

CIRCULAR LETTER No.CirDO/P&HRD/ 42/ 2008-2009 Dated 16th January, 2009

Ref. CC letter No. CDO/PM/15/SPL/344 Dt. 24.06.2003, CDO/PM/16/SPL/846
Dt.11.11.2008 and HR / IR / 02701 Dt. 26.11.2008



**STATE BANK OF INDIA,
HR DEPARTMENT,
LOCAL HEAD OFFICE,
KOLKATA**

**THE DEPUTY GENERAL MANAGERS / ASSISTANT GENERAL MANAGERS /
CHIEF MANAGERS / BRANCH MANAGERS OF ALL BRANCHES/OFFICES
IN BENGAL CIRCLE.**

Dear Sir/ Madam,

STAFF : MISCELLANEOUS
EMPANELMENT OF HOSPITAL FOR
TIE-UP ARRANGEMENT FOR
POST TREATMENT PAYMENT (PTP) FACILITY

Please refer to our Circular letter No. CirDO/P&HRD/67/2004-2005 dated 10th February, 2005. The Bank has entered into a fresh tie-up arrangement for Post Treatment Payment (PTP) facility with the hospital named "Rabindranath Tagore International Institute of Cardiac Sciences (RTIICS)" managed by Narayana Hrudayalaya, 124, Mukundapur, E.M.Byepass, Kolkata – 700099. The PTP facility with RTIICS hospital can be availed by all category of permanent staff and officers (called employee) of the Bank and their dependent family member(s).

2. The PTP facility with two hospitals viz. Peerless Hospital & B.K.Roy Research Centre (Peerless) and Mission of Mercy Hospital & Research Centre (MOM) is in vogue and shall remain in force till further modifications.

3. Please arrange to make operative staff/official thoroughly acquainted with the provisions of the PTP facility detailed in the following Annexures :-

- i) Salient features of the PTP facility – **Annexure – I**
- ii) Delegation of Financial Powers regarding payment of medical bills (Hospitalisation) under PTP – **Annexure – II**
- iii) Schedule of Hospital charges agreed between the Bank and the concerned hospital for various treatment, Bed Charges / ICU / Operation Charges / Package Charges – **Annexure – IIIA, IIIB & IIIC.**
- iv) List of 23 specified serious diseases (for workmen staff) – **Annexure – IV**
- v) Standard format for Application for Hospitalisation under PTP facility in respect of self or member(s) of family – **Annexure V.**

4. Please bring the contents of this Circular letter to the notice of all concerned for meticulous compliance.

Yours faithfully,

(SOURANGSHU SEN)
for Chief General Manager

NAP.

Empanelment of Hospital for
Post-Treatment Payment (PTP) Facility
Salient Features

1. **Objective** The objective of the Post-Treatment Payment (PTP) facility is to provide medical assistance on account of hospitalization to all permanent employees / their dependent family members in the Circle as also to those of Central Office Establishments and other Circles who will require medical treatment under the said scheme.
2. **Eligibility**
 - (i) Under the PTP facility, officers of the Bank including their dependent family members will be eligible for medical treatment for any disease under the scheme.
 - (ii) For members of Award Staff and their dependent family members, reference will be made only for treatment of 23 specified serious diseases (as per Annexure-IV) in terms of Bank's extant rule regarding Improved Medical Aid (specified serious diseases) scheme. Eligibility for reimbursement of medical expenses will be in terms of Head Office Circular Letter No.CirDO/P&HRD/40/2008-2009 dated 12.01.2009.
3. **Exclusions**
 - i) Neuro surgery has been kept outside the purview of the PTP facility for the time being.
 - ii) In case admission in higher class (i.e. beyond entitled class) is required, for any reason whatsoever, the entire additional expenses will have to be borne by the concerned employee and the same will be recovered from the concerned staff/officer by the hospital authorities at the time of discharge of the patient from the hospital.
 - iii) In case of treatment of dependents, the payment of expenses to the Hospitals will be restricted to 75% of the actual expenses or 75% of the prescribed entitled limit whichever is lower. The residual 25% of expenses will have to be paid by the employee concerned to the Hospitals at the time of discharge.

