Indian Council of Forestry Research & Education  
(An autonomous body under Ministry of Environment and Forests, Govt. of India)  
P.O. New Forest, Dehra Dun.

No.12-3/PHS/2014-ICFRE  
Dated: 06 April, 2015

To,

All Directors of Institutes under ICFRE

Subject:- Procedure for settlement of medical claims under ICFREPHS - submission of checklist alongwith medical reimbursement claims by the Pensioners.

Sir,

Please refer to this office letter No. 11-5/PHS/2013-ICFRE, dated the 28th November, 2014 vide which the prescribed application form, certificate ‘A’/ ‘B’ alongwith modified check-list have been circulated for preferring reimbursement of medical claims by the Pensioners. It has been noted that Pensioners are not submitting modified check-list and other relevant documents alongwith their medical claim bills which is not proper.

It is, therefore, requested that instructions may be issued to concerned officer/official, dealing with the reimbursement of medical claims of Pensioners, that medical claim bills without having the check-list and other relevant documents may not be entertained until all these formalities are completed by the Pensioner concerned.

Yours faithfully,

(Vivek Khandekar)  
Secretary

Indian Council of Forestry Research & Education

Copy to:- The DDG (Admin.), ICFRE
MODIFIED CHECKLIST FOR REIMBURSEMENT OF MEDICAL CLAIMS

ICFREPHS Token No. : from ...............to ............... 
Validity of ICFREPHS Card 
& Entitlement : Pvt./Semi Pvt./General 
Full name of Card Holder (Block Letters) : 
Name of Primary Card Holder (PCH) 
and relationship with the PCH : 

The following documents are submitted : 
(Please tick ( ) the relevant column)
(a) Application (Annexure I) : Yes/No 
(b) Photocopy of ICFREPHS Card : Yes/No 
(c) No. of Originals Bills : 
(d) Copy of discharge summary : Yes/No 
(e) Copy of referral by Specialist/CMD : Yes/No 
(f) Whether the hospital has given 
Break up for lab investigations : Yes/No 
(g) Original papers have been lost /original Prescription slip etc. are not attached. 
No requirement for treatment in future the following documents are submitted : 
(I) Photocopies of claim papers : Yes/No 
(II) Affidavit on Stamp Paper : Yes/No 

In case of death of card holder the following documents are submitted : 
(I) Affidavit on Stamp paper by 
Claimant : Yes/No 
(II) No objection from other legal heir on Stamp papers : Yes/No 
(III) Copy of death certificate : Yes/No 

(III) Declaration of having Mediclaim Policy, if applicable : Yes/No 

Dated ................... 
Signature of ICFREPHS Card Holder 

Name of the Bank ............... Branch ............... SB A/c No ............... 
IFS code ............... Branch MICR code ............... Tel. No. of Branch .......
Indian Council of Forestry Research and Education Pensioners Health Scheme (ICFREPHS)

MODIFIED CHECKLIST FOR REIMBURSEMENT OF MEDICAL CLAIMS

1. ICFREPHS Token No. from .................. to .................. Pvt./Semi Pvt./General
2. Validity of ICFREPHS Card
3. Entitlement
4. Full name of Card Holder (Block Letter)
5. Name of Primary Card Holder (PCU) and relationship with the PCU
6. The following documents are submitted
   (Please tick ☑ the relevant column)
   (a) Application (Annexure I) : Yes/No
   (b) Photocopy of ICFREPHS Card : Yes/No
   (c) No. of Originals Bills
   (d) Copy of discharge summary : Yes/No
   (e) Copy of referral by Specialist/CMO : Yes/No
   (f) Whether the hospital has given Break up for lab investigations : Yes/No
   (g) Original papers have been lost /original Prescription slip etc. are not attached for requirement for treatment in future the following documents are submitted
      I. Photocopy of claim papers : Yes/No
      II. Affidavit on Stamp Paper : Yes/No
   (h) In case of death of card holder the following documents are submitted
      I. Affidavit on Stamp paper by Claimant : Yes/No
      II. No objection from other legal heir on stamp papers : Yes/No
      III. Copy of death certificate : Yes/No
   (i) Declaration of having Mediclaim Policy, if applicable : Yes/No

Dated .................. Signature of ICFREPHS Card Holder

Name of the Bank..................Branch..................S/ A/c No. ..................
ITR code..................Branch MICR code..................Tel No. of Bank Branch