GUIDELINES FOR EMPANELLED FACILITIES

For Queries Contact: Nearest Polyclinic, Station Headquarters or Regional Centre ECHS.

Issued By: Central Organisation ECHS, Maude Lines, Delhi Cantt. – 110010.

Tele: (011) 25684945
Fax: (011) 25684946
e-mail: echs_central@bol.net.in
MANAGEMENT OF ECHS PATIENTS: GUIDELINES FOR EMPANELLED HOSPITALS, DENTAL & DIAGNOSTIC CENTRES

INTRODUCTION

1. The aim of the Ex-Servicemen Contributory Health Scheme (ECHS) is to provide comprehensive and quality medical care to Ex-Servicemen for all known diseases. The following categories are eligible for availing the facilities on membership:

(a) Ex-servicemen drawing pension/disability pension.
(b) Widows drawing family pension.
(c) Spouse of pensioner.
(d) Unemployed sons below 25 years
(e) Unemployed and/or unmarried daughters.
(f) Dependent parents whose income is less than Rs. 1500/- per month.
(g) Mentally/Physically challenged children for life

2. Facilities. Medical facilities are to be provided through a network of 227 Polyclinics spread across the country, to be established over 4 years. Basic outdoor services will be provided at the Polyclinics. In case further management is required, referral will be made from ECHS Polyclinics to Armed Forces Medical Services Hospitals, Empanelled Private Hospitals/Dental and Diagnostic Centres. These referrals can only be made by authorized staff of the Polyclinics.

3. Empanelment of Hospitals/Nursing homes and Diagnostic Centres is carried out after signing a Memoranda of Agreement (MOA). Expenditure incurred on services provided by an Empanelled Hospital/Dental/Diagnostic Centre will be paid directly to them by ECHS as per approved rates.

REFERRAL TO EMPANELLED FACILITY

4. Referrals to Empanelled facilities can be made by Medical Officers, Specialists and Dental Officers of ECHS Polyclinics. Referrals will only be made once all available facilities of the Polyclinic are fully utilized. In case the referral to Empanelled facility is recommended by Service Specialist/Dentist, a referral form will be generated by the ECHS Polyclinic under the signature of a Polyclinic Medical/Dental Officer. All referrals from ECHS Polyclinics will be authenticated by Officer In Charge (OIC) Polyclinic under his stamp.
5. **Use of Referral Form.** The referrals to empanelled facilities will be made by the authorised Medical Officers/Specialists in the Polyclinics on ECHS Referral form only. A format of the Referral form is enclosed at Appendix ‘C’. **The referrals will be duly stamped by the seal of the Polyclinic** and will clearly outline a brief history of the case, the diagnosis, the hospital/ diagnostic centre to which the ECHS beneficiaries have been referred, and **the specific treatment procedure/investigation** for which the referral has been done.

6. In emergencies and life threatening conditions, when patients may not be able to follow the normal referral procedure, they are permitted to be admitted to any / nearest hospital. In case of admission to an empanelled facility, the member would be required to produce his/ her ECHS card as proof of ECHS membership. In such circumstances **the empanelled hospital is required to inform the Polyclinic of that station**, or the nearest Service Hospital/ Station Headquarters (Stn HQ) in case the Polyclinic cannot be contacted, within a period of 48 hours, regarding the particulars and the nature of admission. The OIC Polyclinic may make arrangements for verification of the facts and issue of a formal referral.

7. By and large the conditions of emergency are listed as under : -

(a) Acute Cardiac Conditions/ Syndromes including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supraventricular Tachycardia, Cardiac Tamponade, Acute Left Ventricular Failure/ Severe Congestive Cardiac Failure, Accelerated hypertension, Complete dissection.

(b) Vascular Catastrophies including Acute limb ischaemia, Rupture of aneurysms, medical and surgical shock and peripheral circulatory failure.

(c) Cerebro-Vascular Accidents including Strokes, Neurological Emergencies including coma, cerebro meningeal infections, convulsions, acute paralysis, acute visual loss.

(d) Acute Respiratory Emergencies including Respiratory failure and decompensated lung disease.

(e) Acute abdomen including acute obstetrical and gynaecological emergencies.

(f) Life threatening Injuries including Road traffic accidents, Head Injuries, Multiple Injuries, Crush Injuries. and thermal injuries.

(g) Acute poisonings and snake bite.

(h) Acute endocrine emergencies including Diabetic Ketoacidosis.

(i) Heat stroke and cold injuries of life threatening nature.

