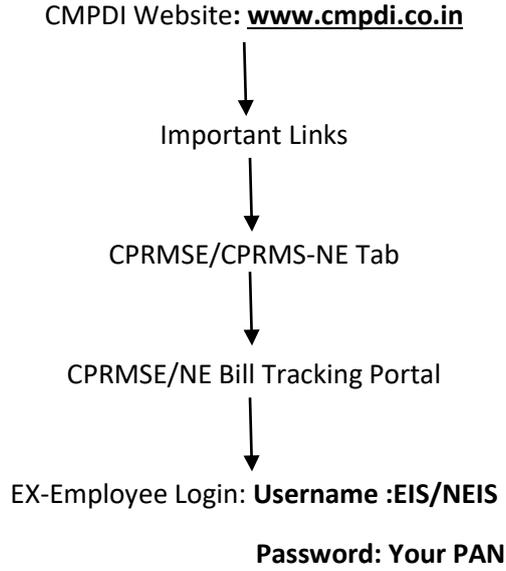
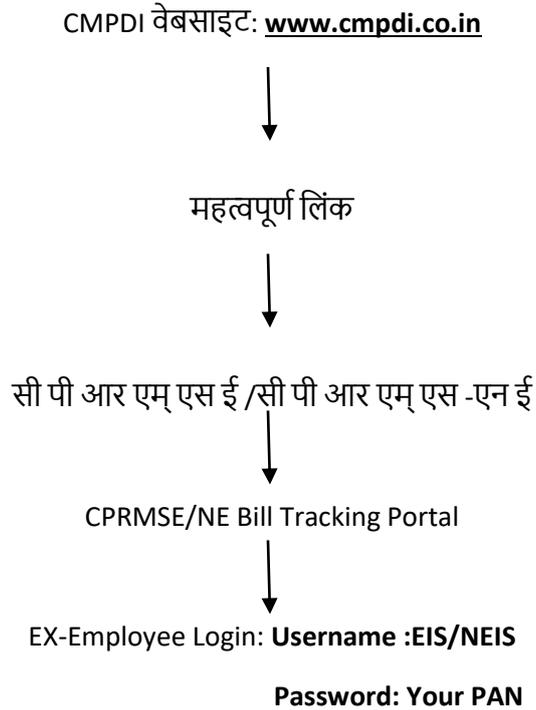


Flowchart to access your Ex –employee Login



In Hindi



In case you are not able to login , please fill the google form and follow the steps given below in the ex-employee login.

It is requested to please mention your EIS/NEIS and Phone number on the bill.

✓ Checklist for Submitting Medical Claims in PRMB Cell

Indoor Treatment Claims

1. **Hospital Requirement**
 - Treatment must be taken in an empaneled hospital.
 - For non-empaneled hospitals, **prior intimation** must be given to the CMO, CMPDI.
2. **Submission**
 - Claims must be submitted along with the original bills, prescription, and medication fill summary.
3. **Final Bill**
 - Must be original, with a summary, and duly signed.
4. **Discharge/Death Summary**
 - Must be in original from the hospital.
5. **Prescriptions**
 - Should be original, signed, and not contain any overwriting.
6. **CPRSME/CPRMSNE Card**
 - Attach a self-attested copy with the claim.
7. **Requisition for Purchases**
 - Provide prescription or requisition for medicines, items, or investigations.
8. **Purchase Period**
 - Medicines must be bought within the prescribed time frame.
9. **Implant Invoice**
 - Attach the original invoice for any implant used during surgery.

Note: In all case, each and every document for claiming reimbursement shall be in original (Except CPRMSE medical card copy)

12/10/25
19/8/25

CMO, CMPDI

✓ Checklist for Submitting Medical Claims in PRMB Cell

OPD Treatment Claims

1. **Original Prescription**
 - Must be signed by the doctor.
 - Issued by the concerned department of an empaneled hospital.
2. **Cash Memos**
 - Original and duly signed (if not computer-generated).
 - Must correspond to the enclosed prescriptions.
3. **Claim Reimbursement Form**
 - Use the correct form for executives or non-executives.
 - All columns must be properly filled out.
 - Signature on the form must match the signature on the CPRSME/CPRMSNE card.
4. **Name Consistency**
 - Patient's name should match across prescription and cash memos.
 - Doctor's name must also be consistent.
5. **Individual Submissions**
 - Submit separate claim forms for each patient (ex-employee and spouse).
 - Include a copy of the CPRSME/CPRMSNE card with each claim.
6. **Timely Submission**
 - Bills must be submitted within **6 months** from the date of treatment.
7. **Document Validity**
 - Overwritten original bills or prescriptions will not be accepted.
 - Unsigned or overwritten prescriptions are also invalid.
8. **Medicine Purchase Limit**
 - Medicines should not be bought for more than **90 days** at a time.

Note: In all case, each and every document for claiming reimbursement shall be in original (Except CPRMSE/NE medical card copy)

Filed
17/8/25

CMO, CMPDI