4. **Benefit**

i) The Hospital authority will provide assured/ preferred admission to the patient to be referred by the Bank within the entitlement.

ii) The hospital authority will not insist for any payment in advance at the time of admission and/or during the period of treatment within the entitlement of the officers/ staff and /or their dependents.

iii) The hospital authority will provide all sorts of medical assistance to the patients including drugs, consumables, medical consultancy, medical tests etc.

iv) The schedule of charges agreed between the Bank and the Hospitals for various treatment, Bed charges/ICU/Operation Charges etc. (as per Annexure-III A, IIIB, IIIC) shall remain in force till further modifications arrived at in this regard. In case of supervising staff the charges of pathological and radiological expenses related to hospitalisation will be reimbursed on actual basis to the extent considered reasonable by the sanctioning authority on the advice of the authorised doctor.

5. **Admission**

i) As and when an employee needs hospitalization, except in cases of emergency, every patient (employees or dependent family member) will be referred by the concerned controller in the prescribed Application Form (as per Annexure-V) with due recommendations. Application to be accepted, in duplicate. One copy of the application should be retained at the establishment/ Administrative Office of the employee and another should be forwarded to HR Department. at LHO, Kolkata. On receipt of the same, HR Department at LHO, Kolkata will arrange to issue PTP referral letter in the prescribed form to the hospital authority.

ii) Emergency cases will be attended to at all hours by the empanelled hospitals. In the event of emergent circumstances necessitating immediate admission in the Hospital for saving life of the patient concerned as also on arising of such emergent situation during odd hours/holidays, admission of patient officer/employee/wholly dependent family member will be made by the Hospital authority on production of Bank's Photo- Identity Card by the officer/ employee concerned followed by the Bank's letter of authority duly signed by the aforesaid authorized signatories within 48 hours of admission (excluding holidays/Sundays) on the basis of the hospitals' reference to the Bank..

iii) Other Circle may refer their employees for treatment in the same manner as referred above in item (i), the request letter should be forwarded through the Department of Circle Development Officer (CDO) of the Circle.

6. **Raising bills for Expenses and Payment Authority**

i) After the treatment is over, the Hospital will arrange to send the bill for eligible amount (please refer para 3 of salient features) for the consolidated charges duly signed by the employee or their authorized signatory and countersigned by the concerned employee/ or dependent family member (in the event of death / inability of the Employee) to HR Department at LHO, Kolkata. LHO will forward the bills to the respective authority for payment of the same in terms of Bank's extant delegation of financial power. The bills would, however, be scrutinized for payment by the appropriate authorities as per delegation of financial powers mentioned in Annexure II

ii) The Bank shall arrange to make payment of the bills submitted by the Hospital as per the entitlement class of the officer/staff. The amount of the bills will be paid to the hospital authority within a reasonable period (not exceeding six weeks) from the date of receipt of bill pertaining to a particular patient. The Bank will make payment directly to the Hospital authority through E.C.S / Banker's Cheque/ Draft, payable in favour of the Hospital under advice to the HR Department, LHO Kolkata

7. **General**

i) In case of any dispute with regard to any item contained in the bill, the opinion of the Senior Medical Officer of the Bank shall be final and binding on all concerned.

ii) The Bank will not be responsible for any tax liability devolving on employee, arising out of reimbursement of Medical expenses under PTP due to changes in I.T. Rules.

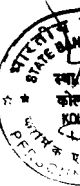
iii) A statement regarding payment of bills to be submitted by the disbursing authority to the next higher authority as control return and a copy of which is to be endorsed to HR Department, LHO, Kolkata on a monthly interval.

