

**GUIDELINES FOR ASSISTANCE UNDER "ODISHA STATE TREATMENT FUND"**

**INTRODUCTION:**

The Odisha State Treatment Fund (OSTF) will provide financial/ cashless health assistance for treatment of the poor patients suffering from life threatening disorders & diseases.

The fund is managed by an autonomous society known as "ODISHA STATE TREATMENT FUND SOCIETY" (OSTFS). The Society is registered under the Societies Registration Act, 1860.

**1. ELIGIBILITY CRITERIA FOR ASSISTANCE:**

- 1.1.RSBY and BKKY card holders are eligible under this scheme.
- 1.2.It will be applicable to persons holding a Below Poverty Line (BPL) card or RSBY Card or BKKY I & II card or Antyodaya Anna Yojana (AAY) card or persons with annual income not exceeding to Rs.50, 000/- in rural area and Rs.60,000/- in urban areas.
- 1.3.For patients suffering from any cardiac or kidney or cancer related diseases, annual income not exceeding Rs.3 lakh will be the criteria for eligibility.
- 1.4.OSTF will be top up to RSBY and BKKY.
- 1.5.An unknown accident victim, patients duly referred from registered destitute home / orphanage / mental asylum/Child care Institutions are also eligible for assistance under OSTF.
- 1.6.The Central Government, State Government, PSU employees are not eligible for financial assistance under OSTF.
- 1.7.Any person getting assistance under CMRF, PMRF, ESI, CGHS or any other Government / Private sources will not get any assistance under OSTF. In other words a patient will not get financial assistance from more than one source at a time for treatment of the same disease during the same financial year.
- 1.8.Assistance will be available only to patients undergoing treatment as in-patient (Including pre-operative procedures and post-operative follow up) in any of the hospitals covered under this scheme.

**2. EMPANELMENT OF HOSPITALS:**

- 2.1.The assistance will be available for treatment in all State Government Medical College & Hospitals, SVPPGIP (SishuBhawan), Cuttack and AHRCC, Cuttack and in empanelled private hospitals as notified from time to time.
- 2.2.All the Private hospitals empanelled under RSBY & BKKY are deemed to be auto empanelled under OSTF for the existing RSBY/BKKY packages at the RSBY/ BKKY package rates.



**5. PROCEDURE FOR SEEKING TREATMENT ASSISTANCE INEMPANELLED HOSPITALS (GOVT. & PRIVATE):-**

5.1. Application to be submitted by the patient in the prescribed form either offline or online.

5.2. Application shall be disposed by the appropriate authority at different levels as detailed below ,within 24 hours:

Appropriate authority	Financial limits
<b>A. District Level</b>	
CDM & PHO (Through District level Committee)	Rs.50,000/-
Collector & District Magistrate	Rs.1,00,000/-
Note: This will be applicable empanelled Private facilities in the district. Collector will also review all cases approved at CDM & PHO level periodically.	
<b>B. Tertiary care Institutional level (MCH, AHRCC &amp; SVPPGIP)</b>	
Committee at Superintendent / Director level ( through institutional level Committee)	Rs.3,00,000/-
RDC Level	Above Rs.3,00,000/- up to Rs.5,00,000/-
Note : Further, RDC shall review all cases approved at Superintendent/ Director level periodically	
C. DMET, Odisha level (Through Technical Committee of OSTF)	Above Rs.5,00,000/- up to Rs.7,00,000/-
Note : Claim settlement for Private hospitals inside State up to Rs. 1,00,000/- will be settled by the district level committee at CDM & PHO (up to Rs.50,000/-), Collector & District Magistrate level (up to Rs.1,00,000/-) and beyond Rs. 1,00,000/- will be settled at DMET (O) level. Claims for out of State Hospital will be settled at DMET (O) level.	

5.3. The eligible patients will not be admitted into empanelled private hospitals as a case of first entry. They must be referred from Govt. Medical College or by the CDMOs / CMOs as have been authorised by Government, subject to modification from time to time.

5.4. In emergency case (cardiac arrest, road accident etc.) an eligible patient will get admitted to the empanelled private hospital without being referred. However, the authority of private hospital will intimate in writing details of such admission as an emergency case to DMET within 3 days through mail/ letter along with all relevant documents. DMET(O) shall accord necessary approval for treatment of the patient under OSTF on case to case basis.

5.5. The Private Hospitals on admission of the patients will provide the required treatment and submit claim of the treatment in prescribed format to the appropriate authority.

**Odisha State Treatment Fund (OSTF)**  
**APPLICATION FORM FOR TREATMENT ASSISTANCE OUT OF O.S.T.F**

**ANNEXURE-A**

1	Name of the Hospital	
2	Name of the patient in CAPITAL LETTERS	
3	Name of Father / Mother / Husband of the patient	
	Name of Guardian of the patient (In case of patient below 25 year, 'Dibyang' person or widow, name of the guardian to be mentioned, if father/mother/husband are not alive)	
4	Permanent address of the patient	
5	Present address of the patient (if present address is different from permanent address)	
6	Name and relationship of the applicant with the patient (if the applicant is other than the patient)	
7	Sex and age of patient (Mark tick whichever applicable)	Male / Female /Other      Age_____
8	Eligibility category of the patient. Mark-tick for the document attached by the beneficiary	BPL Card (1997)/ RSBY / BKKY / low income group / others
9	Card No/ Income Certificate No (Copy to attached)	
10	Aadhaar Number of Patient (Optional)	
11	Mobile number / E-mail ID of the patient / applicant.	
12	Any other information	

**DECLARATION BY THE PATIENT OR THE APPLICANT (IF OTHER THAN PATIENT)**

I Mr./Mrs. \_\_\_\_\_ son/daughter/wife/other of Mr./Mrs. \_\_\_\_\_ resident of \_\_\_\_\_ hereby declare that, the information given above is correct and complete in all respects and that I am in no position at all to arrange for/ provide funds for the purpose stated above. I also declare that neither I nor my parents are employees of the Central/ State Government or a local body.

NB:- In case it is detected subsequently that, any fraudulent or misleading information has been furnished, I shall be liable for any legal action as deemed fit.

Place

Date:

Full signature/LTI of the Applicant/Patient  
Address (if applicant is other than patient)