

Financial Assistance To The Poor Patients

The Govt. of India, Ministry of Health & Family Welfare has set up National Illness Assistance Fund(NIAF) & Health Minister's Cancer Patient Fund (HMCPF) under the Rashtriya Arogya Nidhi (RAN) Scheme and placed a sum of Rs.10 lac for each scheme respectively for the treatment of poor patients living below poverty line who are suffering from major life threatening diseases. Under the said scheme, the financial assistance not exceeding Rs.1.00 lac in each case will be sanctioned for the patient's treatment.

How to apply for availing of Assistance under RAN

The following information/documents are required to be submitted in original to process request for assistance under RAN:-

(I) The patient should apply in the **prescribed proforma** along with estimates from Treating Doctor.

(II) APPLICATION SHOULD BE FILLED BY TREATING DOCTOR and DULY SIGNED AND STAMPED BY the HEAD OF DEPARTMENT.

(III)(ii) A full copy of the ration card (BPL) along with its cover page of all the family members issued by the Food and Supply Department of the State Government **duly attested by a Gazetted officer** with seal bearing the name and designation of the officer and Department where working.

(IV) (iii) Income Certificate from concerned Government revenue authorities. (Income of the patients/ parents (monthly) duly certified not counter signed by the block/ Mandal Development Officer, Tehsildar, SDM,

Administrator, Special Officers of Municipal Boards and District Officer certifying that the beneficiary belongs to a family living below poverty line in the area of their jurisdiction in original including the source of income and **income of all major members of family from revenue authority.**

(V) It may be noted that re-imbusement of medical expenditure already incurred for treatment/operation is not admissible under Rashtriya Arogya Nidhi.

(VI) All the columns of the application form may be filled properly.

The patients or their attendants may be advised to report to Medical Social Worker, Poor Patients Assistance Cell, behind Main Reception, Nehru Hospital (Telephone No.2756006) for guidance and assistance for availing the said facility.

Performa for assistance under Rashtriya Arogya Nidhi (RAN)

From
The Head,
Deptt. of _____
P.G.M.E.R., Chandigarh.

Subject: Financial assistance to the patients living below poverty line under the National Illness Assistance Fund (NIAF).

The financial Assistance is recommended out of NIAF to a poor patient who is below poverty line and whose particulars are given below for the purchase of medicine/disposable under:

PARTICULARS

Name of the patient _____ Age _____
S/o. D/o/W /o _____ CR No. _____
Diagnosis (In Capital Letters) _____
Complete Postal Address (In Capital Letters) _____

INCOME DECLARATION: Income per month _____ No. of dependent family members _____ *(Photocopy of proof of income should be attached)*

(For the purpose of giving assistance under the scheme income below poverty line for the year 2001-02 in case of Chandigarh as circulated by M.O.H. & F.W. is Rs 432.09 per month.)

It is certified that the disease of this patient is covered under RAN Programme. (List of the approved disease given overleaf. Tick the appropriate diseases). Till date he has been sanctioned assistance under RAN to the extent of Rs _____

It is also certified that income declaration mentioned as above as per my definite judgment is correct to the best of my knowledge.

The patient is poor and requires medicines/surgical consumables for his/her recovery. We request you to accord sanction of Rs _____ in words _____) for the purchase of the following items: -

Signature of the Treating Doctor

Signature of the Head
Department of _____
(with rubber stamp)

MEDICAL SUPERINTENDENT
P.G.M.E.R., CHANDIGARH.

AN ILLUSTRATIVE LIST OF CATEGORIES OF TREATMENT TO BE PROVIDED FROM THE FUNDS AND WHICH CAN BE EXPEDNED OR MODIFIDE BY THE MANAGEMENT COMMITTEE:

1. Cardiology & Cardiac Surgery

Pacemakers disposable for interventional procedure including TMT, Echocardiography Coronary Angiography, Angioplasty Aheretomy, Heart surgery for Congenital and Acquired conditions including C.A.B.G., Vascular Surgery stents and Cardiac Transplantation, etc.

2. Cancer

Radiation treatment of all kinds. Anti-Cancer Chemotherapy

3. Urology/Nephrology

Dialysis alongwith consumable goods (coils and dialysis solution etc.). Vascular shunts for Dialysis, P.C.N. & P.C.N.L. Kits, Lithotripsy (for stones)-disposable and stents for endoscopic surgical procedure in Urology and Gastroenterology, Renal & Hepatie transplantation.

4. Orthopaedics

Artificial prosthesis for limbs, implants and total hip and knee replacement external fixaters, AO implants used in the treatment of bone disease and fractures.

5. Miscellaneous

Intra-ocular lens implants, Vitro-retinal surgery including Silicon Oil and Perfluro carbon liquid, hearing aids and shunts for hydrocephalus.

6. Investigations

Ultra-sound, Doppler shidres, Radiooneulcolide scans, CT scan, Mammography, Angiography for all organs, M.R.I., E.E.G., EM.G., Urodynamic studies.

7. Drugs

mmuno-supressive durg, Anti TB drugs, Anti D, Anti Haemophilie globulin, Erythropoiten, Blood & Blood products/Plasma for patients of burn, Drugs for Glaucoma like Latanoprost & Brimonodine.

8. Other major illness considered appropriate for assistance by Medical Superintendent/Committee of Doctors could be added to the List.

Performa for assistance under Health Minister's Cancer Patient Fund

From
The Head,
Deptt. of _____
P G M ER , Chandigarh.

Subject: Financial assistance to the cancer patients living below poverty line under the Health Minister's Cancer Patient Fund (HM CPF) under the Rashtriya Arogya Nidhi (RAN) Scheme.

The financial Assistance is recommended out of HM CPF to a poor patient who is below poverty line and whose particulars are given below for the purchase of medicine/disposable under:

PARTICULARS

Name of the patient _____ Age _____
S/o. D/o/W /o _____ CR No. _____
Diagnosis (In Capital Letters) _____
Complete Postal Address (In Capital Letters) _____

INCOME DECLARATION : Income per month _____ No. of dependent family members _____ **(Photo copy of pro forma income should be attached)**

(For the purpose of giving assistance under the scheme income below poverty line for the year 2001-02 in case of Chandigarh as circulated by M.O. H. & F.W. is Rs 432.09 per month.)

It is certified that the disease of this patient is covered under RAN Programme. (List of the approved disease given overleaf. Tick the appropriate diseases). Till date he has been sanctioned assistance under RAN to the extent of Rs _____.

It is also certified that income declaration mentioned as above as per my definite judgment is correct to the best of my knowledge.

The patient is poor and requires medicines/surgical consumables for his/her recovery. We request you to accord sanction of Rs _____ (in words _____) for the purchase of the following items: -

Signature of the Treating Doctor

Signature of the Head
Department of _____
(with rubber stamp)
MEDICAL SUPERINTENDENT
P G M ER , CHAN DIGAR H.

Annexure IV

ILLUSTRATIVE LIST OF CATEGORIES OF TREATMENT TO BE PROVIDED FROM THE FUND AND WHICH CAN BE EXPANDED/MODIFIED BY THE MANAGEMENT COMMITTEE

Cancer

Radiation treatment of all kinds

Anti Cancer Chemotherapy

Bone Marrow Transplantation - Allogenic & Autologous

Diagnostic Procedures - Flow cytometry/cytogenetics/IHC Tumour markers etc.