**DELEGATION OF FINANCIAL POWERS REGARDING PAYMENT OF MEDICAL BILLS (HOSPITALISATION)
UNDER POST TREATMENT PAYMENT (PTP) FACILITY.**

POSTED UNDER CONTROL OF	SANCTIONING AUTHORITY			
	AWARD STAFF (Hospitalisation & specified serious diseases)		SUPERVISING STAFF (Hospitalisation)	
i) LHO, KOLKATA	UPTO Rs.0.50 lac	AGM (OA)	NIL	AGM(OA)
	UPTO Rs.0.70 lac.	CDO	FULL AMOUNT	CDO
	ABOVE Rs.0.70 lac	GM(NW) Senior Most	X	X
ii) ADMINISTRATIVE OFFICES	UPTO Rs.0.50 lac	CM (Admin)	UPTO Rs.1.00 lac	CM (Admin)
	UPTO Rs.1.50 lacs	AGM(Admin)	UPTO Rs.3.00 lacs	AGM(Admin)
	ABOVE Rs.1.50 lacs	GM (NW)	ABOVE Rs.3.00 lacs	GM (NW)
iii) CENTRAL OFFICE (ESTAB.) : LOCATED IN THE CIRCLE	UPTO Rs.0.50 lac	AGM (Admin)	UPTO Rs.0.50 lac	AGM(Admin)
	UPTO Rs.0.70 lac	DGM	UPTO Rs.0.70 lac	DGM
	ABOVE Rs.0.70 lac	GM	ABOVE Rs.0.70 lac	GM
iv) OTHER CIRCLE : Award & Supervising Staff	: C.D.O (to be put up by the HR Department, LHO, Kolkata)			

Circular Reference : I) Circular letter No. Cir DO/ P & HRD / 13 /2007-08 Dated 07-09-2007 (II) Circular letter No. Cir DO/P & HRD/ 17 / 2008-09 Dated 18.06.2008

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EMPANELMENT OF HOSPITALS FOR POST TREATMENT PAYMENT FACILITY

Mission of Mercy Hospital & Research Centre,
125/1 Park Street, Kolkata – 700 017.
Telephone : 2229-6270/ 4045/ 4046/ 4876/ 4886/ 4826
FAX : 2249-5227/ 6572

Schedule of Hospital Charges

**Bed charges per day (inclusive of Diet,
 Nursing charges and Resident Doctor's charges)**

Type of Bed	Bed charges
General Bed	350/=
Non A/C Special	500/=
A/C Special	650/=
A.C. Semi Private	1050/=
A.C. Private	1500/=
Deluxe	3500/=
ICCU	1750/=
ICCU Step down	1400/=
ITU	1600/=
NICU	1500/=

ENTITLEMENT OF BANK'S EMPLOYEE

CATEGORY OF STAFF		TYPE OF BED	
AWARD STAFF		GENERAL BED	ICCU / ICCU STEP DOWN/ ITU/NICU *
SUPERVISING STAFF	JMGS.I TO SMGS.IV	A.C.PRIVATE	ICCU / ICCU STEP DOWN/ ITU/NICU
	SMGS.V & ABOVE	DELUXE	ICCU / ICCU STEP DOWN/ ITU/NICU

* Subject to recovery of differential amount of cost of ICCU / ICCU STEP DOWN/ ITU/NICU Bed Charges and entitlement .

Contd.....6.



Mission of Mercy Hospital & Research Centre**Schedule of Hospital Charges****Operation Charges #**

(Amount in Rupees)

Category of employees		For SMGS-V and above	JMGS-I & MMGS-II and MMGS-III & SMGS-IV	Members of Award Staff
Types of bed		Deluxe Bed	Private Bed	General Bed
Grade	Break-up of operation charges	Hospital Rates	Hospital Rates	Hospital Rates
I (Minor)	Surgeon	1150	1150	805
	Anaesthetist	345	345	242
	O.T.	2925	2925	2300
	Total	4420	4420	3347
II (Intermediate)	Surgeon	2300	2300	1553
	Anaesthetist	690	690	466
	O.T.	3450	3450	2831
	Total	6440	6440	4850
III (Major)	Surgeon	4025	4025	2300
	Anaesthetist	1208	1208	690
	O.T.	5175	5175	4600
	Total	10408	10408	7590
IV (Major Plus & Supra Major)	Surgeon	5750	5750	4140
	Anaesthetist	1725	1725	1242
	O.T.	6325	6325	5750
	Total	13800	13800	11132

The hospital charges includes 15% Service Charge.

