(1)

No. 13/94-92/I/PHD
Government of Goa,
Public Health Department,
Secretariat (New Complex),
Ground Floor,
Porvorim Goa.

Date: 18/1/2000.

NOTIFICATION

Government is hereby pleased to introduce the Goa Mediclaim Scheme for the residents of Goa in order to provide them special medical facilites in recognized hospitals outside and within the State of Goa (as listed out in Annexure 'A') in super-specialities for which facilities are not available in the Government Hospitals of this State.

1. THE DATE OF COMING INTO FORCE OF THIS SCHEME:-

The Scheme shall be deemed to have come into force with effect from the 9th day of August 1999.

Provided that no claim which has been settled earlier to the date of publication of this Scheme shall be reopend.

2. ELIGIBILITY:

(1) (a) All permanent residents of Goa figuring in the Voters list or holding permanent Ration card, including minor dependents, whose family income does not exceed Rs. 50,000/- per annum, shall be eligible for the medical facilities under this Scheme.

(b) Retired State Government employee shall also be entitled to the medical facilities under this scheme, subject to fulfillment of all the conditions laid down therein except monetary income ceiling. Retired State Government employee are exempted from monetary income ceiling of Rs. 50,000/- per annum under this scheme.

(2) Mediclaim Certificates shall be issued by the Medical Superintendent of the Goa Medical College on the recommendation of the Unit Head of various Departments of

the Goa Medical College or Senior Consultant of Hospitals attached to the Directorate of Health Services after ascertaining that the particular case cannot be treated at Government hospitals in the State of Goa including the Goa Medical college. Based on this certificate, the Director of Health Services shall issue letter for Mediclaim.

(3) In case any patient has gone to the recognized Institute outside Goa for treatment which is not available in Government Hospitals in Goa, without Mediclaim certificate,he shall apply directly to the Director of Health Services alongwith the relevant papers. The Director of Health Services, after the required scrutiny shall submit such cases for the approval of the government in relaxation of the prescribed procedure.

3. KIND OF TREATMENT COVERED:-

The following super-speciality treatments are covered under the scheme:

(i) Neurological disorders.
(ii) Cardio-Thoracic surgery.
(iii) Kidney transplantation.
(iv) Plastic surgery.
(v) Radio therapy
(vi) Total replacement of Joints.
(vii) Any other major diseases/illness for which treatment facilities as certified by the Medical Superintendent of the Goa Medical College are not available in the Government Hospitals in this State.

4. MEDICAL/SURGICAL EXPENSES:

Actual expenses necessarily incurred in a hospital in respect of:-

(a) Room, board and nursing expenses limited to Rs. 250/- per day.
(b) I.C.U.
(c) Surgeons and Anaesthetist's fees.
(d) Anaesthesia, blood, oxygen, operation theatre, surgical appliances.
(e) Diagnostic materials and X-Rays.
(f) Medical practioner's Consultant's and Specialist's fees.
(g) Medicines and Drugs.

5. HOW TO APPLY:-

(a) The patient himself or any member of his family may apply for the medical assistance under the Scheme.

(b) The applications should be accompanied by an Income Certificate issued by the Mamlatdar in Form 'B' and the Mediclaim Certificate issued by the Medical Superintendent, Goa Medical College in Form 'A'.

On receipt of applications by the Director of Health Services, he shall issue a letter to the concerned Hospital, in Form 'E' undertaking to bear the responsibility of meeting the expenditure on the medical treatment to the maximum extent of Rs. 1,25,000/- per illness.

6. SETTLEMENT OF BILLS

The bills for the entire admissible Hospital expenses shall be submitted by the concerned Hospitals directly to the Director of Health Services, Mediclaim Cell, Campal, Panaji and the Director of Health Services shall settle the bills through Demand Draft by presenting the bills to the Director of Accounts, Panaji.

Since the amount will be drawn by the Director of Health Services, suitable bill form for drawal of amount shall be prescribed by the Director of Accounts in consultation with the Director of Health Services. Every bill in this matter shall be signed by the Director of Health Servics. So also the pre-receipted bill of the hospital in original. The Director of Health Services shall check the bills before submitting the same to the Director of Accounts in respect of Medical and Surgical expenses as per the decision and also ensure the fulfillment of conditions laid down in the Scheme.

7. FACILITIES AT MUMBAI:-

Patients admitted in Hospitals or undergoing treatments under this Scheme in hospitals in Mumbai can avail accommodation facilities at Goa Bhavan, Juhu, Mumbai as per availability accommodation there.

8. WHOM TO CONTACT:-

(I) Director of Health Services,
Campal,
Panaji Goa.
Tel No. Office : 225561
Res. No._____

9. EXCLUSIONS:-

This Scheme shall not be applicable to the following class of persons:-

(i) State/Central Government employees;

(ii) Employees of Banks, State Government undertakings, public sector undertakings and other institutions owned by the State/Central Government.

10. This issues with the concurrence of Finance Department vide their U.O. Fin (Rev. & Cont.) No. 5 dated 08.01.2000.

FORM ' A '

MEDICAL CERTIFICATE

This is to certify that the patient .....

..... is suffering from .....

.....

facilities for treatment of which are not available in this State. The patient is, therefore, advised to seek such facility outside this State.

.....

Signature of Medical Superintendent
Goa Medical College

Office Seal.

