

**DIBRUGARH UNIVERSITY MEDICAL ATTENDANCE
AND
TREATMENT RULES, 1981**

(AS AMENDED UP TO 2015)



DIBRUGARH UNIVERSITY
Dibrugarh | PIN – 786 004 | Assam

DIBRUGARH UNIVERSITY MEDICAL ATTENDANCE AND TREATMENT RULES, 1981

(As amended upto 2015)

1. **Short title** : These Rules may be called the Dibrugarh University Medical Attendance and Treatment Rules, 1981 (as amended up to 2015)
2. **Applicability** :
 - (i) The Rules will be applicable to all the eligible and regular employees of the Dibrugarh University while they are on duty or on leave or under suspension and shall come into force with effect from the date of its notification.
 - (ii) Validity of rates: The rates will remain in force till such time the same are not revised and adopted by the University w.e.f. the date these are implemented by the authority of the University.
3. **Definition** : In these rules, unless there is anything repugnant to the subject or context:
 - a) **'University'** means Dibrugarh University.
 - b) **'Registrar'** means Registrar of Dibrugarh University.
 - c) **'Vice-Chancellor'** means Vice-Chancellor of Dibrugarh University.
 - d) **'Authorised Medical Attendant' (AMA)** means the Doctor-in-charge of the University Health Centre or Doctor of the hospital to which the patient has been referred to by the Doctor-in-charge of the University Health Centre.

Provided further that in case where the Doctor-in-charge of the University Health Centre is not available for consultation or immediate medical treatment was necessary and was actually admitted for treatment, the reimbursement claims for patients may be considered on the recommendation of AMA as stated herein.
 - e) **'Family'** means the family of a University employee consisting of :-
 - i) Wife or husband who are not service holders or are service holders without having reimbursement facilities for medical expenses and thus wholly dependent on the University employee for medical treatment.
 - ii) Parents who are not service holders or are such service holders without having reimbursement facilities for medical expenses and thus wholly dependent on the University employee.
 - iii) Non-earning sons and daughters up to the age of 30 years and wholly dependant upon the employee and resides with him / her.
 - iv) In the case of adoption, only the adoptive and not the real parents.

If the adoptive father has more than one wife, the first wife only.

- v) An employee has a choice to include either his/her parents or his/her parents-in-law; option exercised can be changed only once during the term of service.
- vi) Parents also include stepparents.
- vii) The terms 'Son' and 'Daughter' include legally adopted children and step children residing with and wholly dependent on the University employee.

Note:

- i) All employees shall be required to submit a list of dependents (subject to a maximum of six numbers of dependants) in (FORM B attached herein) within a month of these amended rules coming into force and additions / deletions thereto shall have to be communicated to the Registrar for record in the respective personal file of the employee.
- ii) The age limit of sons and daughters who is wholly dependent upon the employee shall not be applicable in case of physically handicapped and mentally retarded children (on submission of proper certificates).
- f) **'Patient'** means a University employee or a dependant member of his / her family as per FORM B who require medical attendance and treatment.
- g) **'Competent authority'** means the Vice-Chancellor or any other authority of the University to whom the Vice-Chancellor may delegate power, subject to any condition that may be specified in the delegation.
- i) **'Hospital'** means University Health Centre, Medical College Hospitals, Civil Hospitals, Primary Health Centres, Government Hospitals / Dispensaries and Private Hospitals
- j) **'Medical Attendance'** means attendance in the University Health Centre, Medical College Hospitals, Civil Hospitals, Primary Health Centres, Government Hospitals / Dispensaries and Private Hospitals.
- k) **'Referral Board'** means a Board as per these Rules.
- l) **'Treatment'** means and include the cost of inpatient treatment and diagnostic procedure for which an employee has been permitted by the competent authority for treatment under emergency from the time of admission to the time of discharge including (but not limited to) (i) Registration charges, (ii) Admissions charges, (iii) Accommodation charges, (iv) Operation charges, (v) Injection charges, (vi) Dressing charges, (vii) Doctor / consultant visit charges, (viii) ICU / ICCU etc. charges, (ix) Monitoring charges, (x) Transfusion charges, (xi) Anesthesia charges, (xii) Operation theater charges, (xiii) Procedural charges / surgeon's fees, (xiv) Cost of surgical disposables and all sundries used during hospitalization, (xv) Cost of medicines, (xvi) Related routine and essential investigations before and after surgical operations, (xviii) Nursing care and charges for its services and the use of all medical and surgical facilities available at the University Health Centre, Medical College Hospitals, Civil

