

GOVERNMENT OF RAJASTHAN  
**STATE INSURANCE AND PROVIDENT FUND DEPARTMENT**  
(GENERAL INSURANCE FUND)  
'D' BLOCK, VITTA BHAWAN, JANPATH, JAIPUR  
Phone : 0141-2740219, 2740292

---

**GROUP MEDICLAIM INSURANCE POLICY**  
(1.4.2011 – 31.3.2012)

WHEREAS the insured designed in the Schedule hereto has by a proposal and declaration dated as stated in the Schedule which shall be the basis of this Contract and is deemed to be incorporated has applied to GENERAL INSURANCE FUND (herein after called the GIF) for the insurance hereinafter set forth in respect of Employees/Members (including their eligible family members) named in the Schedule hereto (hereinafter called the INSURED PERSON ) and has paid premium as consideration for such insurance.

NOW THIS POLICY WITNESSES that subject to the terms, conditions, exclusions and definitions contained herein or endorsed, or otherwise expressed hereon the GIF undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal any insured person shall contract any disease or suffer from any illness (herein after called DISEASE) or sustain any bodily injury through accident(hereinafter called INJURY) and if such disease or injury shall required any such insured person, upon the advice of a duly qualified Physician/Medical Specialist/Medical Practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon(hereinafter called SURGEON) to incur hospitalisation expenses for medical/surgical treatment at any Nursing Home/Hospital in Rajasthan as herein defined (hereinafter called HOSPITAL) as an inpatient, the GIF will pay through TPA/GIF to the Hospital/Nursing Home or the Insured Person the amount of such expenses as are reasonably and necessarily incurred in respect thereof by or on behalf of such Insured Person but not exceeding the Sum Insured in aggregate in any one period of insurance stated in the schedule hereto.

1. In the event of any claim/s becoming admissible under this scheme, the GIF will pay through TPA to the Hospital/Nursing Home or the insured person the amount of such expenses as would fall under different heads mentioned below and as are reasonably and necessarily incurred thereof by or on behalf of such Insured Person, but not exceeding the Sum Insured in aggregate mentioned in the schedule hereto.
  - (A) Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per entitlement of the employee mentioned in the Schedule.
  - (B) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
  - (C) Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Coast of Pacemaker, Artificial Limbs implanted in the body & Cost of organs and similar expenses.(N.B.: GIF's Liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured per family as mentioned in the schedule)

2. **DEFINITIONS** :

- 2.1 **HOSPITAL** means any registered institution in or outside Rajasthan established for indoor care and treatment of diseases and injuries and which are :-
  - (a) All the Government hospitals in the State of Rajasthan
  - (b) The Hospitals outside Rajasthan which have been approved by the Govt. of Rajasthan (Appendix -1)
  - (c) Private Hospitals within Rajasthan duly approved by Govt. of Rajasthan under the Rajasthan Civil Services Medical Attendance Rules 2008 and also given the acceptance to work with GIF on CGHS Package Rates ( Appendix-2). Those private hospitals

which are added in approved list time to time by the Government of Rajasthan and give acceptance to work with GIF on CGHS Package Rates, shall also be automatically empanelled under the scheme.

