

REFERRAL FOR TREATMENT ISSUED BY M.P. POLICE UNIT

Referral no.

Dated

From:

To,

SP/CO

Hospital.....

.....

.....

District.....

District.....

Fax No.....

Fax No.....

email

email.....

Sub : Indoor medical treatment under MP Civil Service (Medical Attendance) rules-1958 related to Employee Unique code.

Sir,

Mr./Ms..... Self/Dependent of Mr./Ms

Date of Retirement..... RankUnit Employee Unique code.....suffering from

(mention the ailment /medical condition) is being referred to your hospital for medical treatment. He may be provided necessary medical treatment under the terms of MP Civil Service (Medical Attendance) rules-1958. The hospital will submit a pre authorization requisition (copy enclosed) for approval to the under signed. Please provide "cashless treatment" to the referred patient as your hospital is empanelled with M.P.Police Swasthya Suraksha Nyas, Bhopal.

The bills for the admissible amount (in duplicate) duly countersigned by the treating doctor and the employee along with the other relevant medical documents may please be submitted to the undersigned as per tariff indicated by the Health Department, M.P.Government. Payment of medical bill will be made by this office to your hospital within the stipulated period.

It may be noted that the present letter of authorization is for the treatment of the ailment /medical condition mentioned above and treatment of any ailment/medical condition other than mentioned in this letter would require a fresh authorization letter.

Thanking you,

Your faithfully

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(Name in full & Designation)

Stamp

CC to:-

- 1- A.D.G. (Welfare) PHQ Bhopal MP (Fax No-0755 2443391)
- 2- C.M.H.O. Distt..... Fax No.
- 3- Mr./Ms.....(Employee)