Hospitals, Primary Health Centres, Government Hospitals / Dispensaries and Private Hospitals in which a patient is treated and includes:

- i) The employment of such pathological, bacteriological, radiological or any other methods as are considered necessary by the Authorized Medical Attendant.
- ii) Dental treatment where a diagnosis of the physiological or other disability indicates that the teeth are the real source of illness provided it is of a major kind, such as treatment of jaw bone, disease, wholesale removal of teeth etc. (subject to certification of the University Medical Officer).
- iii) In case of eye operation whether hospitalized or not, shall be entitled to claim reimbursement subject to a maximum of Rs. 15,000.00 only (subject to certification by the University medical Officer).

Explanation: *Surgical operations needed for the removal of odontomes and impact wisdom teeth also fall under the category of dental treatment of a major kind. Treatment of gum boils come under oral surgery of the mouth and it is admissible under the rules. Treatment for pyorrhea and gingivitis of teeth is however not covered.*

- iv) The supply of such medicines, vaccines, or other therapeutic substances as are ordinarily available in the University Health Centre, Medical College Hospitals, Civil Hospitals, Primary Health Centres, Government Hospitals / Dispensaries and Private Hospitals or drug purchased on recommendation of A.M.A for the complete treatment for which the patient is admitted whether or not the patient is discharged or not.
 - v) The medical attendance does not include diet or any other non-medical provision of attendants.
4. If in the opinion of the Authorized Medical Attendant, it is necessary to refer a patient to a hospital to provide him / her treatment, the patient may be provided treatment at the referred Hospital.
 5. Treatment charges for new born baby are reimbursable subject to a maximum of two deliveries in addition to delivery charges for mother.
 6. Accommodation in the University Health Centre, Medical College Hospitals, Civil Hospitals, Primary Health Centres, Government Hospitals / Dispensaries and Private Hospitals shall be at the rates stated in Article 7 below.
 7. All University employees when hospitalized in the State of Assam shall be entitled to seat rent to the actual rate or Rs. 500.00 only per day whichever is lower, for a paying cabin. Patients referred to hospital outside the State shall be entitled to twice the above rate or Rs. 1,000.00 only per day, whichever is lower. Provided that patients admitted to ICU / ICCU etc. of a hospital shall be entitled to Rs. 1,000.00 only per day for paying cabin

charges in case of in and outside the State subject to a maximum of Rs. 1,00,000.00 only for the entire treatment. Maximum of Rs. 1,00,000.00 only or the actual rate whichever is lower for an outdoor patient, outside the State shall be payable. The prevailing rates for Pathological, Radiological test etc in the hospitals referred in these rules will as per hospital rate.

8. If a patient suffers from T.B., Leprosy, malignant disease, paraplegia, hemiplegic, kidney disease including dialysis and disease requiring thoracic, brain, spinal plastic and major abdominal surgeries, he/she shall be entitled to receive full reimbursement of the cost of medicines purchased by him/her on the prescription of the Authorized Medical Attendant duly countersigned by the University Medical Officer.

Indoor patients shall be entitled to actual cost incurred in respect of OT charges, Surgeon, Asst. Surgeon, Anesthetist fee etc. subject to a maximum of Rs. 50,000.00 only in respect of surgical cases.

9. If a patient requires medical attendance for certain types of diseases for which no treatment is available within the State, the Referral Board duly constituted by the Vice-Chancellor, with the University Medical Officers, two nominees of the Vice Chancellor from among the Teachers and Officers of the University as members shall refer the patient for treatment in an institution outside the state. The medical officer in-charge of the University Health Centre shall act as the convener of the referral Board.

i) In case of dependants residing elsewhere in India shall be provided Medical reimbursement under Article 3 (e) (iii) provided, University Medical Officer is informed telephonically at the earliest.

ii) In case of emergency, the Vice Chancellor in consultation with the University Medical Officers may allow a patient (a) to go outside the state for treatment (b) to be treated for life saving Surgery/Treatment outside the State of Assam, subject to subsequent certification by the Referral Board.

iii) Referral Board consists of three members, to be recommended by the Vice-Chancellor amongst the Teachers and Officers of the University. The Medical Officer of the University shall act the Member Convener of the Board. Any appeal against the Order of the Board shall lie to the Executive Council of the University.

