



# भारतीय राष्ट्रीय राजमार्ग प्राधिकरण

(सड़क परिवहन और राजमार्ग मंत्रालय)

## National Highways Authority of India

(Ministry of Road Transport & Highways)

G-5 & 6, Sector-10, Dwarka, New Delhi-110045

Phone : 91-11-25074100/25074200

Fax : 91-11-25093507/25093514

Extn. : 2223/2318/2468/2553

No. 11041/21/2002-Admn.

September 19, 2003

### **POLICY MATTER – ADMINISTRATION/FINANCE (56/2003)**

(Decision taken on Admn Division File No. 11041/08/2000-Admn)

#### **Sub.: Reimbursement of Medical Expenditure**

Kindly refer to the Office Order No. 11041/08/2000-Admn dated 16.01.2001 – regarding reimbursement of expenditure incurred on medical treatment.

2. In accordance with the provisions contained in sub-regulation 3 of NHAI (Medical Attendance and Treatment) Regulation 1997, NHAI employees are entitled to reimbursement of expenditure incurred on medical treatment of himself or any member of his family prescribed by a registered medical practitioner and/or approved hospital; subject to a maximum of one month's pay per year.
3. It has been decided that the reimbursement of medical expenditure to the employees shall, henceforth, be made against a certification in respect of the actual expenses incurred duly supported by bill(s)/cash memo(s). The employees are, therefore, requested to submit their bill(s)/cash memo(s), etc., for medical claim(s) before 7<sup>th</sup> of the month subsequent to each quarter (i.e. April, July, October, January) for reimbursement as per the enclosed proforma to Administration Division in respect of HQ employees and Finance Division in case of PIUs.
4. The revised procedure will be effective from the quarter beginning 1<sup>st</sup> October 2003.
5. This issues with the approval of the Competent Authority.

  
(S. Loganathan)

General Manager (Admn.)

1. All officers/Staff in the Headquarters
2. All PDs of PIUs/CMUs/SPVs

**National Highways Authority of India**

**APPLICATION FOR REIMBURSEMENT OF ACTUAL MEDICAL EXPENSES**  
**[NHAI ( Medical Attendance & Treatment ) Regulation, 1997]**

1. Name & Designation of the Employee .....
2. Present pay .....
3. Name of the Patient and relationship with employee .....
4. Month .....
5. Amount claimed .....
6. Amount reimbursed during the year.....so far .....
- 7a. I certify that the statements in this application are true to the best of my knowledge and belief and that the persons for whom medical expenses have been incurred are wholly dependent on me.
- 7b. I certify that (i) I am not a CGHS beneficiary, (ii) my husband/wife is not availing CGHS benefit for himself/herself or for any dependent member of the family, (iii) my husband/wife is/is not an employee of the Central Govt. /State Govt./ Public Sector Undertaking/Autonomous Body/Institution etc., which are wholly/partly owned/controlled/funded by Central/State Governments and is/is not claiming any medical benefits under the relevant rules applicable to them for himself/herself or any dependent member of the family.
- 7c. I also certify that the claim does not include expenditure towards vitamins (unless certified as essential by a registered medical practitioner).tonics, baby food, milk food, beverages. Spectacles, dentures, crown work, bridge work, orthodontic work and other special dental work.
8. The bill(s)/cash memo(s)/prescription for above mentioned claim, is/are enclosed.

Date:

**[Signature of the Employee]**