- 2.2 'Surgical Operation' means manual and/or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life.
- 2.3 Expenses on Hospitalisation for minimum period of 24 hours are only admissible. However, this time limit is not applied to specific treatments, i.e. Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Dental Surgery in case of accidents, Lithotripsy (Kidney Stone removal), D&C, Tonsillectomy taken in the approved Hospital/Nursing Home and the Insured is discharged on the same day, the treatment will be considered to be taken under hospitalisation Benefit. This condition will also not apply in case of stay in hospital of less than 24 hours provided Explanation the treatment is such that it necessitates hospitalisation and the procedure involves specialised infrastructural facilities available in hospitals and due to technological advancement hospitalisation is required for less than 24 hours only. It would be certified by concerning Doctor under whom treatment is given and weighted by TPA.
- 2.4 CGHS packages shall be applicable in Rajasthan, as laid down by CGHS for Jaipur City and in other States it shall be applicable as laid down by CGHS for various places in India. The bed charges shall be paid according to the category of the employee. The diseases for which no package rate is mentioned in CGHS package rate will be paid according to AIIMS package rates. If there is no CGHS and AIIMS package rate then actual payment shall be paid.
3. **ANYONE ILLNESS** :-  
Any one illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of discharge from the Hospital/Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.
- 3.1 **PRE-HOSPITALISATION** :-  
Relevant medical expenses incurred during period up to 10 days prior to hospitalisation on disease/illness/injury sustained will be considered as part of claim and this facility would be given in critical diseases.
- 3.2 **POST HOSPITALISATION** :-  
Relevant medical expenses incurred during period up to 20 days after hospitalisation on disease/illness/injury sustained will be considered as part of claims and this facility would be given in critical diseases.
- 3.3 **MEDICAL PRACTITIONER** means a person who holds a degree/diploma of a recognised institution and is registered by Medical Council of respective State of Rajasthan. The term Medical Practitioner would include Physician, Specialist and Surgeon.
- 3.4 **QUALIFIED NURSE** means a person who holds a certificate of a recognised Nursing Council and who is employed on recommendation of the attending Medical Practitioner.
- 3.5 **MATERNITY EXPENSES BENEFIT** means treatment taken in Hospital/Nursing Home arising from or traceable to pregnancy. Childbirth including normal Caesarean Section.
- 3.6 **TPA** means a Third Party Administrator who, for the time being, is licensed by the Insurance Regulatory and Development Authority, and is engaged, for a fee or remuneration, by whatever name called as may be specified in the agreement with the GIF, for the provision of health services.
- 3.7 **CASHLESS FACILITY** – Cashless facility would be extended to the Insured in the private networking Hospitals for the critical ailments (Means:- i. Coronary Artery Surgery ii. Cancer iii. Renal Failure i.e. failure of both the kidneys iv. Stroke v. Multiple Sclerosis vi. Meningitis vii. Major Organ transplants like Kidney, Lung, Pancreas or Bone marrow Transplantation) and the treatment requiring surgical treatments as per Guide lines issued by the GIF. However, The TPA would decide the merit of the case and it will not be claimed as a matter of right by the insured. The denial of cashless facility does not mean the denial of treatment from concerned hospital & reimbursement thereof.

- 3.8 **CLAIM INTIMATION TO TPA** - It is required by the employees that the claims arising in private hospitals should be intimated by cashless request form/ claim intimation form, available in the hospital, to the TPA positively. If the claim intimation does not reach the TPA the same day when the patient is admitted to the hospital, then the employee shall not be entitled for reimbursement.
- 3.9 **Claim Intimation to TPA in case of Government Hospitals** – It is required by the employees that the claim arising in Govt. Hospitals should be intimated in writing to the concerned, District State Insurance & Provident Fund office, on the same day patient is admitted to the hospital, otherwise, the employee shall not be entitle for reimbursement.
- 3.10 **DEPENDENT FAMILY** – The ‘family’ of the employee shall include the employee, his/her spouse, not more than two dependent children upto 21 years of age and dependant parents. The parents shall be regarded as wholly dependent upon the Government servant, if-  
 (a) they normally reside with the Government servant at the place of his duty, and  
 (b) their total monthly income from all sources does not exceed Rs.2000/- per month.
- 3.11 **FAMILY DETAIL** – Every newly recruited employee shall have to provide details of the family & photographs for preparing the database & for issuing identity cards in the prescribed form(Appendix 3) immediately after joining the service otherwise his salary bill of the designated month will not be passed by the Treasury Officer.  
 Explanation – Details of the family means : Name, Designation, DDO, Date of joining Government Service, Names of Family members, Age, Pay/ Pay Scale/Stifund.
4. **SCHEDULE** : The Schedule enclosed will be deemed to be a part of the policy.
- 5 **EXCLUSION** :  
 The GIF shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured person in connection with or in respect of:
- 5.1 Diagnostics/ Investigations unless followed by indoor treatment of 24 Hours.
- 5.2 Injury/disease directly or indirectly caused by or arising from or attributable to invasion, Act of Foreign enemy, War like operations (whether war be declared or not).
- 5.3 Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- 5.4 Cost of Spectacles and contact lenses, hearing aids
- 5.5 Dental treatment or surgery of any kind unless requiring hospitalisation due to an incident.
- 5.6 Convalescence, general debility; run-down condition or rest cure, congenital external disease or defects or anomalies, Sterility, Venereal disease, intentional self injury and use of intoxication drugs/alcohol/poisonous substances.
- 5.7 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphadinopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
- 5.8 Charges incurred at Hospital or Nursing Home primarily for diagnosis, X- ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
- 5.9 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician.
- 5.10 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials.
- 5.11 Naturopathy Treatment.
- 5.12 Pre existing diseases of employee shall not be covered under this scheme.
- 5.13 In such situations in which there are no urgency of hospitilisation and treatment can be given at home and which is not pertain to section 2.3.

