

No.J.12019/21/2021-DC(KZL)/Vol-I
OFFICE OF THE DEPUTY COMMISSIONER
KHAWZAWL DISTRICT : KHAWZAWL

Khawzawl, the 27th May, 2021

C I R C U L A R

Mizoram Sawrkar, Mizoram State Health Care Society lehkha No.F.14017/1/2018-HFW/MSHCS dated 19th May, 2021-in a tarlan angin, Khawzawl District huamchhunga Community Covid Care Centre (CCCC/4C) hnuaia Covid vei enkawl, Mizoram State Health Care Scheme hnuaia in register te chuan an inenkawlna senso an Bill theih ani dawn a.

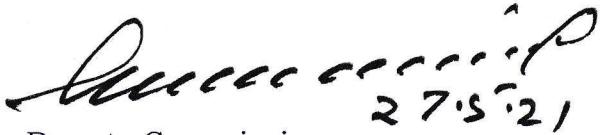
Mizoram Health Care Scheme hmanga an Bill dawnin Annexure 1A leh 1B a Document ngai te thil tel in 'Claim Form' hmanga dilna thehluh tur a ni ang.

Enclo: As above

Sd/- ZOTHANMAWIA
Deputy Commissioner
Khawzawl District, Khawzawl

Memo No.J.12019/21/2021-DC(KZL)/Vol I : Khawzawl, the 27th May, 2021
Copy to :

1. PS to Hon'ble Dy. Chief Minister for kind information.
2. Medical Superintendent, District Hospital, Khawzawl for information and necessary action.
3. DIPRO, Champhai for information and necessary action.
4. Medical Officers, Primary Health Centres within Khawzawl District for information and necessary action.
5. Officer-in-charge, State Control Room, Directorate of Disaster Management and Rehabilitation, Aizawl for information.
6. All President, Village Council within Khawzawl District for information.
7. Editors, Khawzawl Times and Si-Ar. An chanchinbua News item anga min chhuahsak turin.
8. Website Manager, DC's Office for uploading it in Office website.


27.5.21
Deputy Commissioner
Khawzawl District, Khawzawl

Claim Form

Mizoram State Health Care Scheme

(For treatment within Mizoram)



100

(Issuance of this Form does not amount to admission of any liability under the Claim on the part of the Society).

Health Care Enrollment No:			
1	Head of Family (HOF):		
2	Name of the patient:		Sex:
	Relationship to HOF:		Age:
	Telephone No:		
3	Permanent Address:		
4	Diagnosis:		
5	Name & Address of the Hospital:		
6	For OPD Treatment	Date:	
7	For IPD Treatment	Date of Admission:	Date of Discharge:
8	Name and Address of the attending Medical Practitioner:		
	Qualification:		Signature/Seal:
	Registration No:		
9	Total (Hospital Bill): ₹	Transportation Charges: ₹	
10	Grand Total (Hospital Bill + Transportation): ₹ (Rupees..... only).		
Details of Bank account for crediting the approved amount of the Claim:			
Name of Bank Account Holder (Capital letters):			
11	Account No:		Name of Bank:
	Name of Branch:		IFSC Code:
<i>(Bank Account hi chungkua member nilo hman a nih chuan, damlo chungkua remtihna Form A thil thil tel tur ani.)</i>			
In support of the above Claim, I enclose the following documents (tick):			
Xerox copy Bank Passbook front page		Claim Form Duly Signed	
Voter ID of Head of Family (xerox)		Family Ration card xerox	
Original Discharge/Death Summary		Birth Certificate from Hospital (If applicable)	
Xerox copy of Enrolment Form & Receipt		Hospitalization Bill with Payment Receipt	
Original Medicines Bills with Dr's Prescription/		Original Investigation Receipts & Reports with Dr's Prescription	
Transportation Tickets, if any		Other's (if any)	

I hereby warrant the truth of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppression or concealment, my right to claim reimbursement of the said expenses shall be absolutely forfeited. I further declare that, in respect of the above treatment, no benefits are admissible under any other Medical Scheme or Insurance.

Date:

Signature of the Patient/Claimant

(Damdawiin chhuah ni atanga ni 45 ral hma ngeiin Hospital ten bill theh luh tur a ni. Damlo ten in entir lehna tura lehkhha mamawh tur zawng zawngte chu bill theh luh hmawh Xerox vek tur a ni.)

Annexure 1A

Patients treated at Govt. Recognised Hospital, Dedicated Covid Health Centre (DCHC), Covid Care Centre (CCC) and Community Covid Care Centre (CCCC/4C) should provide documents along with the claim form as described below for reimbursement under Mizoram State Health Care Scheme (MSHCS).

1. Discharge summary/certificate: Discharge Summary/Certificate should include but not limited to:
 - a) Patient details
 - b) Date of Admission and Date of Discharge
 - c) Clinical Findings
 - d) Investigations done during stay in Govt. Recognised Hospital, DCHC, CCC and CCCC/4C
 - e) Treatment given containing list of medications with dosage and duration
 - f) Status on Discharge
 - g) Advice on Discharge containing lists of medicines prescribed with dosages and duration
2. Medical Bill clearly mentioning details of expenditure such as prescribed medications and equipment with quantity, investigations, diet, etc.

ANNEXURE 1B

Mandatory documents to be submitted for reimbursement under Mizoram State Health Care Scheme

Sl.No	Mandatory Documents
1	Photo Copy of Health Care Claim Form
2	Photo Copy of Health Care Enrolment Form and Receipt
3	Photo Copy of Family Head Voter ID (Front and Back)
4	Photo Copy of Bank Passbook (page containing account holder's name and account no.)
5	Photo Copy of Ration Card (page containing list of family members)
6	Original Copy of Discharge Card/ Discharge Summary/ Death Summary clearly mentioning list of medicines with dosage, equipment, etc.
7	Original Copy of CCC/4C Medical Bill clearly mentioning details of expenditure such as medications, equipment, investigations, diet, etc.)
8	Original Copy of Medicine Cash Memo (If Any)
9	Original Copy of Investigation Receipt and Report (such as Repeat RT PCR, Repeat RAgT, Repeat TrueNAT)
10	Original Copy of Diet Charges Receipt (If Any)
11	Original Copy of Bed Charge Receipt for Paid 4C (If Any)

- Note
1. Claims should be submitted to Mizoram State Health Care Society, Dinthar, Aizawl.
 2. Bank Account of parents/guardian may be provided in case patient is of minor age.
 3. Photo Copy of Birth Certificate to be attached in case of New Born baby/ Infants not listed in Mizoram State Health Care Enrolment Form or Ration Card.
 4. All documents listed in Annexure 1B should be submitted to Mizoram State Health Care Society. Failure to do so may result in reduction/rejection of claim.