

**POLICY ON PROCESSING OF BILLS
RELATED TO CONSULTATION FEES**

1. The bill on consultation constitutes a large percentage of hospital bills. While the amounts of such bills are low and fixed across the Country, the processing procedure being followed in the same as in case of high value bills. For example, the approved rate in Delhi in Rs 61/- per consultation. It is considered that the unnecessary paperwork and delay in processing of claim towards consultation charges, when referred to any empanelled hospital, can be considerably reduced by raising hospital wise composite claims. This will also provide more time to the processing officials in carrying out quality check of high value bills leading to reduction in costs.

2. **Procedure.** The procedure to be followed for raising and payment of composite bills toward **CONSULTATION FEES** is as follows :-

(a) **Raising of bills by hospitals.** : The hospital may be asked to raise composite bills for the referrals made toward OPD consultation during the month. These would include cases where only consultation charges are involved and no further investigation/treatment procedures were carried in the hospital. Each of the hospital bills including the composite consultation bills should be serially numbered throughout the year in the usual manner for easy identification. A specimen of the Bill to be raised by the hospital is placed at Appendix A.

(b) The hospitals while forwarding the composite consultation bill to the Polyclinics will ensure that each entry of the bill is enclosed with original referral forms of the patients supporting the outcome of consultation.

(c) **Action at the Polyclinic.** On receipt of composite consultation bills from the empanelled hospitals, the OIC Polyclinic will register the claims and verify the correctness of the bill and the referral forms enclosed. The OIC Polyclinic will then prepare a contingent bill cum cover note. The specimen of the contingent bill cum cover note is placed at Appendix B. The contingent bill cum cover note enclosed with the original composite consultation bill received from hospital and the original referral forms in original will be forwarded to Stn HQ for further action.

(d) **Action at the Stn HQ** The case Assignment Officer /OIC ECHS Cell will obtain CFA sanction and make the payment to the concerned hospital in the usual manner and will endorse a copy of the covering letter to the OIC Polyclinic for necessary reconciliation. The original contingent bill cum cover note along with the original composite consultation bill and referral forms will be forward to the concerned PCDA/CDA for post audit. A photocopy of the contingent bill cum cover note along with the composite bill will be retained as record.

3. You are requested to circulate this policy to all concerned under your AOR for necessary compliance.

Sd/xxxxxxxxxx
(SP Patil)
Brig Dy MD
For MD ECHS

Appendix A
(Refer Para 2(a) of
B/49779/AG/ECHS
Dated 17 Sep 2009)

Specimen Copy

Bill ID N130807180

KAILASH HOSPITAL

Bill Original

BILL NO . 93628
Bill Period : 01 Jan to 31 Jan 2009
Name of referring Polyclinic : Noida
Type of Bill : Specialist OPD

Ser No	ECHS Regn No	Servie No. Rank and Name	Patient Name with Relation	Referral No	Referral Date	Diagnosis	Date of consultation	Amt
1.	DL0063812	6302653 H/Nb Sub Mahi Singh	Mahi Sing (self)	7223	01/01/2009	Oesophagitis	03/01/2009	Rs 61/-
2.	DL0070412	2953036 Baleshwari	Baleshwari (self)	7190	16/01/2009	CSOM(I)	18/01/2009	Rs 61/-
3.	DL0034824	364429 Sgt SM Bagchi	Kalpana	7006	23/01.2009	Urticaria Reurrent	25/01/2009	Rs 61/-
Total Amount								Rs 183/-

Total Bill Amount : Rupees One Hundred and Eighty three only

Kailash Health Care Ltd

Hospital Seal

Signature of Billing officer

Specimen Copy

In lieu of IAF -115

CONTINGENT BILL CUM COVER NOTE

Expenditure incurred on account of Re-imbusement of consultation charges to **Kailash Hospital (Empanelled Hospital), Delhi** for the period from **01 Jan 09 to 31 Jan 09**.

Se r No	ECHS Regn No	Servie No. Rank and Name	Patient Name with Relation	Referr al No	Referral Date	Diagnosis	Date of consultatio n	Amt	Amt Passe d
1.	DL006381 2	6302653 H/Nb Sub Mahi Singh	Mahi Sing (self)	7223	01/01/200 9	Oesophagiti s	03/01/200 9	Rs 61/-	Rs 61/-
2.	DL007041 2	2953036 Baleshwa ri	Baleshwa ri (self)	7190	16/01/200 9	CSOM(I)	18/01/200 9	Rs 61/-	Rs 61/-
3.	DL003482 4	364429 Sgt SM Bagchi	Kalpana	7006	23/01.200 9	Urticaria Reurrent	25/01/200 9	Rs 61/-	Rs 61/-
Total Amount								Rs 183/ -	Rs 183/-

Certified that :-

- The hospital is empanelled with ECHS for the referred facility.
- The facility /speviality for which referred was/was not available at local servie hospital at the time of referral of the patient.
- Date of membership of ECHS beneficiary is prior to date of referral.
- The rates admitted for payment are as per approved rates and do not exceed the CGHS/AIIMS/MOA rate.
- The bill raised by hospital have been verified and found to be correct.
- Recommended for payment

Date : 2009 Signature of Polyclinic Medical Specialist/MO

Sign of OIC Polyclinic

SANCTION BY CFA

Station : Delhi Cantt

Sanction /Not Sanction

Date : 2009

Signature of CFA