



Delhi Transport Corporation

**DELHI TRANSPORT CORPORATION
(GOVT. OF N.C.T. OF DELHI)
I.P. ESTATE, NEW DELHI-110002**

No. AdmnI/Medical Scheme/2025/2402

Dated: 23.12.2025

CIRCULAR

This circular is a consolidation of the earlier circulars issued by this office vide no. AdmI-7(27)/2025/1025 dated 12.09.2025 and no. AdmnI/Medical Scheme/2022/83 dated 13.01.2022 with respect to the specialized medical scheme for DTC employees, with certain amendments, as recommended by a committee of senior officers of the corporation. This is in furtherance to the office order no. 16 issued vide no. AdmI-7(27)/91 dated 27.8.1991.

1. REFERRALS & MEDICAL CLAIMS (FOR TREATMENT IN EMPANELLED HOSPITAL)

Referrals:

➤ **Non-emergency cases:**

- Employees must get referral from the Medical Board within 7 days from the commencement of treatment in case where they could not get referral in time.
- Physical presence of the employee is not mandatory, the Medical Board may, if required, confirm through video call/voice call.

➤ **Emergency cases:**

- In genuine emergencies, referral from the Medical Board is not required.
- An Emergency Certificate issued by the hospital will be mandatory for claiming reimbursement of medical bills.

➤ Where the Medical Board has referred an employee to Specialist-1, and Specialist-1 further refers the patient to another specialist, there shall be no requirement of obtaining a fresh referral from the Medical Board.

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- In case of treatment from any Non-Empanelled hospital **during emergencies**, the information should be provided to DTC Medical Board/Unit concerned within 72 hours of discharge otherwise no medical claim will be admissible. An Emergency Certificate issued by the hospital will be mandatory for claiming reimbursement of medical bills.
- In cases other than emergency, no medical claim shall be accepted for treatment in any Non-Empanelled hospital.
- Referral slip issued will be valid for the period as mentioned by Medical Board on it or for maximum period of 06 months.

Medical Claim:

All claims/medical bills against specialized medical treatment invariably be submitted within six months from the date of completion of the treatment in prescribed Proforma as per Annexure-A. In case of medical advance, the claim bills be submitted within one month after taking the treatment, in the file along with the following documents/papers:

- Copy of Medical Card
- Copy of valid Reference Slip of DTC Medical Board or intimation given to Medical Board/Unit concerned or copy of extract of D.O. Register.
- Claim Proforma properly filled & signed by the employee.
- Prescription & cash memos be attached correspondingly, date wise along with N/A, wherever necessary.
- Medicine can be purchased from open market without N/A, if the medicines are prescribed by the doctors of DTC Medical Board or the doctors of Government Hospitals. But, in case of Empanelled Hospital, the N/A is compulsory.
- In case of hospitalization, final bill along with detailed bill be attached.
- Only relevant documents regarding illness & treatment be attached.
- Date of retirement of employee must be mentioned at noting sheet.
- Link up with the previous advance files as well as continuous treatment.

2. SETTLEMENT OF MEDICAL CLAIMS

Bill Processing:

The revised time limit for settlement of medical claims will be as under:

- The employees shall submit all the medical bills to depots/concerned units for further submission to DTC Medical Board.
- Concerned units/depots shall forward the medical claim files to Medical Board for verification of bills within 02 working days post receipt.
- Medical Board shall ensure the checking of Medical file in terms of CGHS rate, Package rate & related terms and conditions such as admissibility of the claim and necessary retrenchment, if any. Further, Medical Board will also work out the final amount to be paid out of the claimed amount after making all necessary deductions as per DTC/CGHS norms on the claim proforma with Red ink duly signed and stamped and forward the files to Depots/Concerned units.
- The Medical Board shall scrutinize the bills within 12 working days and forward them to the Depots/Concerned units for onward transmission to Accounts Department for vetting.
- After receipt of the verified medical bills from Medical Board, depot/concerned unit will forward the same to Accounts Department for vetting the amount, within 03 working days in the prescribed format as below:-

S. No.	Bill No.	Date	Amt. Claimed	Amt. Retrenched	Amt. Admissible	Cr. Page No.

- Accounts Department will vet the amount and return the same to concerned unit/depot within 06 working days.
- Concerned unit/depot will issue the releasing memo post sanction from Competent Authority within 03 working days.
- After receiving the releasing memo of the reimbursable amount, Accounts Department of Headquarters/Concerned unit is required to make payment within next 05 working days.