10. Reimbursement of expenses for the following types of treatment up to the maximum amount as stated below may be allowed subject to the submission of a certificate from the Authorized Medical Attendant and the Referred Hospital concerned, where the medical treatment / surgical service is actually availed of by the patient.

<u>Type of Treatment</u>	<u>Amount</u>
a) Kidney transplantation	Rs. 2.00 Lakhs only
b) Heart Pace-Maker	Rs. 1.20 Lakhs only
c) Hearing aid	Rs. 10,000.00 only

- | | | |
|-----------|--------------------|---------------------|
| d) | Speaking aid | Rs. 15,000.00 only |
| e) | Infusion Pump | Rs. 20,000.00 only |
| f) | Bye-pass Surgery | Rs. 2.50 Lakhs only |
| g) | Open Heart Surgery | Rs. 2.00 Lakhs only |
| h) | Neuro Surgery | Rs. 2.00 Lakhs only |
- i)** The above limit is subject to the condition that if the actual amount is less than the ceiling amount, then the actual only will be admissible.
- ii)** The University on the recommendation of Referral Board may release 50% of the estimated amount as above for concerned medical treatment. This will be subject to the relevant provisions mentioned above.
- iii)** The University may grant an advance, on specific recommendation from University Medical officers, an amount not exceeding Rs.50,000.00 only for treatment of a patient in an approved institution outside Assam. The advance shall be adjusted against the bills submitted by the employee concerned for reimbursement of the expenditure.

The advance taken but not utilized fully or partly have to be refunded to the University failing which the University shall realize the same from the employee concerned in a manner as deemed fit and proper.

However, in case of treatment within the State, the advance amount will be Rs.10,000.00 only.

- 11.** When a patient is required to travel from his/her Headquarters to a referred Hospital outside Assam, on the advice of the Referral Board, as provided in these rules, he / she shall be entitled, to travelling allowance equivalent to the same rates of travelling allowances and DA at the prevailing University rate.
- 12.** In order to compensate for the expenditure incurred by a patient on medical attendance and treatment outside a hospital for which no provision has been made in these rules, fixed monthly medical allowances shall be paid to every University employee at the rate admissible to a State Govt. employee.
- 13.** Nothing in these rules shall be deemed to:
- i)** Entitle a University employee to reimbursement of any cost in respect of medical services obtained by him / her or to travelling allowance for any journey performed by him/her otherwise as expressly provided in these rules, or
 - ii)** Prevent the Executive Council from granting an employee any concession relating to medical treatment or attendance or travelling allowance for any journey performed by him / her which is not authorized by these rules.

14. Submission of Bills :

- 14.1** It should be ensured that hospital bills for treatment as in-patient show the allocation of charges as under medical attendance be applied as per the enclosed form in Annexure A
- 14.2** Cases not covered by these rules, shall be decided by a committee constituted by the Executive Council
- 14.3** Claims under medical rule shall be entertained only when they are submitted through the University Medical Officer.
- 14.4** The bills should be duly supported by receipts, cash memos, prescriptions and other relevant documents as prescribed by the University from time to time in Original in respect of claims for re-imbusement of charges for tests conducted or treatment received in hospitals e.g. X-ray, Blood tests, etc. The University may verify and check the authenticity of the claim on the basis of the prescription slip and the diagnostic report submitted by a University employee, in the event of any doubt from the hospital concerned.
- 14.5** Claims should be preferred within 3 months period from the date of discharge from the hospitals. Condonation of delay in submission of medical bills shall be considered by the Vice-Chancellor depending upon the on the merits of each case.

15. Interpretation of Rules :

If any question arises regarding the interpretation of these rules, it shall be referred to the Vice-Chancellor whose decision shall be final.

- 16.** All other definitions, conditions, clauses, procedure and treatments which are not covered under this scheme shall be governed as per the provisions contained in the Medical Attendance Rules of the Government of Assam.

FORM - A

DIBRUGARH UNIVERSITY

Dibrugarh | PIN – 786 004 | Assam

‘Application for claiming Refund of Medical Expenses incurred in connection with Medical Attendance and or Treatment of the Employees and their Families.’

(Separate form should be filled for each patient)

Name and designation of the employee : _____
(In Block Letters)

Employee ID No. : _____

Deptt. / Centre / Branch / Section : _____

Basic Pay : _____

Residential address : _____

Bank Account No.(SBI) : _____

Name of the Patient : _____

Relationship to the employee & his / : _____
her Medical Booklet Code No.