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Mission of Mercy Hospital & Research Centre**Schedule of Hospital Charges****Surgical Packages**

(Amount in Rupees)

Category of employees	For SMGS-V and above	JMGS-I & MMGS-II and MMGS-III & SMGS-IV	Members of Award Staff
Types of bed	Deluxe Bed	Private Bed	General Bed
	Hospital Rates	Hospital Rates	Hospital Rates
Coronary Angiogram, Cerebral Angiogram and Peripheral Vascular Angiogram	15000	15000	10500
Pacemaker Implantation	8000	8000	8000
Angioplasty	55000	55000	45000
Basic Cardiac Surgery	110000	110000	75000

§ Cost of Pace Maker extra

* Cost of Balloon and Stent extra

** Cost of stent Rs.35,000/- to Rs.55,000/- extra

*** Cost of Pace Maker Rs.55,000/- extra.

SPECIALIST CONSULTANTS CHARGES

(Amount in Rupees)

Category of employees	JMGS-I and above	Members of Award Staff
Types of bed	Private Ward/Deluxe Bed	General Ward
Visit charges for Specialists/ Consultants	Hospital Rates	Hospital Rates
Routine Visit	300	100/- per day
Emergency/ Night visit	300	300

Note: Ventilator charge will be Rs.1200/- per day.

Contd....8.



EMPANELMENT OF HOSPITALS FOR POST TREATMENT PAYMENT FACILITY

**Peerless Hospital & B.K. Roy Research Centre,
360, Panchasayar, Kolkata – 700 094.
Telephone : 2462 – 2394/ 2462/ 0071-73
FAX : 91-33-2462 0766**

Schedule of Hospital Charges

Bed charges per day (inclusive of diet, Nursing charges and Resident Doctor's charges):

TYPE OF BED	BED CHARGES
General 6 Beded Non-AC	450/=
General 3 Beded Non-AC	500/=
General twin sharing Non-AC	550/=
A.C. Twin Sharing	700/=
Non A.C. Single	1000/=
A.C. Executive Cabin	1600/=
ICCU/ITU	1800/=
Deluxe	2500/=
Super Deluxe	3500/=

ENTITLEMENT OF BANK'S EMPLOYEE :

CATEGORY OF STAFF		TYPE OF BED	
AWARD STAFF		GENERAL 6 BEDED (NON A.C)	ICCU / ITU *
SUPERVISING STAFF	JMGS.I & MMGS.II	SINGLE (NON A.C)	ICCU / ITU
	MMGS.III & SMGS.IV	DELUXE	ICCU / ITU
	SMGS.V & ABOVE	SUPER.DELUXE	ICCU / ITU

* Subject to recovery of differential amount of cost of ICCU / ITU Bed Charges and entitlement i.e. in excess of Rs.1400/- for ICCU.



Peerless Hospital & B.K. Roy Research Centre

II) Schedule of Hospital Charges

OPERATION CHARGES

(Amount in Rupees)

Category of employees		For SMGS-V and above	MMGS-III and SMGS-IV	JMGS-I and MMGS-II	Members of Award Staff
Types of bed		Super Deluxe Cabin	Deluxe Cabin	Non-AC Single	6-bedded non-AC
Grade	Break-up of operation charges	Hospital Rates	Hospital Rates	Hospital Rates	Hospital Rates
V (Minor)	Surgeon	3000	3000	2000	1000
	Anaesthesist	750	750	500	350
	O.T.	2250	2250	1700	950
	Total	6000	6000	4200	2300
IV (Intermediate)	Surgeon	6000	6000	4000	2000
	Anaesthesist	1500	1500	1000	500
	O.T.	4500	4500	3100	1500
	Total	12000	12000	8100	4000
III (Major Surgery)	Surgeon	8000	8000	6000	3000
	Anaesthesist	2200	2200	1500	700
	O.T.	7000	6800	4000	2000
	Total	17200	17000	11500	5700
II (Major Plus)	Surgeon	10000	10000	7500	4000
	Anaesthesist	3000	3000	1800	1000
	O.T.	8000	8000	5700	4000
	Total	21000	21000	15000	9000
I (Supra Major)	Surgeon	15000	15000	9500	5500
	Anaesthesist	3500	3500	2300	1500
	O.T.	10000	10000	7000	5000
	Total	28500	28500	18800	12000