(k) Acute Renal Failure.

(l) Severe infections leading to life threatening sequelae including Septicaemia, disseminated/ miliary tuberculosis.
Any other condition in which delay could result in loss of life or limb. In all cases of emergency the onus of proof lies with the ECHS member.

8. Payment of bills for Emergency treatment will be made by ECHS as per approved rates and the member is not required to pay.

9. **Follow-up Treatment/ Reviews.** In cases where regular follow-up/review are required, such follow-up treatment, (OPD/ Indoors) will be provided for a maximum **period of 1 month at a time**. Referral form in such cases should mention the same; for e.g., "Referred for follow-up treatment for a period of one month." Fresh referral has to be initiated on termination of the 1 month period.

10. The same provisions will apply for cases where treatment procedures are to be repeated at regular intervals as an ongoing process, e.g., cases requiring dialysis or regular long term physiotherapy. An example of what the referral should read is illustrated below:

   “Referred for Haemodialysis, 3 sessions per week for a period of one month.”

11. **The Original referral form will be attached along with the first lot of bills in all such cases. A photocopy of the referral form will be attached with subsequent bills** for the same referral, with an endorsement by the hospital linking the case to the original referrals.

12. When another test/procedure is to be carried out on account of new illness/ complication (other than the one for which referred), **treatment of which cannot be deferred**, the same may be undertaken in the hospital and fresh referral is not required. However, as in the CGHS, the 'other' procedure will be charged at **50% of package rate**. For non-package investigations / treatment, actuals as per authorized rates are admissible. Need for additional procedure undertaken is to be elaborated in clinical summary submitted with the bills.

**PERIOD OF HOSPITALISATION**

13. Where a patient is admitted for specific treatment, he will be hospitalized for such period as is necessary for completion of the treatment. For treatments, specialized procedures or diagnostic tests **for which Package rates are specified**, the periods of hospitalization should not exceed the following limits, under ordinary circumstances :-

   - (a) Specialised procedures - 12 days.
   - (b) Other procedures - 8 days.
   - (c) Laparoscopic surgery - 3 days.
   - (d) Day care/ minor procedures 1 day.

14. In case the beneficiary has to stay in the hospital for his/ her recovery for more than the period covered under Package rates, the additional payment will be limited to room rent as per entitlement, cost of the prescribed medicines and investigations, doctors visits (not more than 2 times a day).

**CONDITIONS REQUIRING PRIOR APPROVAL**

15. Prior approval of Central Organisation ECHS is required to be obtained by the Empanelled Hospitals/ Nursing Home/ Diagnostic Centres, when the anticipated expenditure
for medical treatment/ investigation of an ECHS member for a single hospitalization period is beyond Rs 5 lakhs. The request must be routed through the Polyclinic. In case of an Emergency, the sanction will be obtained through Fax/ Signal/ Telegram/ Verbally and will be supported by the following details:–

(a) ECHS Membership Number.
(b) Particulars and age of the patient.
(c) Preliminary Diagnosis of the Hospital.
(d) Summary of the case including brief past history.
(e) Tests/ Procedure/ Treatment recommended.

16. **Adaptation to Modern Treatment System.** Medical care is a dynamic science with new technologies being introduced each day and on a regular basis. Before clinical implementation, these new methodologies of treatment have to undergo a process of rigorous cost effective trials. Many of these methodologies are not listed in the CGHS/ AIIMS procedures. Where implants/ methodologies of treatment, not listed under the CGHS/ AIIMS, are recommended for an ECHS member, prior approval will be obtained in writing as per table below. The request will be forwarded to the Polyclinic, for obtaining approval through the Senior Executive Medical Officer (SEMO):–

<table>
<thead>
<tr>
<th>S No</th>
<th>Cost of Implant/ Procedure</th>
<th>Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Less than 1 lakh</td>
<td>SEMO/ SMO/ PMO</td>
</tr>
<tr>
<td>(b)</td>
<td>1 lakh to 2 lakhs</td>
<td>Senior Adviser in the Speciality at Service Hospital</td>
</tr>
<tr>
<td>(c)</td>
<td>2 lakhs to 4 lakhs</td>
<td>Consultant in the Speciality.</td>
</tr>
<tr>
<td>(d)</td>
<td>Above 4 lakhs</td>
<td>Senior Consultant Medicine / Surgery in the Office of DGAFMS.</td>
</tr>
</tbody>
</table>

17. **Cardiology.** Prior approval is also required for use of more than two Coronary Stents, or for the use of Medicated Stents.