6. **CONDITIONS :**

- 6.1 Every notice or communication to be given or made under this Policy shall be delivered in writing at the address of the TPA/GIF office.
- 6.2 The premium payable under this Policy shall be paid in advance. No receipt for Premium shall be valid except on the official form of the GIF signed by a duly authorised official of the GIF. The due payment of premium and the observance and fulfillment of the terms, provisions, conditions and endorsements of this policy by the Insured Person in so far as they relate to any thing to be done or complied with by the Insured Person shall be a condition precedent to any liability of the GIF to made any payment under this Policy. No waiver of any terms, provisions, condition and endorsements of this policy shall be valid unless made in writing and signed by an authorised official of the GIF.
- 6.3 In cases of grave emergency viz. life threatening diseases like kidney or heart ailments and accidents in which Government Servant has taken treatment as indoor patient in a private hospital within Rajasthan, he/she shall intimate to TPA with full particulars within 24 hours from the time of hospitalization and take approval from TPA / GIF. At the time of claim submission the emergent nature of hospitalization has to be established by an affidavit of the employee supported by a certificate of the treating doctor. Claim shall be paid as per CGHS Package Rates.
- 6.4 All supporting documents relating to the claim must be filed with TPA/GIF within 30 days from the date of discharge from the hospital. In case of post-hospitalisation, treatment (limited to 60 days), all claim documents should be submitted within 30 days after completion of such treatment.
- 6.5 The Insured Person shall obtain and furnish the TPA/GIF with all original bills, receipts verifications and other documents upon which a claim is based and shall also give the TPA/GIF such additional information and assistance as the TPA/GIF may require in dealing with the claim.
- 6.6 Any medical practitioner or an officer authorised by the TPA/GIF shall be allowed to examine the Insured Person in case of any alleged injury or disease requiring Hospitalisation when and so often as the same may reasonably be required on behalf of the TPA/GIF.
- 6.7 The GIF shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.
- 6.8 If at the time when any claim arises under this Policy, there is in existence any other insurance (other than Cancer Insurance Policy in collaboration with India Cancer Society), whether it be effected by or on behalf of any Insured Person in respect of whom the claim may have arisen covering the same loss, liability, compensation, costs or expenses, the GIF shall not be liable to pay or contribute more than its rateable proportion of any loss, liability, compensation costs or expenses. The benefits under this Policy shall be in excess of the benefits available under Cancer Insurance Policy.
- 6.9 If and when the Employee has submitted his/her family details to the concerned State Insurance District office and identity cards have been issued to the insurer, then only he/she shall be entitled for cashless facility.
- 6.10 The Policy may be renewed by mutual consent. The GIF shall not however be bound to give notice that it is due for renewal and the GIF may at any time cancel this Policy by sending the Insured 30 days notice by registered letter at the insured's last known address and in such event the GIF shall refund to the insured a pro-rate premium for unexpired Period of Insurance. The GIF shall however, remain liable for any claim, which arose prior to the date of cancellation. The Insured may at any time cancel this Policy and in such event the GIF shall allow refund of premium at GIF's short period rate only (Table given here below) provided no claim has occurred up to the date of cancellation.

**PERIOD ON RISK**

Upto one month  
Upto three months  
Upto six months  
Exceeding six months

**RATE OF PREMIUM TO BE CHARGED**

1/4<sup>th</sup> of the annual rate  
½ of the annual rate  
¾<sup>th</sup> of the annual rate  
Full annual rate

- 6.11 If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the GIF has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

- 6.12 If the TPA, as per terms and conditions of the policy or the GIF shall disclaim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date or receipt of the notice of such disclaimer notify the TPA/GIF in writing that he does not accept such disclaimer and intends to recover his claim form the TPA/GIF then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
- 6.13 All medical/surgical treatments under this policy shall have to be taken in approved hospitals in and outside Rajasthan and admissible claims thereof shall be payable in Indian currency. Payment of claim shall be made through TPA/GIF to the Hospital/Nursing Home or the Insured Person as the case may be. The list of approved hospitals is available at (Appendix 2).
- 6.14 In case of death of insured during policy period the names of family members to be continued till expiry of the policy.
- 6.15 **Entitlement category for boarding/accommodation in the Hospital :-**

Category	Pay Scale*	Entitlement in Govt. Hospital	Entitlement in Approved Private Hospital	Maximum ceiling of Boarding/Accommodation Charges as per CGHS Package Rates
A	Rs. 25000/- & above	Deluxe	Private Ward	Rs. 3000/- per day
B	Rs. 14000/- and about but less than Rs. 25000/-	Cottage	Semi Private Ward	Rs. 2000/- per day
C	Below Rs. 14000/-	General Ward	General Ward	Rs. 1000/- per day

\* Pay scale means basic pay (including grade pay) /fixed remuneration

Note: Actual boarding / accommodation charges of hospital rate shall be applicable but these charges can not be more than CGHS packages rates, indicated as above.

