

Dr. Ambedkar Medical Aid Scheme
(Revised – 2016)

The scheme is meant to provide medical aid to the patients suffering from serious ailments requiring surgery of Kidney, Heart, Liver, Cancer and Brain or any other life threatening diseases including organ transplant and spinal surgery to Scheduled Caste and Scheduled Tribe persons whose annual family income is less than Rs.2,50,000/- p.a. and will be implemented through the following Hospitals :

- (i) All India Institute of Medical Sciences, New Delhi.
- (ii) Sanjay Gandhi Post Graduate Institute, Lucknow, Uttar Pradesh.
- (iii) Patna Medical College Hospital, Patna, Bihar.
- (iv) Jabalpur Hospital and Research Centre, Jabalpur, Madhya Pradesh.
- (v) B. Barua Cancer Institute, Guwahati, Assam.
- (vi) Birla Heart Foundation, Kolkata, West Bengal.
- (vii) Kalinga Hospital Ltd. Chandrashekharpur, Bhubaneswar, Orissa.
- (viii) Tata Cancer Research Institute, Mumbai, Maharashtra.
- (ix) Nizam Institute of Medical Sciences, Hyderabad, Andhra Pradesh.
- (x) The Voluntary Health Services, Chennai.
- (xi) All CGHS approved Hospitals as revised from time to time by the Ministry of Health & Family Welfare, Government of India.
- (xii) All State Government Medical Colleges attached Hospitals even if not included under CGHS Scheme.
- (xiii) All State Hospitals.
- (xiv) All Hospitals recognized by State Government
- (xv) All Hospitals fully funded by either the Central Government or the State Governments.
- (xvi) All Government Hospitals in District Headquarters/ major towns where surgery or treatment facility for Kidney, Heart, Liver, Cancer and Brain or any other life threatening disease including organ transplant and spinal surgery is available.
- (xvii) In exceptional cases where the Chairperson is personally convinced of the genuineness and justification for the need to cover any Hospital outside the approved list, can be approached for eligible surgery.

2. ELIGIBILITY

- (i) The applicant shall belong to Scheduled Caste and Scheduled Tribe Community.
- (ii) Annual family income shall not exceed Rs. 2,50,000/- per annum.
- (iii) Those who are suffering from major ailments which need surgery such as kidney, heart, liver, cancer, brain or any other life threatening disease including organ transplant and spinal surgery.

3. HOW TO APPLY

3.1 The applicant shall apply for medical aid in the prescribed application form, duly certified by the Medical Superintendent of the concerned Hospital. The application format is attached as Annexure-I attached. The application must be submitted along with the caste certificate, income certificate, ration card and estimated cost of the surgery duly certified by the Medical Superintendent of the Hospital (Annexure-II).

3.2 The application shall be recommended and forwarded by the Members of the General Body of Dr. Ambedkar Foundation or local sitting Member of Parliament (Lok Sabha or Rajya Sabha) or by the District Magistrate & Collector / Deputy Commissioner of the concerned District or the Secretary in-charge of Health & Social Welfare Departments of the State/UT **on their letter head**. The duly filled in form should reach the Director, Dr. Ambedkar Foundation, 15, Janpath, New Delhi, at least 15 days before the date of surgery. All the applications received will be processed in Dr. Ambedkar Foundation.

4. DISBURSEMENT

4.1 100% of the estimated cost of the surgery will be directly released to the concerned Hospital, with a maximum ceiling limit as indicated in the following table in each case, in the form of a crossed cheque / DD:

Heart Surgery -	Rs. 1.25 lakh
Kidney Surgery/ Dialysis -	Rs. 3.50 lakh
Cancer Surgery / Chemotherapy / Radiotherapy -	Rs. 1.75 lakh
Brain Surgery -	Rs. 1.50 lakh
Kidney / Organ Transplant -	Rs. 3.50 lakh
Spinal Surgery -	Rs. 1.00 lakh
Other life threatening diseases	Rs. 1.00 lakh

4.2 The medical aid may be released in one instalment, before surgery, on the condition that Utilization Certificate (Annexure-III) shall be submitted to Dr. Ambedkar Foundation by the Hospital along with final bills on the date of discharge of the patient, followed by refund of the un-utilized amount / aid, if any.