18. The above conditions which require prior approval are listed in the Table below. Approving authority is also mentioned against each condition.

<table>
<thead>
<tr>
<th>S.No</th>
<th>Condition requiring Approval</th>
<th>Approving Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Treatment procedure above 5 Lakhs</td>
<td>Central Org ECHS</td>
</tr>
<tr>
<td>2.</td>
<td>Implants/Procedures not listed in CGHS</td>
<td></td>
</tr>
<tr>
<td>(a)</td>
<td>Less than 1 lakh</td>
<td>SEMO/ SMO/ PMO/ CMO</td>
</tr>
<tr>
<td>S.No</td>
<td>Condition requiring Approval</td>
<td>Approving Authority</td>
</tr>
<tr>
<td>------</td>
<td>----------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>(b) 1 lakh to 2 lakh</td>
<td>Senior Adviser in Speciality</td>
<td></td>
</tr>
<tr>
<td>(c) 2 lakhs to 4 lakhs</td>
<td>Consultant in Medicine/ Surgery./ Allied specialities (as applicable)</td>
<td></td>
</tr>
<tr>
<td>(d) Above 4 lakhs</td>
<td>Senior Consultant Medicine/Surgery in the Office of DGAFMS</td>
<td></td>
</tr>
</tbody>
</table>

3. Procedures listed in CGHS for which approval is required

(a) Angioplasty with Coronary Stents

(i) Upto 2 Coronary stents | No approval required. Cardiologist of empanelled hosp authorised to certify/recommend |
(ii) More than 2 Coronary stents | SEMO |

(b) Angioplasty with Medicated stents

(i) Cypher /Taxus stents upto 2 stents. | Classified Specialist (Cardiology) or Senior Adviser (Medicine) or Cardiology |
(ii) More than 2 Cypher/Taxus stents. | Senior Advisor Cardiology or Consultant or Senior Consultant (Medicine) |

19. **Procedure for approval** - Requests for approval are to be submitted by the Empanelled Hospital or Dental/ Diagnostic Centre to the Polyclinic by Fax/Courier. Polyclinic will fwd the request, as per proforma (Appendix A), to SEMO for obtaining the necessary approval and communicating the same to the concerned Empanelled facility.

**SUBMISSION OF BILLS**

20. ECHS Empanelled facilities will submit bills to the OIC Polyclinic with the following enclosures:-

   (a) Original Referral slip from Polyclinic/ Service Hospital.
   (b) Photocopy of ECHS Card/ Membership Application Registration Slip.
   (c) Copy of admission and discharge slip.
   (d) Summary of the case, including outcome of treatment.
   (e) Bills in duplicate, ink signed and duly marked as ‘ORIGINAL’ and ‘DUPLICATE’, with signature of ECHS member/ representative endorsed.
21. Bills submitted by the Empanelled Hospitals/ Dental or Diagnostic Centres should provide following details:–

(a) Particulars of the Patient.
(b) ECHS Registration No.
(c) Polyclinic Referral No and date.
(d) Diagnosis.
(e) Treatment/Procedure/Investigation.
(f) Date & Time of admission.
(g) Date and time of Discharge.
(h) Signature of ECHS member/ representative should be obtained prior to discharge of patient / on completion of treatment/ investigation.

22. **Package Deals negotiated with Empanelled Facilities as per MOU.** Zonal jurisdiction of Package deal rates of CGHS, as detailed in Appendix B, will be applicable. For diseases and treatment procedures not covered in the list of package deals, the payment would be at the rates of AIIMS, New Delhi. Where the AIIMS rates are not available, the cost of drugs, room rent, laboratory investigations etc., will be paid as per authorized rates/actuals whichever is less. Billing in these cases will be for a lump-sum package. In case of two procedures, as mentioned in Para 12 above, the bill should mention them separately:

**Package Deal Rates (as per Zonal rates concluded in MOU)**

(a) Major Procedure
(b) Minor Procedure (if applicable)

23. **Action in Cases where Package Deal Rates Not Available.** When the Package deal charges are not specified for a particular procedure, either in the CGHS or AIIMS list, the bills from the Hospitals/Diagnostic Center should reflect the following details:

(a) **Hospital Charges.**
   *(Where Package deal rates are not applicable)*
   (i) Accommodation *(List type of Ward- private/semi-private/general)*
   (iii) Surgical Operation or Medical treatment charges.
   (iv) Pathological Tests *(Specify tests and Number)*
   (v) Radiological tests *(Specify investigations and number)*
   (vi) Specialised investigations *(Specify investigations and number)*
   (vii) Medicine *(Specify drugs and costs)*
   (viii) Ordinary Nursing
   (ix) Special Nursing
   (x) Ambulance Charges
(xii) Consultation charges (*Number and date*)
(xi) Other miscellaneous charges (to be clearly specified).