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PEERLESS HOSPITAL & B. K. ROY RESEARCH CENTRE**Schedule of Hospital Charges****SURGICAL PACKAGES**

(Amount in Rupees)

Category of employees	For SMGS-V and above	MMGS-III and SMGS-IV	JMGS-I and MMGS-II	Members of Award Staff
Types of bed	Super Deluxe cabin	Deluxe cabin	Non-AC single	6-bedded non-AC
Name of the Procedure	Hospital Rates	Hospital Rates	Hospital Rates	Hospital Rates
Coronary Angiography	20000	20000	15000	9500
Balloon Angioplasty	65000 *	65000 *	55000 *	38000 \$
Ballon Valvuloplasty	55000 ++	50000 ++	40000 ++	25700
Lap Choley Gall Bladder	29000	28000	24000	16500
CABG (On Pump)	155000	155000	135000	105000
CABG (Off Pump)	140000	140000	120000	90000
Open Heart Surgery	155000	155000	135000	105000

* Cost of stent and Balloon extra

\$ Cost of stent Rs.35,000/- to Rs.55,000/- (for Award Staff)

++ Cost of Balloon extra

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PEERLESS HOSPITAL & B. K. ROY RESEARCH CENTRE:**Schedule of Hospital Charges****SPECIALIST CONSULTANTS CHARGES****(Amount in Rupees)**

Category of employees	For SMGS-V and above	MMGS-III and SMGS-IV	JMGS-I and MMGS-II	Members of Award Staff
Types of bed	Super Deluxe cabin	Deluxe cabin	Non-AC single	6-bedded non-AC
Visit charges for Specialists/ Consultants	Hospital Rates	Hospital Rates	Hospital Rates	Hospital Rates
Routine Visit	500	500	250	150
Emergency/ Night visit	500	500	250	150
1st consultation : Rs.50/- (General Outdoor) and Rs.200/ (Special Pay Clinic) Cardiology OPD : Rs.125/- (1st visit), Rs.100/- (2nd visit onwards)				

MISCELLANEOUS TERMS/CONCESSION OFFERED TO THE BANK:

- (i) The patient at any point of time will not be refused by the hospital authority. If the entitled bed is not available during a particular time, the patient will be accommodated in a higher category bed without any extra cost. However, the patient will be transferred to entitled bed as soon as the bed is available.
- (ii) A subsidized rate will be levied on lodging and fooding in hospital's guest house to the escorts/ persons accompanying the patient from outstation.
- (iii) Post treatment consultancy through fax/e-mail will be provided at free of cost.
- (iv) 20 % discount on all OPD and 10 % discount on all IPD pathological and radiological investigations will be offered.
- (v) No service charges will be levied.

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ANNEXURE - II

EMANELMENT OF HOSPITALS FOR POST TREATMENT PAYMENT FACILITYRabindranath Tagore International Institute of Cardiac Sciences

124, Mukundpur, E.M. Bye-Pass, Kolkata – 700 099

Telephone No. 033-2436-4000, 3001-4000,

Fax- 033-2426-4204 e-mail : e-mail@ rti.i.cs.org website : www.rtiics.org

Schedule of Hospital Charges

Bed Charges as per day (inclusive of Diet & Nursing Charges) Centralized AC

Type of Beds	Bed Charges (Rs.)	Doctor Fee (Rs.)
General Bed	600/-	200/-
AC Semi Private Ward	1500/-	450/-
AC Private Ward	3000/-	600/-
ITU	1400/-	400/-
CCU	1400/-	400/-