If insured takes treatment in higher category other than his entitlement, the reimbursement of cost of treatment will be made according to his category as prevalent in the hospital.

- 6.16 Pre existing diseases of the employee would not be covered in this policy except the parents of employee who are dependent of employee as per section 3.10.
- 6.17 Medical examination of the Government Servant or any member of his family shall not be a condition for issue of Medclaim Policy.
- 6.18 A female employee can get the Medclaim coverage either for her parents or Parents in law in case they are dependent on her and their monthly income is less than Rs. 2000/- and they are residing with her generally.

6.19 A master policy has been issued & copy of policy has been provided to all Drawing & Disbursing officer of State Government. It is required from every DDO that they would brought in notice of all the newly recruited employees regarding terms & condition of the policy. It is also expected that every newly recruited employee must have gone through the terms & conditions of the policy from their concerned DDOs.

6.20 This Policy is available at website : [www.finance.rajasthan.gov.in](http://www.finance.rajasthan.gov.in)

7 **HIGH CLAIMS RATIO LOADING (MALUS)**

The total premium payable at the time of renewal of the Group Policy will be loaded at the following scale depending upon the incurred claims ratio for the entire group insured under the Group Medclaim Insurance Policy for the preceding three completed years excluding the year immediately preceding the date of renewal, where the Group Medclaim Policy has not been in force for the three completed years, such shorter periods of completed years, excluding the year immediately preceding the date of renewal will be taken in to account.

<b>8 <u>Inured Claim ratio under the group policy</u></b>	<b><u>Loading</u></b>
Between 70% and 100%	25%
Between 101% and 125%	55%
Between 126% and 150%	90%
Between 151% and 175%	120%
Between 176 and 200	150%
Over 200%	Cover to be reviewed

Note:

1 High Claim loading (Malus) will be applicable to the Premium at renewal of the Policy depending on the incurred claims Ratio for the entire Group Insured.

2 Incurred claim would mean claims paid plus claims outstanding in respect of the entire group insured under the policy during the relevant period.

9 **MATERNITY EXPENSES BENEFIT EXTENSION** : (Wherever applicable)

9.1 The maximum benefit allowable under this clause will be up to Rs. 50,000/- per family per year restricted to two living children. This amount is including sum-assured of Rs. 1,00,000 per family per annum.

9.2 The Maternity benefits under this policy are categorized into three :

- I Maximum limit under normal delivery : Rs. 10000/-
- II Maximum limit under caesarean delivery : Rs. 20000/-
- III Maximum limit under delivery related complications (Including child care) : Rs. 50000/-

9.3 Special conditions applicable to Maternity expenses Benefit Extension :

- I These Benefits are admissible only if the expenses are incurred in Hospital/Nursing Home as in-patients in Rajasthan.
- II A waiting period of 9 months is not applicable for payment of any claim relating to normal delivery or caesarean section or abdominal operation for extra uterine pregnancy. The waiting period may be relaxed only in case of delivery, miscarriage or abortion induced by accident or other medical emergency.
- III Claim in respect of delivery for only first two children and/or operations associated therewith will be considered in respect of any one Insured Person covered under the policy or any renewal thereof. Those Insured Persons who are already having two or more living children will not be eligible for this benefit.
- IV Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered.
- V Pre-natal and post natal expenses are not covered unless admitted in Hospital/Nursing Home and treatment is taken there.
- VI Newly born child's expenses will also be treated as Maternity Expenses.

10 **PAYMENT OF CLAIM**

- 10.1 The insured shall submit the claim form through DDO to the TPA in the prescribed performa (Appendix 4).
- 10.2 For Re-imburement photo will be pasted by the concerned employee (if he doesn't possess the identity card) which will be duly verified by the treating doctor/ DDO so as to confirm the identity of the Patient.
- 10.3 No cashless facility will be provided if the identity cards have not been obtained by the policy holder.
- 10.4 Payment of claim shall be made through TPA/GIF to the Hospital or to the Insured Person as the case may be normally within 30 days from the date of receipt of completed claim proposals by the TPA.