FORM 'B'

INCOME CERTIFICATE

This is to certify that ..... is a permanent resident of Goa having residence at..... H.No.....Ward.....Village..... ....., taluka.....and that his income and that of the members of the family from all sources does not exceed Rs.50,000/- per annum.

It is further certified that..... is a voter and his/her name is registered at Sr.No.....of Voters list/holding permanent Ration Card No.....maintained in this office.

It is certified that..... parent/guardian of the minor is a voter and his name is registered at Sr.No..... of voters List/holding permanent Ration Card No..... .....maintained in this office.

.....

Signature

Mamlatdar

Office Seal

FORM - C

(Application for Self Treatment under Mediclaim Scheme)

Name:-.....

Address:-.....

.....

Dated:- / /

To,
The Director of Health Services,
Mediclaim Cell,
Campal,
Panaji Goa.

Sub: Treatment under Mediclaim Scheme.

Sir,

I have to proceed to ..... (place) for Medical treatment at ..... (Name of Hospital) as required under the scheme, I am submitting herewith the following certificate:-

(i) Certificate from the Medical Superintendent, Goa Medical College that facilities for my treatment are not available in this State.

(ii) Certificate from the Mamlatdar of ..... certifying that total income of my family members does not exceed Rs. 50,000/- per annum and that I am registered in the voter's list.

OR

(iii) Certified copy of the P.P.O. bearing No. ..... confirming that the patient is a retired State Government Employee.

I shall be obliged if a letter recommending me for medical treatment at .....(name of hospital) is kindly issued to me immediately for admission in the hospital.

Yours faithfully,

Encl: As above.

( )

FORM – D

(Application for treatment under the Mediclaim to be submitted on behalf of the patient when the patient is minor)

Name:-.....

Address:-.....

.....

Dated:- / /

To,
The Director of Health Services,
Mediclaim Cell,
Campal,
Panaji Goa.

Sir,

My ..... (relationship) ..... (name of the patient) is to be taken to ..... (place) for medical treatment at ..... (name of the hospital) as required under the scheme. The following certificate are submitted:-

(1) Certificate from the Medical Superintendent, Goa Medical College, Bambolim that facilities for his/her treatment are not available in this State.

(2) Certificate from the Mamlatdar of ..... (taluka) that the total income of my/his family does not exceed Rs.50,000/- per annum and that he/she is registered in the voter's list (not applicable if minor)

(3) Certified copy P.P.O. bearing No. ..... confirming that the patient is a retired Government employee.

I shall be obliged if a letter recommending him/her for treatment ..... (name of the hospital),.....(Place) is kindly issued to me immediately for admission in the hospital.

Yours faithfully,

( )

FORM-E

Directorate of Health Services,
Mediclaim Cell,
Campal, Panaji Goa.
Dated: / /

(Format of undertaking to be given to the Hospital/patient in respect of Treatment and payment).

To,
.....
.....
.....

Dear Sir,

This is to certify that Shri/Smt. ..... is eligible for benefits under Mediclaim Scheme of Government of Goa.

The reimbursement per illness under the Mediclaim Scheme will be limited to Rs. 1,50,000/- or actual Hospital expenses, whichever is the least, in respect of the following:-

(1) Room, board and nursing expenses including surcharge, if any limited to Rs. 250/- per day;
(2) I.C.U.;
(3) Surgeon's and Anaesthetists fees;
(4) Anaesthesia, blood, oxygen, operation theatre, surgical appliances;
(5) Diagnostic materials and X-Ray;
(6) Medical practitioner's, consultants and specialists fees;
(7) Medicines & Drugs.

Shri/Smt. _____
has been advised _____
_____

We enclose a xerox copy of the certificate dated _____ issued by the Medical Superintendent, Goa Medical College and undertake to reimburse you upto Rs. 1,50,000/- on receipt of your bills.

Kindly admit/him/her and render necessary treatment and send us the claim form and your bills, duly signed by the patient, for settlement.

Thanking you in anticipation.

Yours faithfully,

Director of Health Services.

Copy forwarded to:-

(1) Shri/Smt. _____

_____

(2) Jt. Secretary (Health), Public Health Department, Secretariat Annexe, 3rd Floor, Junta House, Panaji, Goa, for information.

ANNEXURE

LIST OF RECOGNISED HOSPITALS

1. Jaslok Hosptal, Mumbai.
2. Tata Memorial Hospital, Mumbai.
3. R.G.Stone clinic, Mumbai.
4. Nanavati Hospital, Mumbai.
5. Kasturba Hospital, Manipal.
6. Salgaonkar Medical Research Centre, VAasco-da-Gama, Goa.
7. Wanless Hospital, Miraj.
8. Goa Scan Centre, Vasco-da-Gama, Goa.
9. K.E.M.Hospital, Mumbai.
10. Bombay Hospital and Medical Reaearch Centre, Mumbai.
11. P.D. Hinduja Hospital, Mumbai.
12. Wockhardt Hospital, Bangalore.
13. Madras Medical Mission, Chennai.
14. Wadia Hospital, Mumbai.
15. Sion Hospital, Mumbai.
16. J. J. Hospital, Mumbai.
17. K.L.E.S. Hospital, Belgaum.

By order and in the name of the
Governor of Goa,

Sd/-
(T.J.Faleiro)
Jt. Secretary (Health)