An undertaking shall be given, to this effect, by

- i. The hospital on the estimated certificate, and
- ii. The patient in the application form

4.3 The medical aid released to the Hospital should be utilized within a period of one month of its release. The un-utilized aid if any, shall be returned at the earliest.

4.4 Further, Medical aid from the Foundation and other sources should not exceed the total estimated cost of the surgery.

4.5 A certificate in this regard should be obtained from the Medical Superintendent of the concerned Hospital. The Estimated Cost certificate to be submitted along with the application should contain the date fixed for the surgical operation.

Documents Required

4.6 The Application Form (Annexure-I attached) should be accompanied with the following documents / certificates:-

- (i) Original Estimated Cost certificate duly signed by the Medical Superintendent of the concerned hospital.
- (ii) Original or attested photocopies of the latest Income Certificate, Caste Certificate and the Ration Card of the patient.
- (iii) **Documents required for Kidney transplant** i.e. Relationship with beneficiary (Form 14, format for the decision of the Authorization Committee Certificate), Details of Donor of Kidney i.e. Name, Age, Address, Blood Group, UIDAI No. / Aadhar No., and Aadhar No. of beneficiary.

4.7 The application should be recommended and forwarded either by a local sitting Member of Parliament (Lok Sabha or Rajya Sabha) or by the District Magistrate & Collectors / Deputy Commissioner of the concerned District or the Secretary in-charge of Health & Social Welfare Departments of State/UT or Members of General Body of Dr. Ambedkar Foundation **on their letter head**. The members of General Body of Dr. Ambedkar Foundation would countersign the Caste and Income Certificates.

4.8 Medical aid from the Foundation and other sources should not exceed the total estimated cost of the surgery. A certificate in this regard should be obtained from the Medical Superintendent of the concerned Hospital.

4.9 The Estimated Cost Certificate (Annexure-II attached), accompanied with the application (Annexure-I attached), should contain the date fixed for the surgical operation.

4.10 Ordinarily, the cases of reimbursement of the expenditure incurred on the surgery / treatment in medical aid are not entertained. However, reimbursement may be considered on merit, if the application was received by DAF at least 15 days before the date of surgery.

4.11 An attested photograph of the patients should be affixed on the Application Form (Annexure-I attached).

Application form
for Medical Aid under Dr. Ambedkar Medical Aid Scheme
(for SC and ST only)

Photo of
Patient

1. Name of the Patient
2. Name of Father/Mother/Husband/Guardian
3. Caste (SC / ST certificate to be attached).....
4. Residential Address of Patient with Pin Code
5. Phone Number with STD Code / Mobile Number.....
6. Sex (Male /Female).....Age.....
7. UIDAI No./ Aadhar No. of beneficiary
8. Nature of Disease
9. Date of Surgery/ Dialysis / Chemotherapy / Radiotherapy
10. Documents required for Kidney transplant i.e. Relationship with beneficiary (Form 14, format for the decision of the Authorization Committee Certificate).....,Details of Donor of Kidney i.e. Name.....,Age.....,Blood Group....., UIDAI No./Aadhar No..... Address.....
11. Name of the Hospital from where treatment is sought and whether it is covered under the Scheme.....
12. Medical Aid required (Estimated Cost Certificate in Original issued by Medical Superintendent of the hospital to be attached).....
13. Annual Family Income from all sources (Proof/Certificate to be attached).....
14. Whether the applicant has taken medical financial assistance or aid from any other sources, if so give details

It is certified that the information furnished above is true to the best of my knowledge and belief and nothing has been concealed.

I also undertake to ensure that (a) the Discharge Certificate and (b) Final Original Bills alongwith the (c) Utilization Certificate (UC) issued by the Hospital, shall be submitted to Dr. Ambedkar Foundation after my discharge from the hospital.

