

GUIDELINES TO BE FOLLOWED BY THE MEMBERS OF POST RETIREMENT MEDICAL BENEFITS SCHEME

The Post Retirement Medical Benefits Scheme is a user friendly scheme. The basic and foremost criteria for the reimbursement of claims is the genuineness of claims. However, a broad guidelines is set for the convenience of the members and also to ensure the smooth running of the PRMS scheme.

Procedure for reimbursement of medical claims submitted by retired PRMS members.

Application on plain paper may be submitted to Registrar, IIT Bombay along with the following documents:

- i. Photo copy of discharge card.
- ii. Photo copy of the I-Card with signature of the treating Doctor.
- iii. All bills and receipts in original.

Only the bills received at the Institute within six months from the date of discharge from the hospital will be eligible for reimbursement.

Guidance on reimbursement rules under PRMS Scheme

- Reimbursement will be allowed only in case of hospitalization, in multi-speciality hospitals opted by the members in their vicinity of his / her residence from where he / she wishes to take treatment or other hospitals as per the list of hospitals recognised by PRMS Committee.
- Reimbursement of claim for treatments taken outside India is not allowed.
- Reimbursement of the following treatment will be allowed even when no hospitalization is done:
 - i. Dialysis
 - ii. Radiation therapy for Cancer.
 - iii. Chemotherapy
 - iv. Cataract
- In case of emergency, first 6 (Six) days treatment in non recognized hospitals would be reimbursable. After six days the patient may be moved to the Government / Municipal or recognized hospitals.
- Pre & Post maintenance of medical treatment is not reimbursable.
- Domiciliary hospitalization is not reimbursable.
- No reimbursement will be allowed for any other line of treatment like Ayurvedic and Homeopathy etc.
- IIT Hospital is not available for indoor treatment.

- In case of partial reimbursement from any insurance firm, members has to submit self attested xerox copies of the bills along with the original letter issued by Insurance Company containing details of payments made to the claimant.
- Change of hospital once opted should not be allowed as a practice. However, if there is a genuine need of change in the hospital such as member settling down at another station, then the change may be allowed on the following conditions, on a case basis:
 - a. The member applies to PRMS committee for approval.
 - b. Submits declaration of non availability of any Govt / recognised hospital in the vicinity.
 - c. Proof of address of residence.
 - d. Newly opted hospital is nearby the residence.