

ऑयल एण्ड नैचुरल गैस कॉरपोरेशन लिमिटेड Oil and Natural Gas Corporation Limited

Department of Employee Relations Corporate Policy Section

Dated: 4th October, 2012

तेल भवन, देहराद्न : TEL BHAVAN, DEHRADUN

No. ONGC/ER/CP/MED/024

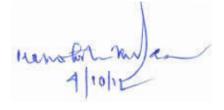
OFFICE ORDER (64 / 2012)

Sub: Reimbursement of expenditure on Home Nursing Care

Reference is invited to Office Order No. ONGC/ER/CP/MED/024 dated 1st September, 2010, regarding reimbursement of expenditure on home nursing care.

2. Executive Committee in its 418th meeting held on 17th July, 24th July and 2nd August, 2012 at New Delhi approved inclusion of additional categories of medical disorders for availing Home Nursing care as mentioned below:-

| Additional Categories | Charges to be reimbursed | |
|---|--|--|
| Patients requiring domiciliary dialysis (CAPD etc.) | Qualified Nurse: Equivalent to existing day charges for 12 hrs as per class o city. | |
| Patients recovering from poly- trauma (injury of more than one system of body) / major fractures of spine or pelvis or multiple long bone fractures for a period not exceeding two months. | Qualified Nurse / Attendant: Equivalent to existing day / night charges for 12 hrs as per class of city. Qualified Physiotherapist: Equivalent to existing per visit charges subject to not more than one visit per day as per class of city. | |
| Patients chronically bedridden due to terminal illness / organ or systemic failure. | Qualified Nurse / Attendant: Equivalent to existing day / night charges for 12 hrs as per class of city. Qualified Physiotherapist: Equivalent to existing per visit charges subject to not more than one visit per day as per class of city. | |
| Major total joint replacement surgery for a period not exceeding two months. | Qualified Physiotherapist : Equivalent to existing per visit charge subject to not more than one visit per day as per class of city. | |



3. The existing instructions for extending home nursing care up to thirty days and beyond thirty days shall be modified as follows:

| Existing instructions | Modified instructions |
|--|---|
| Up to thirty days On recommendation of treating Doctor or Hospital | On recommendation of treating Doctor/hospital duly endorsed by concerned |
| Beyond thirty days | ONGC Doctor Beyond two months |
| On recommendation of Medical Board | On recommendation of treating Doctor/ hospital duly endorsed by Head / In- charge – Medical of concerned work centre |

4. The existing instructions related to availing services of Nurse / Physiotherapist / Attendant through Nursing Bureau or any other agency providing such services shall be modified as follows:

| Existing instructions | Modified instructions | |
|--|---|--|
| The services of Nurse/Physiotherapist / Attendant are to be availed from a Nursing Bureau or any other agency providing such services. | The services of Nurse / Physiotherapist / Attendant are to be availed from a Nursing Bureau providing such services. However, in situations where a Nursing bureau is not available or the same is not able to meet the requirement, the employee can hire the required services directly. The payment receipt in such cases should be obtained as per prescribed proforma and certified by the treating Doctor and ONGC Doctor / Head or In-charge-Medical. (Proforma placed at Annexure) | |

- **5**. The modified instructions shall be effective from the date of issue of this office order.
- 6. Other terms and conditions shall remain unchanged.

(M.K. Basu) 4 ITILDEDGM (HR)-Corp. Policy

2

Payment Receipt

Towards home care by nurse/physiotherapist/attendant hired directly by the employees/patient (Please strike which is not applicable)

| Received a sum of Rs. | from Mr./N | 1s | - towards providing home |
|---|----------------------------|--|-----------------------------|
| care services as Qualif | number of day shifts/ | | |
| | | number of visits for the period from_ | |
| | | | |
| Signature | Name | Contact/Tel. No | |
| | | Address | |
| Declaration by the En | mployee/ Patient (Please | strike off which is not applicable) | |
| This is to certify that I made payment as men | | s of Qualified Nurse/Qualified Physi | otherapist/ Attendant and |
| Signature of Employee | es (Name |) ID/CPF No | Name |
| patient & relation with | employee | Contact /Tel, | |
| Verification by the tr | eating Doctor (Please st | rike off which is not applicable) | |
| | | (name of | |
| | | iified Physiotherapist/ Attendant as n | |
| obtained on my recom | - | | |
| | (Signature | & Seal & Registration No.) | |
| (To be verified by Hea | nd or In-charge Medical of | f ONGC health centre/hospital for du | uration of home care beyond |

Verified that the services of Qualified Nurse/Qualified Physiotherapist/Attendant as mentioned above have been obtained in accordance with the prescribed instructions and the expenses claimed may be reimbursed.

unto when

two months)