FILE : D:\POLICY\MEDICLAIM06\MEDICLAIM\_POL11-12

राजस्थान सरकार  
राज्य बीमा एवं प्रावधायी निधि विभाग  
(साधारण बीमा निधि)

डी-ब्लॉक, द्वितीय तल, वित्त भवन, जनपथ, ज्योति नगर, जयपुर।  
दूरभाष - 2740219, 2740292 (फैक्स)  
**मेडिकलेम बीमा पॉलिसी शिड्यूल**  
(विशेष निर्मित पॉलिसी)

**मुख्य सचिव, राजस्थान सरकार, जयपुर**

पॉलिसी नं. : जी.आई.एफ./.....

बीमा अवधि : 01.04.2011 से 31.03.2012 (मध्य रात्रि)

बीमित का नाम : समस्त राज्य कर्मी जो  
दिनांक 1.1.2004 के बाद  
भर्ती हुए हैं एवं आश्रित परिजन।

जारी की तारीख : 01.04.2011

कुल बीमा राशि : रुपये 1 लाख

(प्रति कर्मचारी एवं उनके नियमानुसार  
आश्रित परिजन)

प्रीमियम : 250/- + 10.30 % सेवा शुल्क+  
30% विविध खर्चा प्रति राज्य कर्मचारी  
(प्रीमियम राज्य सरकार द्वारा भुगतान)

Category - A / B / C

कुल प्रीमियम + सेवा शुल्क : रु. .... /-

प्राप्त प्रीमियम + सेवा शुल्क : रु. .... /-

बकाया प्रीमियम : रु. .... /-

(संदर्भ- .....

**जोखिम का विवरण**

जोखिम आवरण : राज्य कर्मी तथा परिजनों हेतु गुप मेडिकलेम, विशेष रूप से निर्मित  
पॉलिसी-बीमा राशि रुपये 1 लाख

पॉलिसी : राज्य कर्मी के परिवार में निम्न शामिल है।

क्लॉज के अध्यक्षीन

(a) राज्यकर्मी (स्वयं), (b) उसका/उसकी पति/पत्नी

(c) 2 आश्रित बच्चों जिनकी आयु 21 वर्ष से अधिक नहीं हों।

(d) आश्रित माता/पिता राज्य कर्मी पर आश्रित माने जायेंगे: जबकि वे  
सामान्य तथा राज्य कर्मी के साथ, उसके तैनाती स्थल पर रहते हों एवं  
उनकी मासिक आय सभी स्रोतों से रुपये 2000/- से अधिक नहीं हो।

दावे के लिए सम्पर्क करें: इस पॉलिसी से संबंधित दावों/दस्तावेजों को निम्न कार्यालय में दें।

अनुयता मेडिनेट हैल्थ केयर टी.पी.ए. प्रा.लि.

बी-204 अमृत कलश बिल्डिंग, कमल एण्ड कम्पनी,

गोपालपुरा टोक रोड जयपुर

वेब साइट: [www.anyutatpa.com](http://www.anyutatpa.com)

फोन नं.-0141-6596565 / 2700792, हैल्प डेस्क मो0 नं0: 8764176164

फैक्स नं0 - 0141 - 2700792

ई मेल:- [jaipurbo@anyutatpa.com](mailto:jaipurbo@anyutatpa.com)

(उपरोक्त में यदि कोई परिवर्तन होता है तो उसकी सूचना पृथक से जारी की जावेगी।)

साधारण बीमा निधि की मेडिकलेम पालिसी की सामान्य शर्तों के अध्यक्षीन राज्य कर्मी को बीमा आवरण प्रदान किया गया है।

अतिरिक्त निदेशक(मेडिकलेम)

