

Request For information under Right to Information Act (2005)

28 Aug 2024

To:
Public Information Officer
Cochin Shipyard Ltd.
Administrative Building
Perumanoor
Cochin Ernakulam, KL 682 015

Subject: Details of Cochin Shipyard Medical Policy and Medical Reimbursement Claims

Dear Sir/Madam:

Pursuant to the Right to Information Act (2005), I hereby request the following information:

1. Provide List of Medical expense bill submitted from 01-01-2024 to till date (date of receipt of this letter) indicating following details,

Claim Number

Date of receipt of medical reimbursement form with bills

Amount of claim,

Date on which claim is scrutinised

Amount of Claim accepted

Date on which amount is posted to individual account.

Note : do not share any third party information viz name, disease.

2. Provide Detail of File number in which above details are maintained.

3. Provide Detailed Policy/Circular/Office Order passed in relation to Medical bill reimbursement.

4. Provide Details on policy/reference taken for maximum cap on amount reimbursed for different disease . Also indicate maximum reimbursable amount against each disease.

5. Provide Details of Maximum room rent and treatment cost for respective diseases under Health Policy schemes of E-2 and E-1.

Please provide clear copies of or verified links to any gazettes, notifications, circulars or any other public communications, as well as reports, budget

documents, expense statements, invoices, meeting notes, checklists, office memos or emails that provide information on this matter. See Section 2(i) and 2(j) of the RTI Act (2005).

In conforming to Section 6(3), if this information is not within your control please transfer the request to the appropriate PIO and inform me of the transfer.

I have included an IPO (62F 098330) in the amount of ₹10. Kindly inform me of any additional charges associated with fulfilling this request.

In the interest of expediency, and to minimize the research and/or duplication burden on your staff, send records electronically if possible. The email address is provided below. Otherwise, please send clear photocopies to the postal address.



CSL/SEC/CS/CORRESP/RTI/2024/1

September 27, 2024

Sub: Information Under Right to Information Act

Dear Sir,

1. Please refer your RTI request dated August 28, 2024 received by us on September 03, 2024. The reply to the information sought under the said request is given below:

- (i) Provide List of Medical expense bill submitted from 01-01-2024 to till date (date of receipt of letter) indicating following details,

Claim Number

Date of receipt of medical reimbursement form with bills

Amount of claim,

Date on which claim is scrutinised

Amount of Claim accepted

Date on which amount is posted to individual account.

Note: do not share any third party information viz name, disease.

Reply

As prescribed by the Rules framed under the Right to Information Act, 2005, an additional fee of Rs. 2 per page shall be paid for providing the information. The information sought consists of 279 pages and accordingly, you are requested to remit an amount of Rs. 558 through Postal Order, Demand Draft or Bankers Cheque in favour of Cochin Shipyard Limited, for providing the same.

- (ii) Provide Detail of File number in which above details are maintained.

Reply

The medical reimbursement claims submitted by CSL employees are processed through SAP system.

- (iii) Provide Detailed Policy/Circular/Office Order passed in relation to Medical bill reimbursement.

Reply

As prescribed by the Rules framed under the Right to Information Act, 2005, an additional fee of Rs. 2 per page shall be paid for providing the information.



पंजीकृत कार्यालय : प्रशासनिक भवन, पी.ओ.बैग सं 1653, परुमानूर पी. ओ., कोच्ची - 682 015
Registered Office : Administrative Building, P.O. Bag No. 1653, Perumanoor P.O., Kochi - 682 015
फोन / Phone : +91(484) 2361181 / 2501200 फाक्स / Fax : +91 (484) 2370897 / 2383902
वेबसाइट / Website : www.cochinshipyard.com, सीआईएन / CIN: L63032KL1972GOI002414



information sought consists of 12 pages and accordingly, you are requested to remit an amount of Rs. 24 through Postal Order, Demand Draft or Bankers Cheque in favour of Cochin Shipyard Limited, for providing the same.

- (iv) Provide Details on policy/reference taken for maximum cap on amount reimbursed for different disease. Also indicate maximum reimbursable amount against each disease.

Reply

CSL has not fixed any maximum cap based on diseases under CSL Medical Assistance Scheme.

- (v) Provide Details of Maximum room rent and treatment cost for respective diseases under Health Policy schemes of E-2 and E-1.

Reply

CSL has not fixed any maximum room rent & treatment cost for different diseases under CSL Medical Assistance Scheme.

2. The information sought vide your above referred RTI request consists of a total of 291 pages and accordingly, you are requested to remit an amount of Rs. 582 through Postal Order, Demand Draft or Bankers Cheque in favour of Cochin Shipyard Limited, for providing the same.

3. If you are not satisfied with the above reply, you may prefer an appeal within 30 days from the date of receipt of this letter to Shri Bejoy Bhasker, Director (Technical) & Appellate Authority, Cochin Shipyard Limited, Administrative Building, Cochin Shipyard Premises, Perumanoor, Kochi – 682 015.

Thanking You,



Yours faithfully,

Syamkamal N

Company Secretary & CPIO