24. **Cancer Treatment.** In the case of treatment undertaken for Oncology, billing will be as for a **Non-Package disease.** The following can be billed item wise:

   (a) Drugs as per actuals
   (b) Administration charges as per CGHS.
   (c) Investigations, Accommodation etc as per CGHS.
   (d) Consultation as per CGHS.
   (e) Radiotherapy as per CGHS rates.

25. The summary of the case and the bills should specify the following:-

   (a) Protocol for management of the case.
   (b) Radiotherapy – Type of course and charges for complete course.
   (c) Chemotherapy - Number of cycles of chemotherapy.
   - Procedural/ Administration charges per cycle.
   - Drugs to be specified, along with cost.

26. **Outsourcing of Investigations.** Outsourcing of Investigations is often resorted to by empanelled hospitals. In all these cases, the payment to the outsourced facility is to be made by the hospital referring the case. **ECHS will not be dealing with any third party.** Bills may be submitted by the empanelled facility and will be cleared by ECHS as per CGHS rates. Excess cost, if any, may be recovered from the patient directly, with his/ her prior consent.

27. **Dialysis.** Package charge will include procedure + cost of consumables for dialysis. Investigations and other essential drugs (eg Inj Erythropoetin), if required, may be billed to ECHS as separate items, along with an essentiality certificate.

28. **Emergency Case Bills from Empanelled Facilities.** Bill for emergency treatment will be forwarded to concerned Polyclinic for payment as per normal procedure laid down above. However such bills will include an emergency certificate issued by the hospital and will be superscribed with ‘EMERGENCY BILL- EMPANELLED FACILITY’ written in block capitals in Red.

**PROCESSING OF BILLS**

29. **Action at Polyclinics.** The bills will be examined by the OIC Polyclinic for **authentication and verification of rates charged.** On receipt of bills at the Polyclinic, the OIC Polyclinic will verify the particulars of the patient and cross check against the original referral records /emergency treatment records of the Polyclinic. It will be verified if the
tests/procedures conducted by the empanelled facility were the same for which the referral was made and that no major deviation took place without prior approval of the Medical Officer of the Polyclinic. The rates charged will be compared with approved rates and amount approved for payment will be endorsed by the OIC. For purposes of vetting of bills, OIC Polyclinic may seek advice/assistance of Medical/Dental Officers of the Polyclinic. The OIC Polyclinic will thereafter prepare a cover note with all relevant details. The cover note together with bills/documents, will be forwarded by the OIC to the Senior Executive Medical Officer (SEMO) for technical examination.

30. The SEMO will consider the following issues while examining the Bills for correctness:-

(a) **Nature of treatment given.** That the treatment / investigation were as per ECHS Polyclinic referral and were appropriate.

(b) That Standard clinical practice guidelines were followed by the Hospital/Dental/Diagnostic center.

(c) That medicines/drugs and consumables were provided as per requirement and necessity.

(d) Ratify the rate verification done by the OIC Polyclinic.

31. The SEMO will **submit the recommendations for sanction of the Station Commander.** If the bill amount is beyond the financial powers authorised to the Station Commander, **sanction of Competent Financial Authority (CFA)** will be obtained prior to payment, and case will be projected up the static chain of command to the appropriate CFA. However, in order not to delay payments to empanelled facilities, the CFA will **forward approvals directly to Station Headquarters. Payments will be made by cheque** to the empanelled facilities after receipt of sanctions and will be attached to the bills and subject to post-audit. Financial limits of CFA are as under:-

<table>
<thead>
<tr>
<th>Ser No</th>
<th>Rank</th>
<th>Financial limit per transaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Station Commander</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) Lt Col/Col</td>
<td>Rs 20,000/-</td>
</tr>
<tr>
<td></td>
<td>(ii) Brig</td>
<td>Rs 50,000/-</td>
</tr>
<tr>
<td>(b)</td>
<td>Sub Area Commander</td>
<td>Rs 1,00,000/-</td>
</tr>
<tr>
<td>(c)</td>
<td>Area Commander</td>
<td>Rs 2,00,000/-</td>
</tr>
<tr>
<td>(d)</td>
<td>Army Commander</td>
<td>Rs 4,00,000/-</td>
</tr>
<tr>
<td>(e)</td>
<td>Vice Chief Of Army Staff</td>
<td>Rs 5,00,000/-</td>
</tr>
<tr>
<td>(f)</td>
<td>Ministry of Defence</td>
<td>&gt; Rs 5,00,000/-</td>
</tr>
</tbody>
</table>