Entitlement of Bank's Employee

Category of staff		Type of Bed	
Award Staff		General Bed (AC)	ICCU/ ICCU STEP DOWN/ ITU/ NICU
Supervising staff	JMGS-I to SMGS-IV	AC Semi Private	ICCU/ ICCU STEP DOWN/ ITU/ NICU
	SMGS-V and Above	AC Private Ward	ICCU/ ICCU STEP DOWN/ ITU/ NICU

* Subject to recovery of differential amount of cost of ICCU/ ICCU STEP DOWN/ ITU/ NICU bed charges and entitlement.

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Rabindranath Tagore International Institute of Cardiac Sciences**Schedule of Hospital Charges****OPERATION CHARGES (Amt. in Rs.)**

Category of employees		For SMGS-V and Above	JMGS-I & MMGS-II & MMGS-III & SMGS-IV	Members of Award staff
Types of Bed		Private AC	Semi Private AC	General Ward
Grade	Break up of operation charges	Hospital rates	Hospital rates	Hospital rates
Grade I (minor)	Surgeon	3000	2200	1500
	Anesthetist	800	600	450
	OT	4000	3000	1000 (per hour)
	Total	7800	5800	
Grade II (Intermediate)	Surgeon	5200	3600	2600
	Anesthetist	1300	1000	850
	OT	6000	5000	1000 (per hour)
	Total	12500	9600	
Grade III (minor)	Surgeon	8800	6200	4000
	Anesthetist	2000	1500	1000
	OT	10000	8000	1400 (per hour)
	Total	20800	15700	
Grade IV (major plus & major)	Surgeon	14200	9800	5000
	Anesthetist	5500	4000	1500
	OT	18000	14000	1500 (per hour)
	Total	37700	27800	
Grade V (supra major grade)	Surgeon	18400	13200	7000
	Anesthetist	8000	5500	2000
	OT	19000	15000	1700 (per hour)
	Total	45000	33700	

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Rabindranath Tagore International Institute of Cardiac Sciences**Schedule of Hospital Charges****SURGICAL PACKAGES**

(Amt. in Rs.)

Category of employee	For SMGS-V and above	JMGS-I & MMGS-II & MMGS-III & SMGS-IV	Members of Award Staff
Types of Bed	Private Ward AC	Semi Private Ward AC	General Ward AC
Procedure	Hospital rates	Hospital rates	Hospital rates
Coronary Angiogram	19600	14900	9900
Pacemaker implantation (Single Chamber) (Pacemaker Cost, Peel Away Sheath Extra)	20000	15000	12000 ***
Pacemaker implantation (Double Chamber) (Pacemaker cost, Peel Away Sheath Extra)	23000	18000	14000 ****
Coronary Angioplasty	60000	55000	45000 **
CABG (Open Heart Surgery) (All inclusive, except blood)	155000	135000	110000
Kidney Transplantation	200000 *	200000 *	200000 *
Lithotripsy (For 3 Sittings)	15000	15000	15000

Please note for all surgical packages if the patient stays beyond the package period, RTIICS will not charge any thing extra from the patient party

Pre Cath Profile and Pre Surgery Profile are inclusive in the package.

2nd balloon, Stent, Peel away Sheath, etc. will be charged extra.

Valve, Conduit if used will be charged extra.

Any diagnostic test done outside the hospital will be charged extra.

* Kidney Transplantation package is all inclusive except pre-surgical profile.

** Cost of Stent Rs.35,000/- to Rs.55,000/- extra

*** Cost of Pace Maker (Single Chamber) Rs.55,000/- extra.

**** Cost of Pace Maker (Double Chamber) Rs.1,20,000/- extra.

Rabindranath Tagore International Institute of Cardiac Sciences

Schedule of Hospital Charges

SPECIALIST CONSULTANTS CHARGES

(Amount in Rupees)

Category of employees	JMGS-I and above	Members of Award Staff
Types of bed	Semi Private/ Private Ward AC	General Bed AC
Visit charges for Specialists/ Consultants	Hospital Rates	Hospital Rates
Routine Visit	300	100/-
Visiting consultant	300	300

Note: Ventilator charge will be Rs.1000/- per day.