In the case of children, state age, : _____
date of birth and marital status

Place at which the patient fell ill : _____

Nature of illness and its duration : _____

Details of the amount claimed : _____

Give details on a separate sheet of : _____
paper and Attach cash memos.

Details of Medical Advance Drawn (if any) : _____

MEDICAL ATTENDANCE

- (a) Name of Hospital : _____
- (b) Name & designation of treating Physician/surgeon : _____
- (c) The dates of Medical Attendance / Treatment : from _____ to _____
- (d) Whether referred by the Dibrugarh University Health Centre, if not, reason for not getting referred.
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DECLARATION TO BE SIGNED BY THE EMPLOYEE OF THE DIBRUGARH UNIVERSITY

I hereby declare that the statements in this application are true to the best of my knowledge and that Mr. / Mrs. / Miss _____ (Relation) _____ for whose medical treatment expenses were incurred is wholly dependent upon me.

(Signature of Employee)

- NB:-
1. Please enclose original OPD treatment Card of the hospital and Dibrugarh University Medical booklet of patient for necessary action by the Dibrugarh University.
 2. All Indoor / Admitted patients should enclose original copy of discharge summary of the hospital.

CERTIFICATE FROM THE TREATING HOSPITAL / DOCTOR

(For Indoor / Admitted Patients only)

Certified that Shri / Smt. _____ son / daughter / wife under
my treatment (diagnosis) as an Indoor patient at _____ Hospital.

Period of Hospitalization : from _____ to _____

All the bill / cash memos have been signed by me.

Signature

Name and Designation of treating Physician / Surgeon : _____

Please put your stamp in this space.

(Counter signature & Stamp of Medical Superintendent of Treating Hospital)

Employee ID No. : _____

Scrutinized & Entered by : Signature : _____

Name : _____

Signature & Stamp of Medical Officer of Dibrugarh
University Health Centre

(FOR ACCOUNT SECTION COPY)

Name & Department & Employee ID No. : _____

S.N.	ITEMS	AMOUNT CLAIMED	AMOUNT ALLOWED	REMARKS / REASON
1.	Medicine			
2. (i)	Tests			
3.	Room Rent			
4. (i) (ii) (iii) (iv) (v)	Operation / Procedure charges etc. Operation Procedure ICU / CCU Consultation Others (Specify)			
	Total			

Passed and pay for Rs. _____ (Rupees _____
_____ only) and credited to the Saving Bank account of the SBI.

Dealing Assistant

Accountant

Asstt. Registrar / Accounts

(INDIVIDUAL COPY)

Name & Department & Employee ID No. : _____

S.N.	ITEMS	AMOUNT CLAIMED	AMOUNT ALLOWED	REMARKS / REASON
1.	Medicine			
2. (i)	Tests			
3.	Room Rent			
4. (i) (ii) (iii) (iv) (v)	Operation / Procedure charges etc. Operation Procedure ICU / CCU Consultation Others (Specify)			
	Total			

Passed and pay for Rs. _____ (Rupees _____
_____ only) and credited to the Saving Bank account of the SBI.

Dealing Assistant

Accountant

Asstt. Registrar / Accounts

Note : For any enquiry, please contact Account Section personally.
Column nos.1 and 2 have to be filled up by the individual.

FORM - B

DECLARATION FORM FOR SERVING EMPLOYEES FOR AVAILING THE MEDICAL FACILITY OF DIBRUGARH UNIVERSITY FOR SELF AND DEPENDANTS

I, _____, hereby declare that the following are the members of my family, who are residing with me and are wholly dependant upon me.

S.N.	Name of the Dependant	Relationship with employee	Date of birth	Married / Unmarried	Employed / Unemployed	In case the dependant is employed, please give the name and address of the organization

Note : *In case, the Spouse is employed, a certificate from the employer stating that the employee does not provide medical reimbursement facility to the employee shall have to be produced.*

The particulars of dependant members as given above are correct. It is also certified that the above dependants are residing with me. The residency proof of my parents and unmarried / widowed daughter(s) aged 30 years or more is also attached herewith. If any statement is found to be untrue, I shall be liable for disciplinary action.

Date :

(Signature)

Name of the Employee & ID No.:

Designation :

Dept. / Centre / Branch / Section :

Forwarded

(Head of the Dept. / Centre / Branch / Section)