**OTHER TERMS AND CONDITIONS**

32. The Hospital/Dental/Diagnostic Centre shall provide the agreed upon services to cases referred from ECHS Polyclinics on a Referral slip duly authenticated and stamped as mentioned in Para 4 above. The Hospital/Dental or Diagnostic centre would not refuse admission/treatment or investigations to referred cases on flimsy grounds.
33. The Hospital/ Dental or Diagnostic centre shall raise bills in the prescribed format to the ECHS Polyclinic in respect of the ECHS members treated on completion of treatment/ discharge of the patient. The rates for tests and treatment would be charged as per mutually agreed rate list and approved by ECHS. Under no conditions will rates exceed the rates laid down by the CGHS for the particular zone. ECHS will make payments only as per approved/ CGHS rates. Expenditure in excess of approved / package deal rates would be borne by the beneficiaries.

34. The Hospital will not be at liberty to revise the rates suo moto.

35. The Hospital/Nursing Home or Diagnostic centre would not refer the ECHS cases further to other institute, and if it does so, it will be at their own arrangements, and ECHS would not be responsible to the other institute for any liability. Payment in such cases would also be restricted to approved rates only. Excess charges incurred over and above the approved rates may be recovered from the patient with his/ her prior consent.

36. The Hospital/Nursing Home or Diagnostic centre shall provide access to the financial and medical records for assessment and review by medical and financial auditors of the ECHS, as and when required and the decision of ECHS on necessity or requirement shall be final.

37. Any liability arising out of or due to any default or negligence in provision or performance of the medical services shall be borne exclusively by the Hospital/Nursing Home or Diagnostic centre, who shall alone be responsible for the defect in rendering such services.

38. During In-patient treatment of the ECHS beneficiaries, the Hospital shall not ask the members to purchase separately the medicines from outside but bear the cost on its own, as the package deal rate fixed for the ECHS includes the cost of drugs, surgical instruments and other medicines etc.

39. On approval of the facility for empanelment a Memoranda of Agreement will be signed between the Hospital/Nursing Homes or Diagnostic centre and ECHS. The MOA shall remain in force for a period of one year from the date of its execution, extendable on mutual agreement. The MOA may be terminated by either party serving one calendar month’s notice in writing.

40. The ECHS shall be at liberty at any time to terminate this agreement on giving 24 hours notice in writing to the Hospital for breach of any of the terms and conditions of this Agreement and the decision of the ECHS in this regard shall be final.

41. Any dispute or difference arising between the Hospital/Nursing Home or Diagnostic centre and ECHS shall be referred to an arbitrator to be appointed by mutual consent of both parties herein.

42. All other conditions listed in the MOA will be complied with by both parties, that is, the Empanelled facility and ECHS.
Appendix 'A'

APPROVAL FOR SPECIALISED TREATMENT/PROCEDURE

AT ECHS EMPANELLED HOSPITAL

1. Name of the Patient

2. Relationship with ECHS member

3. Service No, Rank and Name of ECHS member

4. Diagnosis

5. Treatment/Tests/Procedures proposed

6. Estimated cost

7. Case summary received
   Yes/No

8. Remarks if any

9. Approval (Strike out the inapplicable)
   (a) For Implants/Consumables - Classified Specialist/ SEMO/ Sr Adviser/Consultant/ Sr Consultant
   (b) For treatment above Rs 5 Lakhs - Central Org ECHS

   Approved/Not Approved

Date :         Signature (Rank, Name & Place :        Appointment with Stamp )
NOTE
1. Empanelled Hospitals will inform the Polyclinic in advance regarding use of new implants/consumables or when the treatment cost is likely to exceed Rs 5 lakhs. Necessary case summary will be enclosed by the Hospital.
2. Polyclinic will fwd the case to the SEMO for necessary action.
3. SEMO will fwd the case summary & documents directly to the approving authority with recommendations.
4. In Emergencies, the hospital may proceed with the treatment/test/procedure, however ex post facto sanction will have to be sought from the approving authority. The approving authority may use his discretion to accept or reject the claim.
# Zonal Jurisdiction of CGHS Rates