Signature of the Patient
(Either self /relative etc. or of Legal Guardian in case of Minor)

Estimate Certificate (on hospital letter head)
for Medical Aid under Dr. Ambedkar Medical Aid Scheme
(for SCs and STs only)

Ref. No.....

Date:

1. N.S. No. / Patient No. / Admission No. / C.R. No.....

2. Name of the Patient

3. Name of Father/Mother/Husband/Guardian

4. Sex (Male /Female)Age.....

5. Nature of Disease

6. Date of Surgery/ Dialysis / Chemotherapy / Radiotherapy.....

7. Amount required for Surgery/ Dialysis / Chemotherapy / Radiotherapy

8. Whether the Hospital is a Central or State Govt. Hospital or recognized by either Central Govt. or State Govt. or is fully funded by either Central Govt. or State Govt. or is approved under CGHS Scheme of Central Govt. or fully funded under the list of hospitals indicated by name under the Dr. Ambedkar Medical Aid Scheme. In support, a copy of the relevant order or notification may be enclosed.....

9. Whether the applicant has taken medical financial assistance or aid from any other sources, if so give details.....

I undertake that the Hospital shall prepare (a) discharge certificate (b) final bills (c) Utilization certificate of medical aid granted by Dr. Ambedkar Foundation at the time of discharge of the patient from the Hospital and the same shall be immediately forwarded alongwith the Unutilized Aid if any, to Dr. Ambedkar Foundation.

Signature :-.....

(Medical Superintendent of Hospital)

Rubber Stamp

Ref. No.

Date:

Utilization Certificate (on hospital letter head)
Dr. Ambedkar Medical Aid Scheme of
Dr. Ambedkar Foundation (DAF)
(after surgery duly filled and submitted by Hospital to DAF)

1. DAF's Sanction order No. and date :
2. Name of Patient :
3. Male / Female :
4. Hospital Patient No. / CR No. /
N.S. No. / Admission No. :
5. Medical Aid received from DAF /
Cheque No., Date & Amount (Rs.) :
6. Medical Aid received from any
other sources, if any /
Cheque No., Date & Amount (Rs.) :
7. Date of Surgery :
8. Date of Discharge :
9. Total Expenditure incurred on surgery/Dialysis /
Chemotherapy / Radiotherapy :
 - (i) Bill No. & Date :
 - (ii) Bill Amount (Rs.) :
10. Unutilized Amount (Rs.) :
11. Remarks :

Medical Superintendent / Competent Authority of the Hospital

Rubber Stamp

(Recommendation and Forwarding Letter
to be printed / written on letter head)

From:

District Magistrate & Collector / Deputy Commissioner
Secretary Health/ Secretary Social Welfare of the State

Letter No. _____

Date: _____

To

The Director
Dr. Ambedkar Foundation
15, Janpath, New Delhi-1

Subject: Request for Medical Aid in favour of Patient Sh. /Smt./Kumari _____
_____ - reg.

Sir,

Shri/Smt./Kumari _____ S/D/o _____ is resident of
_____. He / she is suffering from (illness/disease)
_____ and undergoing treatment at (the Consultant) _____
(Hospital)_____.

His /Her case is recommended under Dr. Ambedkar Medical Aid Scheme. The following necessary documents are attached with the application:-

1. Original Application Form signed by the applicant.
2. Original Estimate Certificate for the surgery signed by the Medical Superintendent of the Hospital,
3. Xerox copy of Income Certificate attested by a Gazetted Officer
4. Xerox copy of Caste Certificate attested by a Gazetted Officer
5. Xerox copy of Ration Card attested by a Gazetted Officer
6. Xerox copy of Voter ID Card and Aadhaar Card etc.
7. For Kidney transplant, Donor certificate issued by the State Health Department.

Yours faithfully,

(District Magistrate & Collector / Deputy Commissioner/
Health or Social Welfare Secretary of the state
OR Member of General Body, Dr. Ambedkar Foundation)

Name: _____

Stamp: _____

Date: _____