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ASCN: 36833

Central Organization, ECHS  
Adjutant General's Branch  
Integrated Headquarters  
Ministry of Defence (Army)  
Maude Lines  
Delhi Cantt-110010

B/49773/AG/ECHS/Rates/Policy

25 Aug 2015


IHQ of MoD (Navy)/Dir ECHS (N)  
Air HQ (VB)/DPS  
HQ Southern Command (A/ ECHS)  
HQ Eastern Command (A/ ECHS)  
HQ Western Command (A/ ECHS)  
HQ Central command (A/ ECHS)  
HQ Northern Command (A/ ECHS)  
HQ South Western Command (A/ ECHS)  
HQ South Western Command (A/ ECHS)  
HQ Andaman & Nicobar Command (A/ ECHS)  
( \_\_\_\_\_ )  
All Regional Centres

**ADVISORY FOR EMPANELLED HOSPITALS: CHOICE OF COSTLIER IOL/  
CORONARY STENT/ ANY OTHER AUTHORISED IMPLANT/ DEVICE/  
EQUIPMENT FOR ECHS BENEFICIARIES**

1. Ref :
  - (a) Para 3 of Central Org ECHS letter No B/49773/AG/ECHS/Rates/Policy dt 26 Jul 13.
  - (b) This office letter No B/49773/AG/ECHS/Rates/Policy dt 25 Nov 2014 (fwd to all Regional Centres only).
  - (c) This office letter No B/49773/AG/ECHS/Rates dt 17 Dec 2014 (fwd to all Regional Centres only).
2. As per the letter under reference ECHS beneficiaries are permitted to get costlier IOL/Coronary Stents/ any other authorised Implant/ Device/Equipment after paying for the difference in cost over and above the laid down ceiling rates. A certificate to this effect duly signed by the ECHS beneficiary will be attached with the medical claim.
3. This office is receiving complaints from ECHS beneficiaries that in many cases, where the patient was in the operation theatre, his relatives were asked by the empanelled hospitals to sign such certificate, who were not aware of the rules. All RCs are hereby instructed to apprise the empanelled hospitals in their AOR to refrain from such underisable activities.

4. It has now been decided that all such certificate will be signed by the ECHS beneficiary i.e. the Ex-Serviceman only. However, if the ex-serviceman is unable to sign the form being unconscious incapacitated then his wife or children can sign the certificate with the condition that they will not ask for the reimbursement of the extra cost over and above the ceiling rates. A format of the certificate is attached as appx with this letter. All empanelled hospitals will use this format only with effect from **01 Sep 2015** and will be liable for deduction of the extra amount charged from the ECHS beneficiary or his next of kin if the policy is not followed.

5. All Regional Centres are advised to fwd a copy of this letter to all empanelled hospitals and take a feed back from them that the letter along with its appx has been received by them.

  
(Vijay Anand)  
Col  
Dir Med  
for MD ECHS

**Copy to :-**

MoD (D/o ESW)

DGAFMS-DG-3A

DGMS (Army)/DGMS-5(B)

DGMS (Navy)/Dir ECHS (Navy)

DGMS (Air Force) (Med-7)

Office of the CGDA

Ulan Batar Road

Palam, Delhi Cantt-10

- for info please.

UTI-ITSL

1533/1, Above Farico Show Room -

1<sup>st</sup> Floor, Old Madras Road

Halasuru, Bangalore,

Karnataka-560008

- for info.

**Internal**

Ops & Coord, P & FC, Claim Sec -

for info.

Stats & Automation Sec -

for uploading on ECHS website.

Appx to ref Central Org ECHS letter No  
B/49773/AG/ECHS/Rates/Policy  
dt Aug 2015

CERTIFICATE BY EX-SERVICEMAN/NOK

I, No: \_\_\_\_\_ Rank: \_\_\_\_\_ Name: \_\_\_\_\_ holding  
ECHS card No \_\_\_\_\_ / \_\_\_\_\_ (Relation with the card holder)  
hereby certify that :-

1. I have been fully briefed about the policy letter No B/49773/ECHS/Rates/Policy dated 25 Nov 2014 by the billing staff of the hospital and have fully understood them.

2. I hereby give my express and unconditional consent and I am willingly agreeing for the installation of \* \_\_\_\_\_ of higher value.

3. I undertake to make the payment of the difference in the amount between the high value (\* \_\_\_\_\_) and the ceiling rate of the same which is approved by ECHS.

4. I undertake that I would not pursue the matter of reimbursement in any court of law or raise any issue or claims or like before in any court of law.

5. I have signed this undertaking in a sound and alert state of mind and after reading and understanding its contents.

Signature with full address/ Tel

Signature of the billing Staff

Signaute of Witnesses

1. \_\_\_\_\_

2. \_\_\_\_\_

\* Cardiac Implant, Stent, Intra Ocular Lens etc. (Specify).