3. REIMBURSEMENT OF CLAIMS

The reimbursement for Medical Treatment will be governed as under:-

- In case of Government Hospital, the reimbursement will be paid as per Government Hospital rates.
- In case of Empanelled Hospitals, the reimbursement will be paid as per CGHS rates/rules. Wherever, CGHS rates/rules are not available then the payment will be made as per AIIMS rates. In case the rates are not available with CGHS/AIIMS, the actual payment will be reimbursed.
- Where the treatment has been availed in emergency from any Non-Empanelled hospital, the reimbursement will be made in accordance with the CGHS rates, provided that the information has already been given by the employee to DTC Medical Board/Unit concerned within 72 hours of discharge.

4. MEDICAL ADVANCE

The medical advance may be granted up to 90% for all treatments (IPD & OPD) as per CGHS guidelines. The following documents/papers are required for granting the advance:

- Copy of Medical Card
- Copy of valid Reference Slip of DTC Medical Board
- Requisition for advance quoted by DTC empanelled hospital/Govt. Hospital along with CGHS codes.
- Dependent proof in case of family member.
- Recommendation of Medical Board regarding advance.
- Vetting by the Accounts Department.
- In case of continuous treatment, the details of advance amount sanctioned earlier and its present status.
- Any other supporting/relevant documents.
- Date of retirement be mentioned in the file as well as on the face of the file.

5. GRIEVANCE REDRESSAL

After submission of bills to the Medical Board, if the claim is not passed within 31 working days, then 50% of the bill amount shall be deemed as passed.

Annexure 'A'

DELHI TRANSPORT CORPORATION
ADMINISTRATION DEPARTMENT
I. P. ESTATE DELHI-110002

Subject: Re-imbursement of Medical Claim for Special Treatment

A sum of Rs..... on account of special treatment as advised by our medical board in the light of office order no. 16, dated 27.08.1991 and further instructions issued in this regard has been spent by me as per details below. This may be re-imbursement to me as per rules. Necessary enclosures as required vide office order referred to above be also enclosed here under: -

Name of Patient..... Relationship.....

S. No.	Bill No.	Date	Amount as medicines investigations etc.	Details of amount for payment by medical board. After detection	Amount passed by Admn. Deptt./A/c Deptt.	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

Signature of the employee

Name..... Designation.....
 P.T. No..... Unit..... D.O.R.....
 Basic Pay.....

1. **Verified by Medical Board:-**

Each bill verified and clear remarks given at column no. 4 on pre. page for each Medicines/investigation passed for payment and also all respective bills regarding admissible of bills, investigation and diagnosis etc.

Signature
 Name of Doctor
 Stamp

2. **Verified by Admn. Department:-**

Each bill further certified amount passed by Medical Board/Admn. Department mentioned against each bill at column 5 total bill passed for sum of Rs. (Rupees only)

Signature
 Name.....
 Stamp

3. **Checked by Account Department:-**

Each bill checked by total amount passed for a sum of Rs. (Rupees only)

Signature
 Name.....
 Stamp

6. MISCELLANEOUS

- For OPD treatment, empty medicine packets are mandatorily to be attached along the reimbursement file, if the cost of a unit medicine pack is more than Rs.10,000/-
- Reimbursement of vaccines for prophylaxis shall be done as per CGHS rates and rules.
- Invoices supported by hospital prescriptions shall be accepted by the Medical Board without insistence on any additional supplementary proof except Cardiac procedures, Cataract Procedures and hernia surgeries.
- Expenditure on donor of kidney in renal transplant cases may be admissible as per CGHS rates and rules.
- As per CGHS OM No. Z15025/18/2020/DIR/CGHS dated 09.10.2020, in case of treatment in ILBS (Institute of Liver and Biliary Sciences) New Delhi; reimbursement shall be as per CGHS rate or actual whichever is lower.
- If any rule/guidelines are not available in DTC specialized medical scheme, then CGHS rules/guidelines will be followed.

- **COST OF MEDICAL CARD:**

- Cost of duplicate ordinary Medical Card will be Rs.10/- only.
- Cost of duplicate Plastic Medical Card will be Rs.50/- only.

This Circular is issued for necessary action by all concerned & it has approval of the Competent Authority.


23/10/25
(Varun Nautiyal)
Manager(Admin.)

All DMs/Unit Officers

Copy to:-

1. Dy.CGM(Admin.) :- for kind information
2. M.O., I/C Medical Board DTC :- for kind information
3. Addl. CAO :- for kind information
4. OSD to MD :- for kind information of MD DTC
5. PA to CGM :- for kind information of CGM DTC
6. Sr.Manager (IT) :- with the request to upload on DTC website please.

*Ans
31/10/25
Mgs (21-2)*