निदेशक  
राज्य बीमा एवं प्रा0नि0 विभाग



**List of Hospitals approved by the State Government for treatment outside  
Rajasthan**

1. All India Institute of Medical Sciences, New Delhi.
2. Apollo Hospital, Madras.
3. Bombay Hospital, Bombay.
4. Cancer Institute, Adayar, Madras.
5. Christian Medical College & Hospital, Vellore.
6. Delhi Heart & Lung Institute, New Delhi.
7. Escort Heart Institute, New Delhi.
8. G.B. Pant Hospital, Delhi.
9. Gujarat State Cancer & Research Institute (M.P. Shah Cancer Hospital), Ahmadabad.
10. Irwin Hospital, New Delhi.
11. J.J. Hospital, Bombay.
12. Jaslok Hospital, Bombay.
13. K.E.M. Hospital, Bombay.
14. Lady Hardinge Medical College Hospital, New Delhi(for women and children).
15. N.M. Wadia Institute of Cardiology, Pune.
16. Post Graduate Institute, Chandigarh.
17. Rajiv Gandhi Cancer Institute & Research Center, Delhi.
18. Tata Memorial Hospital, Bombay.
19. The Gujarat Research & Medical Institute (Rajasthan Hospital), Ahmadabad

## Approved Private Hospitals in Rajasthan

S.N.	Hospital Name
	<b>Multi Speciality Hospitals:</b>
1	S.K.Soni Hospital, Jaipur
2	Gheesibai Memorial Mittal Hospital And Research Centre, Ajmer
3	Bhandari Hospital and Research Centre, Jaipur
4	Fortis Escorts Hospital, Jaipur
5	Mahatma Gandhi Medical College & Hospital, Jaipur
6	Tagore Hospital & Research Institute, Jaipur
7	Apex Hospital, Jaipur
8	Jaipur Hospital, Jaipur
9	NIIMS Hospital, Jaipur
10	Mittal Hospital, Alwar
11	Lifeline Hospital, Alwar
12	Ramsnehi Hospital and Research Centre, Bhilwara
13	Kothari Medical & Research Institute, Bikaner
14	Goyal Hospital & Research, Jodhpur
15	Bharat Vikas Parishad Hospital & Research Centre, Kota
16	Fortis Modi Hospital, Kota
17	Jaisawal Hospital & Neuro Institute, Kota
18	Sudha Hospital & Medical Research Centre, Kota
19	Geetanjali Medical College & Hospital, Udaipur
20	Maa Gayatri Hospital, Udaipur
21	Kalpana Nursing Home, Udaipur
22	GBH American Hospital, Udaipur
23	Global Hospital & Research Centre, Mount Abu
	<b>Only for Cardiology &amp; City Surgery Super Speciality Hospitals:</b>
24	Heart & General Hospital, Jaipur
25	Jaipur Heart Institute, Jaipur
	<b>Only for Neurosurgery Super Speciality Hospital:</b>
26	Indowestern Brain & Spine Hospital, Jaipur
	<b>Only for Oncology Super Speciality Hospital:</b>
27	Bhagwan Mahaveer Cancer Hospital & Research, Jaipur
	<b>Only for ophthalmology Super Speciality Hospital:</b>
28	Anand Hospital and Eye Centre, Jaipur
29	Kshetrapal Eye Hospital & Lasic Laser Centre, Ajmer
	<b>Only for Cardiology Super Speciality Hospital:</b>
30	Kota Heart Institute, Kota

Any change will be notified separately

राजस्थान सरकार  
राज्य बीमा एवं प्रावधानी निधि विभाग (साधारण बीमा निधि)  
डी-ब्लॉक, वित्त भवन, जनपथ, ज्योति नगर, जयपुर (राजस्थान)  
दूरभाष - 2740219, 2740292 (फैक्स)  
**मेडीक्लेम पॉलिसी के लिए डेटाबेस हेतु परिवार विवरण**  
**Family Detail for Medclaim Policy Database**

कर्मचारी द्वारा सभी कॉलम हिन्दी व अंग्रेजी में भरे जाने अनिवार्य हैं। कोई भी कॉलम खाली होने पर प्रस्ताव पत्र निरस्त कर दिया जावेगा।

1. राज्य कर्मचारी का पूरा नाम .....  
Name of Employee .....
2. पिता/पति का नाम .....  
Name of Father/Husband .....
3. कर्मचारी की राज्य सेवा में कार्यग्रहण तिथि
4. वर्तमान वेतन स्टाइपेन्ड(STIPEND) .....वेतन श्रंखला/Payscale.....  
..
5. न्यू पेंशन योजना नम्बर .....  
....
6. बीमा विभाग द्वारा जारी यू.आई.डी. नम्बर .....
7. वर्तमान पद ..... जन्म तिथि/DOB .....
- Present Designation .....
8. वर्तमान आहरण वितरण अधिकारी का पद (हिन्दी में) .....  
(In English) .....
9. आवासीय पता (हिन्दी में).....  
Home Address (In English) .....
- ....
10. फोन नम्बर:- कार्यालय ..... निवास ..... मो.न:-.....  
कर्मचारी के परिवार के सदस्यों का विवरण (कृपया सदस्यों का विवरण अंग्रेजी में भरें)

क्र.सं.	नाम	राज्य कर्मचारी से सम्बन्ध	उम्र	जन्म तिथि	लिंग M/F
1.		स्वयं			
2.					
3.					
4.					
5.					
6.					

