



ऑयल एण्ड नैचुरल गैस कॉर्पोरेशन लिमिटेड  
Oil and Natural Gas Corporation Limited  
Department of Employee Relations  
Corporate Policy Section  
तेल भवन, देहरादून : TEL BHAVAN, DEHRADUN

No. ONGC/ER/CP/MED/024

Dated: 4<sup>th</sup> October, 2012


**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 1<sup>st</sup> September, 2010, regarding reimbursement of expenditure on home nursing care.

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

<b>Additional Categories</b>	<b>Charges to be reimbursed</b>
Patients requiring domiciliary dialysis (CAPD etc.)	<b>Qualified Nurse:</b> Equivalent to existing day charges for 12 hrs as per class of 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.	<b>Qualified Nurse / Attendant:</b> Equivalent to existing day / night charges for 12 hrs as per class of city. <b>Qualified Physiotherapist:</b> 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.	<b>Qualified Nurse / Attendant:</b> Equivalent to existing day / night charges for 12 hrs as per class of city. <b>Qualified Physiotherapist:</b> 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.	<b>Qualified Physiotherapist:</b> Equivalent to existing per visit charge subject to not more than one visit per day as per class of city.

  
7/10/12

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
<p><b>Up to thirty days</b></p> <p>On recommendation of treating Doctor or Hospital</p>	<p><b>Up to sixty days (in two instances of thirty days each)</b></p> <p>On recommendation of treating Doctor/hospital duly endorsed by concerned ONGC Doctor</p>
<p><b>Beyond thirty days</b></p> <p>On recommendation of Medical Board</p>	<p><b>Beyond two months</b></p> <p>On recommendation of treating Doctor/hospital duly endorsed by Head / In-charge – Medical of concerned work centre</p>

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
<p>The services of Nurse/ Physiotherapist / Attendant are to be availed from a Nursing Bureau or any other agency providing such services.</p>	<p>The services of Nurse / Physiotherapist / Attendant are to be availed from a Nursing Bureau providing such services.</p> <p>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. <b>(Proforma placed at Annexure )</b></p>

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) 4/15/12  
 DGM (HR)-Corp. Policy

**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./Ms. ----- towards providing home care services as Qualified Nurse/Qualified Physiotherapist/Attendant for \_\_\_\_\_ number of day shifts/ \_\_\_\_\_ number of night shifts/ \_\_\_\_\_ number of visits for the period from \_\_\_\_\_ to \_\_\_\_\_.

Signature \_\_\_\_\_ Name \_\_\_\_\_ Contact/Tel. No. \_\_\_\_\_

Reg. No. (for qualified Nurse) \_\_\_\_\_ Address \_\_\_\_\_

**Declaration by the Employee/ Patient** (Please strike off which is not applicable)

This is to certify that I have engaged the services of Qualified Nurse/Qualified Physiotherapist/ Attendant and made payment as mentioned above.

Signature of Employees (Name \_\_\_\_\_ ) ID/CPF No. \_\_\_\_\_ Name  
patient & relation with employee \_\_\_\_\_ Contact /Tel. \_\_\_\_\_

**Verification by the treating Doctor** (Please strike off which is not applicable)

This is to certify that Mr. / Mrs. /Ms. \_\_\_\_\_ age \_\_\_\_\_ is/was under my treatment for \_\_\_\_\_ (name of disease) and this is to certify that the services of Qualified Nurse/Qualified Physiotherapist/ Attendant as mentioned above have been obtained on my recommendation.

(Signature & Seal & Registration No.)

(To be verified by Head or In-charge Medical of ONGC health centre/hospital for duration of home care beyond two months)

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.

Signature & Designation of ONGC Doctor/Head or In-charge Medical

