

Tele: 25683476

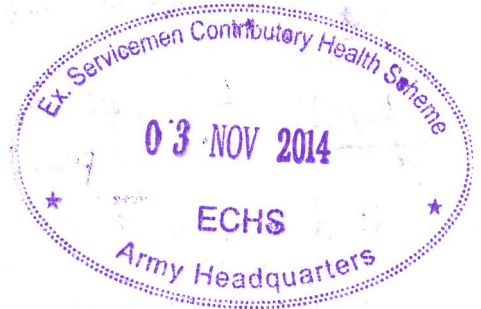
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Maude Lines
Delhi Cantt-110010

B/49770/AG/ECHS

28 Oct 14

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)



REVISED FORMAT OF APPX 'A', 'B' AND 'C'

1. Refer Para 3 of Central Org ECHS letter No B/49770/AG/ECHS dt 15 Mar 10.
2. The revised format of Appx 'A', 'B' and 'C' for approval for extended duration of hospitalization beyond 12 days and upto 120 days are forwarded herewith for use by all empanelled Hospitals. The Appx 'A', 'B' and 'C' as per Para 3 of letter under reference are hereby superseded.

Vijay Anand
(Vijay Anand)
Col
Dir (Med)
for MD

Encls: As above.

Copy to :-

DGAFMS-DG-3A
DGMS (Army)/DGMS-5(B)
DGMS (Navy)/Dir ECHS (Navy) - for info.
DGMS (Air Force) (Med-7)
()

All Regional Centres

UTI-ITSL
153/1, Above Farico Show Room - for info.
First Floor, Old Madras Road
Halasuru, Bangalore
Karnataka-560 008

Internal

(Ops & Coord) Sec
Claim Sec
Stats & Automation Sec - for uploading the letter on ECHS website.

722-17

Appx 'A'

(Refer to para 3(a) of Central Organisation ECHS
letter No B/49770/AG/ECHS dated 28 Oct 14)

ECHS Membership No

APPROVAL FOR EXTENDED DURATION OF HOSPITALISATION
(UP TO 30 DAYS)

Part-I (To be filled by the Empanelled Hospital)

1. Name(Patient).....
2. Relationship with ECHS member.....
3. No
4. Rank
5. Name(Member).....
6. Hospital.....
7. Diagnosis.....
8. Date of admission.....
9. Extension required from To
10. No of days for which extension required.....
11. Treatment modality carried out so far
12. Proposed Treatment/Test/Procedure.....
13. Case summary to be attached (Yes/No).....
14. Whether finality of treatment has been attained. If not what is the approx time required.....
15. Signature & Stamp of Treating Physician/Consultant/Auth Hosp Rep.....

(Signature of treating Consultant)

Date:

Part-II (To be filled by the Medical Officer of the Polyclinic)
(For Hospitalisation period between 12 days to 30 days)

16. Patient visited in the hospital on
17. Authenticity of treatment modality.....
18. Effect of treatment on patient recovery.....
19. Relevance of Diagnostic Investigation.....
20. Reasons for extended stay beyond 12 days.....
21. Likely date of finality in treatment.....
22. Recommendation/comments of MO.....

(Signature of MO)

Date:

APPROVED/NOT APPROVED

Stn Stamp

OIC, ECHS Polyclinic

Date:

Appx 'B'

(Refer to para 3(a) of Central Organisation ECHS

letter No B/49770/AG/ECHS dated 12.12.28 Oct 14)

ECHS Membership No

APPROVAL FOR EXTENDED DURATION OF HOSPITALISATION
(UP TO 60 DAYS)

Part-I (To be filled by the Empanelled Hospital)

1. Name(Patient).....
2. Relationship with ECHS member.....
3. No
4. Rank
5. Name(Member).....
6. Hospital.....
7. Diagnosis.....
8. Date of admission.....
9. Extension required from To
10. No of days for which extension already given.....
11. No of days for which extension required
12. Treatment modality carried out so far
13. Proposed Treatment/Test/Procedure.....
14. Case summary to be attached (Yes/No).....
15. Whether finality of treatment has been attained. If not what is the approx time required.....
16. Signature & Stamp of Treating Physician/Consultant/Auth Hosp Rep.....

(Signature of treating Consultant)

Date:

Part-II (To be filled by Technical Committee)
(For Hospitalisation period between 31 days to 60 days)

17. Patient visited in the hospital on
18. Authenticity of treatment modality.....
19. Effect of treatment on patient recovery.....
20. Relevance of Diagnostic Investigation.....
21. Reasons for extended stay beyond 30 days.....
22. Complication if any and likely cause.....
23. Modality or management of complication –Satisfactory/Not Satisfactory
24. Whether finality of treatment has been attained. If NOT what is the likely date of finality in treatment.....
25. Recommendation/Comments of the Committee.....

.....
(MO)

.....
Rep of SEMO

.....
Rep of Stn HQ

RECOMMENDED/NOT RECOMMENDED

APPROVED/NOT APPROVED

Jt Dir (Hosp Services)

Dir Regional Centre

Appx 'C'

(Refer to para 3(a) of Central Organisation ECHS
letter No B/49770/AG/ECHS dated 28 Oct 14)

ECHS Membership No

**APPROVAL FOR EXTENDED DURATION OF HOSPITALISATION
(UP TO 120 DAYS) IN EXCEPTIONAL CIRCUMSTANCE**

Part-I (To be filled by the Empanelled Hospital)

1. Name(Patient).....
2. Relationship with ECHS member.....
3. No
4. Rank
5. Name(Member).....
6. Hospital.....
7. Diagnosis.....
8. Date of admission.....
9. Extension required from To
10. No of days for which extension already given.....
11. No of days for which extension required
12. Treatment modality carried out so far
13. Proposed Treatment/Test/Procedure.....
14. Case summary to be attached (Yes/No).....
15. Whether finality of treatment has been attained. If not what is the approx time required.....
16. Signature & Stamp of Treating Physician/Consultant/Auth Hosp Rep.....

(Signature of treating Consultant)
Date:

Part-II (To be filled by Technical Committee)
(For Hospitalisation period between 61 days to 120 days)

17. Patient visited in the hospital on
18. Authenticity of treatment modality.....
19. Effect of treatment on patient recovery.....
20. Relevance of Diagnostic Investigation.....
21. Reasons for extended stay beyond 60 days.....
22. Complication if any and likely cause.....
23. Modality or management of complication –Satisfactory/Not Satisfactory
24. Recommendation/Comments of the Committee.....

.....
(MO)

.....
Rep of SEMO

.....
Rep of Stn HQ

RECOMMENDED/NOT RECOMMENDED

Dir(Med), Central Organisation ECHS

APPROVED/NOT APPROVED

MD ECHS