**नोट-**

- 1 परिवार सदस्यों में 21 वर्ष की उम्र तक के 2 बच्चों का ही उल्लेख किया जावे।
- 2 यदि माता-पिता की सम्मिलित आय दो हजार रुपये प्रति माह से कम है एवं राज्य कर्मचारी के पदस्थापन स्थान पर सामान्यतया साथ रहते हों तभी उनका उल्लेख किया जावे।
- 3 परिवार सदस्यों के स्टाम्प साईज के फोटो चिपका कर कर्मचारी उस पर हस्ताक्षर करें तथा सबके एक अतिरिक्त फोटो परिचय पत्र हेतु उपलब्ध कराएं।

--	--	--	--	--	--

नाम .....

**घोषणा पत्र**

मैं ..... पुत्र/पुत्री/श्री..... पद .....  
आयु ..... यह घोषणा करता हूं कि ऊपर दिया गया विवरण पूर्णतया सत्य है और कोई तथ्य छिपाया  
नहीं गया है । ईश्वर मेरी सहायता करें ।

दिनांक:

हस्ताक्षर अधिकारी / कर्मचारी

उपरोक्त विवरण कार्यालय रिकॉर्ड से जांच कर लिया गया है एवं बीमा जिला कार्यालय को आवश्यक कार्यवाही हेतु  
अग्रेषित किया जाता है ।

दिनांक:

आहरण एवं वितरण अधिकारी  
मय सील

उप/सहायक निदेशक,  
राज्य बीमा एवं प्रा0 नि0 विभाग  
जिला .....

राजस्थान सरकार  
राज्य बीमा एवं प्रावधायी निधि विभाग  
(साधारण बीमा निधि)

"डी"-ब्लॉक, द्वितीय तल, वित्त भवन, जनपथ, जयपुर।

फोन : 2740219, 2740292

मेडिकलेम बीमा पॉलिसी दावा प्रपत्र

1. बीमाधारक का नाम : ..... उपनाम प्रथम नाम ..... केवल कार्यालय प्रयोग के लिए  
(जिसके नाम से पॉलिसी जारी की गई है) ..... दावा संख्या.....
2. पॉलिसी संख्या ..... अवधि ..... से ..... तक
3. रोगी व्यक्ति का विवरण  
क. नाम और बीमाधारक के साथ संबंध  
ख. वर्तमान पूर्ण आयु  
ग. घर का पता
4. संसर्गजन्य रोग/बीमारी या लगी हुई चोट का प्रकार
5. वह दिनांक जिस दिन चोट लगने या रोग/बीमार होने का पहली बार पता चला
6. अस्पताल का नाम और पता.....
7. (क) भर्ती होने का दिनांक    दिनांक माह वर्ष  
(ख) छोड़े जाने का दिनांक    दिनांक माह वर्ष
8. यदि दावा अधिवासी अस्पताल भर्ती के लिए है तो कृपया बताएं  
क. उपचार के प्रारम्भ का दिनांक    दिनांक माह वर्ष  
ख. उपचार समाप्त होने का दिनांक    दिनांक माह वर्ष  
ग. उपचार करने वाले चिकित्सक का नाम और पता -
9. संपूर्ण खर्चे का मदवार विवरण :-  
(अ) कमरा किराया(परिचर्या, भोजन आदि पर व्यय) :  
(ब) चिकित्सक/विशेषज्ञ/सर्जन शुल्क :  
(स) जॉच/परीक्षण व्यय :  
(द) दवाईयों पर व्यय :  
(य) आपरेशन थियेटर का व्यय :  
कुल :
10. संलग्न दस्तावेज :-  
I. मेडिकलेम बीमा परिचय पत्र की संबंधित चिकित्सा अधिकारी प्रभारी से प्रमाणित फोटो प्रति।  
(परिचय पत्र प्राप्त नहीं होने की स्थिति में रोगी का फोटो चिपकाया जाये।)

