ophthalmology and Dental and other ailments should be taken in recognized hospitals by APTransco only, other than in recognized hospitals reimbursement is not allowed except in emergency conditions.
19. The Bills of Ophthalmology and Dental should be furnished with bill no. & date issued by the hospital authorities.
20. If employee of APTransco spouse is working in APTransco/ DISCOMS/Central Government/State Government/Corporation/ Local Bodies and private Organization should submit a declaration stating that they shall avail medical facility from any one side only and also a no-objection certificate from the department where spouse is working, shall be submitted.
21. Incase any fracture cases, bills shall be admitted only with MLC No. and on FIR in case of RTA.
22. All the employees/pensioners/family pensioners are directed to affix their signature/attendant on completion of inpatient treatment obtained on credit card and also seek a copy of the bills.

23. If the application does not confirm to any one of the above points, the application shall not be processed for admission of claim.
24. For issue of Credit Card, the patient should be admitted in recognised hospitals only and on estimation from the hospital with I.P.No. and disease code as per CGHS tariff accompanied with two passport size photos of the patient with attestation of the controlling officer on the back side of the two passport size photos be sent to the Executive Director (Mechl) through proper channel.
25. The Head of the Department shall affix signature with date of receipt of medical claims, any bill beyond 3 months from date of discharge shall not be entertained except in case of death, 6 months period from the date shall only be allowed for claim.

G.NARSING RAO,  
EXECUTIVE DIRECTOR/MECHL

To  
All Chief Engineers,  
All Superintending Engineers  
The Financial Adviser & Chief Controller of Accounts/APTransco/VS/Hyd.  
The Deputy Chief Controller of Accounts/APTransco/Vidyut Soudha/Hyd.  
The Pay Officer/APTransco/Vidyut Soudha/Hyd.  
The Dy. Secretaries/Asst. Secretaries/Personnel Officers/APTransco/VS/Hyd.

//FORWARDED BY ORDER//

  
PERSONNEL OFFICER