

F. No. 18(54)/2018/WE/D(Res-1)
Government of India
Ministry of Defence
Department of Ex Servicemen Welfare
D(WE)

New Delhi, dated 05 September, 2018

To,

Managing Director
Ex Servicemen Contributory Health Scheme
Maude Line,
Delhi Cantt.

Subject: **Change in System of Referral-No referral to be in the Name of any Private Empanelled Medical Facility.**

Sir,

The undersigned is directed to refer to this Ministry's letter of even No. dated 02.08.2018 on the subject noted above and to clarify, the matter in the succeeding paras.

2. In cases where the ESMs/ECHS beneficiaries seek treatment in a Private Empanelled medical facility located in the Area of Responsibility (AoR) of a Regional Centre other than their own Regional Centre due to non-availability of desired treatment/medical services in the Area of Responsibility(AoR) of their own Regional Centre or availability of better/advanced medical services in any Private Empanelled medical facility located in the Area of Responsibility (AoR), of Regional Centre other than their own Regional Centre, the ECHS doctors shall mention on the prescription the treatment procedure/tests required by the ECHS beneficiaries and then write as follows:

'Referred to any ECHS Empanelled Hospital outside the AoR of parent Regional Centre due to non availability of required medical services or non-availability of advanced medical services in the AoR of parent Regional Centre. No TA will be granted for taking treatment in a medical facility located in Area of Responsibility of Regional Centre other than parent Regional Centre. The ECHS beneficiary will report to the Polyclinic nearest to the desired Empanelled Medical Facility for further referral'.

3. It will be the responsibility of the ECHS Doctor referring the patient to ensure that the required medical service is actually not available in any empanelled hospital under the parent Regional Centre.

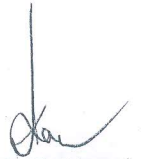


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4. The ECHS Doctors of the Polyclinic, of Regional Centre other than parent Regional Centre while referring the ECHS beneficiary will not indicate the name of the medical facility but will only mention on the prescription the treatment procedure/ tests required by the ECHS beneficiary and then write as follows:

“Referred to any ECHS Empanelled Medical Facility located within the Area of Responsibility of Regional Centre, (Name of City).”

5. This issue with the approval of Competent Authority.



(A.K. Karn)

Under Secretary (WE)

Telefax: 23014946

Copy to:

1. PS to RM
2. PS to RRM
3. SO to Chief of Army Staff
4. SO to Chief of Naval Staff
5. SO to Chief of Air Staff
6. PPS to Secretary (ESW)
7. PS to JS (ESW)
8. UTI-ITSL
9. MoD(Fin/Pension)