- II. अस्पताल के बिल, रसीद और छोड़े जाने का प्रमाण पत्र/कार्ड।
- III. उचित प्रिस्क्रीपशन के साथ अस्पताल एवं दवाईयों के मूल प्रमाणित बिल/केश मीमो
- IV. सभी प्रकार के रोगों से संबंधित जांच रिपोर्ट के साथ एवं रोग के बारे में प्रमाण-पत्र
- V. अधिवासी अस्पताल भर्ती के संबंध में मरीज के घर में उसकी देखभाल करने वाली प्रशिक्षित नर्स से प्राप्त रसीद जिसके साथ उपचार करने वाले चिकित्सक का प्रमाण-पत्र।
- VI. उपचार करने वाले चिकित्सक से प्राप्त-पत्र जिसमें पॉलिसी के अधिवासी अस्पताल भर्ती क्लॉज के अंतर्गत उपचार करने के लिए कारण दिए गए हों।
- VII. उपचार करने वाले चिकित्सक/सर्जन से यह प्रमाण-पत्र कि मरीज रोगमुक्त हुआ है।  
(डिस्चार्ज टिकट)

?kks"k.kk

eSa ,rn~ }kjk ?kks"k.kk djrk gwa fd mi;qZDr fooj.k IHkh izdkj ls IR; gS vkSj jksxh ftl ij fpfdRlk O;; fd;k x;k gS og iw.kZr;k eq> ij vkfJr gSA eSa vkxs ?kks"k.kk djrk gaw fd mi;qZDr bykt ds laca/k esa dksbZ Hkh ykHk fdlh vU; fpfdRlk ;kstuk ;k chek ds vUrxZr izklr ugha fd;k x;k gSA

200 ..... के आज ..... दिन पर ..... में दिनांकित

रोगी का  
हस्ताक्षरित  
फोटो जो  
चिकित्सक द्वारा  
प्रमाणित हो।

दावाकर्ता के हस्ताक्षर  
मय पद नाम व पता

सत्यापन

प्रमाणित किया जाता है कि उपरोक्तानुसार विवरण सही है।

izekf.kr fd;k tkrk gS fd Jh@Jhefr@dq0@lqJh-----  
-in----- orZeku esa bl dk;kZy; esa inLFkkfir gS ,oa budk  
osrueku----- gSA d`i;k Hkqxrku dh O;oLFkk djok;saA

gLrk{kj vkgj.k forj.k vf/kdkjh e; lhy

प्राधिकृत चिकित्सक/मेडिकल सुप्रीटेंडेंट के हस्ताक्षर

कार्यालय/TPA में प्रयोग के लिए

- (1) दावे का दिनांक    (2) दावा संख्या .....
- (3) पॉलिसी संख्या ..... (4) बीमित धनराशि रु.....
- (5) दावाकर्ता द्वारा उठाए गए खर्चों की अनुसूची – (1)  
(2)  
(3)
- (6) तैयारकर्ता .....  
(प्रस्ताव पत्र से मिलान किया)
- (7) जांचकर्ता .....
- (8) अनुमोदितकर्ता ..... कुल धनराशि दावे के अंतर्गत देय है: रु. ....
- अग्रिम भुगतान घटाकर यदि कोई है तो (–)रु. ....
- (9) भुगतान के लिए पारित रूपये ..... शुद्ध देय धनराशि रु. ....
- (10) यदि सम्पूर्ण दावा मंजूर नहीं किया गया तो उसका कारण –

जारी किया गया डिमांड ड्राफ्ट/चैक नं. मय दिनांक ..... सक्षम प्राधिकारी

राजस्थान सरकार  
राज्य बीमा एवं प्रावधायी निधि विभाग  
(साधारण बीमा निधि)

नाम :  
पता :

Photo

पॉलिसी नं. : **GIF/81/Medi/2007-08/01**

आयु : **M/F**

आई.डी. नं.(**CPF**) :

पॉलिसी आरम्भ दिनांक : समाप्ति दिनांक:

“सामाजिक सुरक्षा – समय पर व्यवस्था”

पत्नी/पति (नाम)	पुत्र/पुत्री (नाम)	पुत्र/पुत्री (नाम)	पिता (नाम)	माता (नाम)
(फोटो चिपकाएं)	(फोटो चिपकाएं)	(फोटो चिपकाएं)	(फोटो चिपकाएं)	(फोटो चिपकाएं)

अस्पताल में भर्ती होने पर संपर्क करें

**TPA -**

हस्ताक्षर मय सील  
(जारी कर्ता)

GIF Help line : 0141-2740292