<table>
<thead>
<tr>
<th>SER NO</th>
<th>STATE</th>
<th>CGHS Rate Applicable</th>
<th>Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jammu &amp; Kashmir</td>
<td>Delhi</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Himachal Pradesh</td>
<td>Delhi</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Punjab</td>
<td>Delhi</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Haryana</td>
<td>Delhi</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Delhi</td>
<td>Delhi</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Uttar Pradesh</td>
<td>Lucknow</td>
<td>All UP except districts under Allahabad and Meerut Sub Area</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Allahabad</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>All districts under Allahabad Sub Area</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Meerut</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>All districts under Meerut Sub Area</td>
</tr>
<tr>
<td>7</td>
<td>Uttaranchal</td>
<td>Lucknow</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Bihar</td>
<td>Patna</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Jharkhand</td>
<td>Patna</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Orissa</td>
<td>Patna</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>West Bengal</td>
<td>Kolkata</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Sikkim</td>
<td>Kolkata</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Assam</td>
<td>Kolkata</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Meghalaya</td>
<td>Kolkata</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Mizoram</td>
<td>Kolkata</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Tripura</td>
<td>Kolkata</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Manipur</td>
<td>Kolkata</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Nagaland</td>
<td>Kolkata</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Arunachal Pradesh</td>
<td>Kolkata</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Madhya Pradesh</td>
<td>Jabalpur</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Chattisgarh</td>
<td>Nagpur</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Rajasthan</td>
<td>Jaipur</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Gujarat</td>
<td>Ahmedabad</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Maharashtra</td>
<td>Mumbai &amp; Thane</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pune</td>
<td>All Maharashtra except Districts listed against Mumbai and Nagpur</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nagpur</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>All districts under jurisdiction of Station HQs Kamptee</td>
</tr>
<tr>
<td>25</td>
<td>Goa</td>
<td>Bangalore</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Karnataka</td>
<td>Bangalore</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Kerala</td>
<td>Trivandrum</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Tamil Nadu</td>
<td>Chennai</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Andhra Pradesh</td>
<td>Hyderabad</td>
<td></td>
</tr>
<tr>
<td>SER NO</td>
<td>STATE</td>
<td>CGHS RATE APPLICABLE</td>
<td>DISTRICTS</td>
</tr>
<tr>
<td>--------</td>
<td>------------------------------</td>
<td>----------------------</td>
<td>-----------</td>
</tr>
<tr>
<td></td>
<td>UNION TERRITORY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Chandigarh</td>
<td></td>
<td>Delhi</td>
</tr>
<tr>
<td>2</td>
<td>Andaman &amp; Nicobar Islands</td>
<td></td>
<td>Chennai</td>
</tr>
<tr>
<td>3</td>
<td>Pondicherry</td>
<td></td>
<td>Chennai</td>
</tr>
<tr>
<td>4</td>
<td>Lakhwadeep Islands</td>
<td></td>
<td>Chennai</td>
</tr>
<tr>
<td>5</td>
<td>Daman Diu</td>
<td></td>
<td>Pune</td>
</tr>
<tr>
<td>6</td>
<td>Dadra &amp; Nagar Haveli</td>
<td></td>
<td>Pune</td>
</tr>
</tbody>
</table>
EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME
ECHS POLYCLINIC…………….(Station)

REFERRAL FORM
Part I

OPD Regn No..................... Date.............
ECHS Card No........................................
Name of patient..............................Age......Relationship with ESM .........
Service No..................Rank...................Name of ESM..............................

Brief Clinical Notes

Provisional Diagnosis

Vide Referral Serial No .........................the above named is referred for
(a)  Admission ...........................................(Specify)
(b)  Investigation .........................................(Specify)
(c)  Consultation for....................................(Specify)

Referred to .................................................................
(Specify Hospital, Nursing Home, Diagnostic Centre)

Place :
Dated :

Signature of Med Officer
(with stamp)
Part 2

SUMMARY OF THE CASE

(To be completed by the empanelled hospital, nursing home, diagnostic centre and consultant.)

Clinical Summary/ Investigation Reports(for Diagnostic centres)

Final Diagnosis ............................................ ICD Code No ............................................

Treatment summary

Place: .................. ........................................... (Signature and Stamp)
Date: .................

Part 3

Final Disposal

(a) Admission to ............................................................................ (Specify Hospital, Nursing Home, Diagnostic Centre)

(b) To follow treatment as specified.

Place : ................................................................. Signature of Med Officer ECHS
Dated : ................................................................. (with stamp)