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List of 23 Specified Serious Disease (Workman Staff)

DISEASES COVERED

1. Tuberculosis, 2. Cancer, 3. Leprosy, 4. Mental diseases,
5. Accidents of a serious nature, 6. Paralysis, 7. Cardiac ailments,
8. Kidney diseases, 9. Tumour, 10. Small Pox, 11. Pleurisy,
12. Diphtheria, 13. Cerebral Malaria, 14. Dog bite / Snake bite,
15. Non-alcoholic Cirrhosis of Liver, 16. Epilepsy if there is 'Status Epileptious',
17. Haemophilia, 18. Purpura, 19. Thalassaemia,
20. Typhoid with complications like -
 - (i) Intestinal perforation or intestinal obstruction
 - (ii) Typhoid psychosis or Brain damage
21. Parkinson's disease, 22. Cerebral Palsy and 23. Aids

CLARIFICATIONS

The undernoted diseases are also covered under the list of existing serious diseases as under :-

Name of the diseases	Covered under existing serious diseases
-----	-----
i) Polio	Paralysis
ii) <u>All strokes leading to Paralysis</u>	<u>Paralysis</u>
iii) Haemorrhages caused by accident.	Serious accidents
iv) Hip replacement	→ -do- ✓
v) Lithotripsy (Gall Bladder/Kidney stones)	Kidney diseases
vi) <u>Cost of limbs including replacements through surgery</u>	→ <u>Serious accidents</u> ✓
vii) Leukaemia	Cancer

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**Application for Hospitalisation under Post-Treatment
Payment Facility in respect of self or member(s) of family**

Staff : Supervising /
Award (for 23 specified
serious disease)

State Bank of India,
..... Branch
..... Office
..... Code
..... Admin. Office
..... Circle

Date :

Place of Posting :

.....

01. Name of Employee in full :
(In block letters)

02. Designation/Grade :

03. Department/Section :

04. Name of the patient :

05. Relationship of the patient
with the employee :

06. Name of the disease (supported :
by attending Doctors/Hospital/
N. Home Certificate)

07. Name of the Hospital :

08. (a) Medical Expenses to be debited :
to (Name of the Branch/Office)

(b) Branch/Office Code No. :

Please arrange for admission under Post-treatment Payment Facility as stated above in terms of Head Office Circular letter No.....dated.....

Dated :

(Signature of the employee)

Declaration:

I Shri/Smt. hereby solemnly declare that :

- i) I am not entitled to any reimbursement of contribution towards medical expenses under personal accident policy or under any claim in respect of accident from any other source.
- ii) My family member(s) viz. parents, wife, son or daughter are fully dependent on me.

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- iii) The income of my dependent family member for whom hospitalization is required does not exceed Rs.2,550/- p.m. (Rupees two thousand five hundred fifty only) from all sources.

(Signature of employee)

Signature verified

I, the undersigned hereby certify that all the particulars furnished herein by Shri/ Smt. are true to the best of our knowledge and belief.

Asst. General Manager/Chief Manager/ Manager of

.....**Branch/ Department**

Recommendation and stipulations:

We have examined the proposal and recommend for Post-Treatment Payment Facility in favour of Shri/Smt.(Name of employee) for his/her dependent family member at hospital (Name of Hospital). Please issue Post-treatment Payment Facility credit letter to the Hospital Authority with following stipulations:

- i) No cash disbursement / reimbursement will be made by the Bank.
- ii) Payment of all medical expenses will be made directly to the Hospital Authority.
- iii) Office to be debited -
- iv) Branch/Office Code No. -

Branch Manager/ Chief Manager/
Asst. General Manager
(Branch /Office)

Asst. General Manager
(Admin)

Dy.General Manager
Direct Control
Branches/ Mid Corporate/
Central Office Establish-
ment / CDO (for other
Circle)

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