

**GOVERNMENT OF INDIA  
HEALTH AND FAMILY WELFARE  
LOK SABHA**

UNSTARRED QUESTION NO:1462  
ANSWERED ON:15.07.2009  
TREATMENT OF CGHS BENEFICIARIES IN PRIVATE HOSPITALS  
Ram Shri Purnmasi

**Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:**

- (a) whether CGHS beneficiaries are allowed to take treatment in private hospitals which are not recognised by the Government and prefer reimbursement of claims for undertaking such treatment;
- (b) if so, the number of claims that are pending for settlement alongwith the reasons therefor;
- (c) whether there is any proposal to simplify the procedure in regard to reimbursement; and
- (d) if so, the details thereof?

**Answer**

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD)

(a) CGHS beneficiaries can take treatment in non-empanelled hospitals only in case of emergency. In such cases the reimbursement is made to the beneficiary as per the package rate fixed for that city for the treatment undertaken. If the treatment taken in a non-empanelled hospital was not in an emergency condition but was a planned treatment then reimbursement is not permissible.

(b) Details about the number of individual medical re-imbusement claims pending in different CGHS cities are given below:

S.No.	City	No. of pending claims
1.	Delhi	29
2.	Bangalore	160
3.	Chandigarh	16
4.	Chennai	263
5.	Dehradun	15
6.	Hyderabad	37
7.	Jabalpur	13
8.	Kanpur	05
9.	Kolkata	600
10.	Mumbai	157
11.	Nagpur	08
12.	Patna	10
13.	Thiruvananthapuram	188

The major reason for pendency of claims is non-availability of funds.

(c)& (d) orders have been issued during February, 2009 by the Ministry of Health & Family Welfare to:

- (i) Do away the need for verification and counter-signature of the treating doctor before submission of reimbursement claims.
- (ii) Permit CGHS beneficiaries to claim reimbursement from two sources, first from the insurance companies on which the beneficiary may have subscribed for medi-claim policy and then from the CGHS, subject to the condition that the total reimbursement from the two sources does not exceed the actual expenditure incurred on the treatment.