No.F.14017/1/2018-HFW/MSHCS
GOVERNMENT OF MIZORAM
MIZORAM STATE HEALTH CARE SOCIETY

Dated Aizawl, the 19th of May, 2021

CIRCULAR

Sawrkar Notification No.D.33011/26/2020-HFW(nCOV) dated 18th May, 2021 in a tarlan angin, Govt. Recognised Hospital, Dedicated Covid Health Centre (DCHC), Covid Care Centre (CCC) leh Community Covid Care Centre (CCCC/4C) hnuaia Covid vei enkawl, Mizoram State Health Care Scheme hnuaia in register te chuan an inenkawlna senso an bill thei dawn a ni.

Mizoram State Health Care Scheme hmanga Bill tur te chuan 'Claim Form' hmangin Health Care Society ah an bill thei ang. 'Claim Form' hi attach a ni e. Tin, Annexure 1A leh 1B a tarlan ang hian document felfai takin an rawn thehlut tel tur a ni.

Enclo: As Stated

Sd/- Dr. CHAWNGTHANCHHUNGA
Principal Chief Executive Officer,
Mizoram State Health Care Society
Mizoram : Aizawl

Memo No.F.14017/1/2018-HFW/MSHCS: Dated Aizawl, the 19th of May, 2021
Copy to:

1. *All Deputy Commissioner – for kind information and necessary action.*
2. *Medical Superintendent, State Referral Hospital, Falkawn – for kind information and necessary action.*
3. *All CMOs – for kind information and wide circulation under your jurisdiction.*

19/5/21

Chief Executive Officer,
Mizoram State Health Care Society
Dinthar, Aizawl

Claim Form

Mizoram State Health Care Scheme

(For treatment within Mizoram)

(Issuance of this Form does not amount to admission of any liability under the Claim on the part of the Society).

Health Care Enrollment No:				
1	Head of Family (HOF):			
2	Name of the patient:		Sex:	Age:
	Relationship to HOF:	Telephone No:		
3	Permanent Address:			
4	Diagnosis:			
5	Name & Address of the Hospital:			
6	For OPD Treatment	Date:		
7	For IPD Treatment	Date of Admission:	Date of Discharge:	
8	Name and Address of the attending Medical Practitioner:			
	Qualification:	Signature/Seal:		
	Registration No:			
9	Total (Hospital Bill): ₹	Transportation Charges: ₹		
10	Grand Total (Hospital Bill + Transportation): ₹ (Rupees.....only).			
11	**Details of Bank account for crediting the approved amount of the Claim:**			
	Name of Bank Account Holder (Capital letters):			
	Account No:	Name of Bank:		
	Name of Branch:	IFSC Code:		
	*(Bank Account hi chhungkua member nilo hman a nih chuan, damlo chhungkua remtihna **Form A** thil thil tel tur ani.)*			

In support of the above Claim, I enclose the following documents (tick):	
Xerox copy Bank Passbook front page	Claim Form Duly Signed
Voter ID of Head of Family (xerox)	Family Ration card xerox
Original Discharge/Death Summary	Birth Certificate from Hospital (*If applicable*)
Xerox copy of Enrolment Form & Receipt	Hospitalization Bill with Payment Receipt
Original Medicines Bills with Dr's Prescription/	Original Investigation Receipts & Reports with Dr's Prescription
Transportation Tickets, if any	Other's (if any)

I hereby warrant the truth of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppression or concealment, my right to claim reimbursement of the said expenses shall be absolutely forfeited. I further declare that, in respect of the above treatment, no benefits are admissible under any other Medical Scheme or Insurance.

Date: **Signature of the Patient/Claimant**

(Damdawiin chhuah ni atanga ni 45 ral hma ngeiin Hospital ten bill theh luh tur a ni. Damlo ten in entir lehna tura lehkha mamawh tur zawng zawngte chu bill theh luh hmain Xerox vek tur a ni.)

Annexure 1A

Patients treated at Govt. Recognised Hospital, Dedicated Covid Health Centre (DCHC), Covid Care Centre (CCC) and Community Covid Care Centre (CCCC/4C) should provide documents along with the claim form as described below for reimbursement under Mizoram State Health Care Scheme (MSHCS).

1. Discharge summary/certificate: Discharge Summary/Certificate should include but not limited to:

a) Patient details
b) Date of Admission and Date of Discharge
c) Clinical Findings
d) Investigations done during stay in Govt. Recognised Hospital, DCHC, CCC and CCCC/4C
e) Treatment given containing list of medications with dosage and duration
f) Status on Discharge
g) Advice on Discharge containing lists of medicines prescribed with dosages and duration

2. Medical Bill clearly mentioning details of expenditure such as prescribed medications and equipment with quantity, investigations, diet, etc.

ANNEXURE 1B

Mandatory documents to be submitted for reimbursement under Mizoram State Health Care Scheme

Sl.No	Mandatory Documents
1	Photo Copy of Health Care Claim Form
2	Photo Copy of Health Care Enrolment Form and Receipt
3	Photo Copy of Family Head Voter ID (Front and Back)
4	Photo Copy of Bank Passbook (page containing account holder's name and account no.)
5	Photo Copy of Ration Card (page containing list of family members)
6	Original Copy of Discharge Card/ Discharge Summary/ Death Summary clearly mentioning list of medicines with dosage, equipment, etc.
7	Original Copy of CCC/4C Medical Bill clearly mentioning details of expenditure such as medications, equipment, investigations, diet, etc.)
8	Original Copy of Medicine Cash Memo (If Any)
9	Original Copy of Investigation Receipt and Report (such as Repeat RT PCR, Repeat RAgT, Repeat TrueNAT)
10	Original Copy of Diet Charges Receipt (If Any)
11	Original Copy of Bed Charge Receipt for Paid 4C (If Any)

Note :

1. Claims should be submitted to Mizoram State Health Care Society, Dinthar, Aizawl.

2. Bank Account of parents/guardian may be provided in case patient is of minor age.

3. Photo Copy of Birth Certificate to be attached in case of New Born baby/ Infants not listed in Mizoram State Health Care Enrolment Form or Ration Card.

4. All documents listed in Annexure 1B should be submitted to Mizoram State Health Care Society. Failure to do so may result in reduction/rejection of claim.