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# CGHS / ECHS Medical Reimbursement Claim Pack

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This guide explains what the tool produces, how to use the output, and what to watch for. The actual output (draft/report) is generated on the tool page.

## Background

Packages a CGHS or ECHS medical-reimbursement claim — mapping the treatment to the approved rate list, assembling the referral/permission and the itemised bills, and preparing the claim forms — for a pensioner or serving beneficiary, and drafts a representation where an amount is disallowed.

## Purpose of this tool & output

Package a CGHS or ECHS medical-reimbursement claim with the correct forms, referral, rate-list mapping and bill set

## How the output is used

Use the form identification, the rate-list mapping and the assembled bill index to submit the CGHS or ECHS reimbursement claim, and file the drafted representation where an amount has been disallowed.

## Who receives it

The CGHS wellness centre or additional director, or the ECHS polyclinic or regional centre, processing the reimbursement.

## How to submit / file it

Submit the claim form with the referral or permission, the itemised bills and the discharge summary; for a disallowed amount, submit the representation with the emergency or rate justification.

## Who should vet it

An ex-servicemen or pensioner-welfare advisor for a disputed disallowance; a routine, referred claim needs no professional.

## Important cautions

A missing referral or prior permission, or a non-empanelled hospital, drives disallowances, though a genuine emergency is an exception; the CGHS rate list caps many heads. Verify with the CGHS or ECHS office.

## Companion documents

No related documents are listed on the portal for this tool.