

No.D.12019/5/2024-MSHCS/MUHCS
GOVERNMENT OF MIZORAM
MIZORAM STATE HEALTH CARE SOCIETY



Dated: Aizawl, the 31st March, 2025

CIRCULAR
Short Term Arrangement Plan for MUHCS Implementation

MUHCS kalpuina atana hmalakna, online IT platform hi tun dinhmunah trial run duhthusama zingin neih theih a la nih loh avangin damdawiina thawktuten software hman kawngah harsatna tawh theih tam tak a la awm a, Scheme hman kawngah damlo leh thawktuten harsatna kan tawh loh nan district zawng zawngah IT platform hi rualkhai taka hman theih anih hma chu short term arrangement siam niin, a hnuaia tarlan ang hian thu leh awm hma chu kalpui tur a ni ang -

1. Empanelled damdawiin ten MUHCS beneficiary zawng zawngte cashless treatment an pe nghal ang a, claim payment chu damdawiin PM-JAY Bank account ah thun a ni ang.
2. Damdawiina thawktuten damlo chu MUHCS beneficiary an ni ngei em tih leh scheme hnuaiah cashless treatment dawng thei a ni em tih an lo fihfiah hmasak na turin damdawiin luh dawnah damloten an category milin a hnuaia document tarlante hi an ken ngei ngei a ngai:
 - a) Sawrkar hnathawk (Regular/PE/MR/Temporary/Work Charge) leh a dependent family member tan: **Employee Unique ID issued by concerned DDO & Family declaration**
 - b) Pensioners leh a chhungte: **PPO Number lanna (Pension bu) & Ration Card**
 - c) Man chawia Sub Centre-a inziaklutte tan: **MUHCS enrolment form & Ration Card**
 - d) AB PM-JAY beneficiary te tan: **AB PM-JAY ID (Ayushman Card/Golden Card)**
3. Damdawiin ten damlo bill an thehluh dawna documents thil tel ngei ngei ngaite (mandatory documents) chu claim form tinah tarlan a ni.
4. MUHCS beneficiary te hi category hrang hrang atanga lut khawm an nih avangin scheme hnuaia hamthatna awmthei ah pawh danglamna siam a ni a. Hemi anih avang hian beneficiary category hrang hrangte tan 'colour patterned' claim form hrang zel (sawrkar hnathawk tan 'a hring', pensioner tan 'a sen', contributory beneficiary tan 'a eng' leh AB PM-JAY beneficiary tan 'a dum') siam niin, heng offline claim form te hi damdawiin hnenah pek chhuah a ni ang. (Sample enclosed)
5. Damdawiin ten rang zawka bill kan hmuhlet theihna turin damlo bill Mizoram State Health Care Society a kan thehluh dan tur a hnuaia tarlan ang hian ruahmanna siam a ni -
 - a) Claim form tina mandatory documents tarlante scanned copy a hnuaia email id tarlanah hian kim taka upload tur niin, mail kaltlanga thehluh tur a ni ang. Mail khatah damlo pakhat bill aia tam khung khawm loh tur a ni ang (mail khatah damlo bill khat zel). Kan damdawiin District mil zelin a hnuaia email id tarlan ah hian bill rawn thawn tur a ni ang-
 - i. Aizawl District : **muhcs.claim.aizawl@gmail.com**
 - ii. Lunglei District : **muhcs.claim.lunglei@gmail.com**

- iii. Champhai District : **muhcs.claim.champhai@gmail.com**
- iv. Lawngtlai District : **muhcs.claim.lawngtlai@gmail.com**
- v. Mamit District : **muhcs.claim.mamit@gmail.com**
- vi. Serchhip District : **muhcs.claim.serchhip@gmail.com**
- vii. Siaha District : **muhcs.claim.siaha@gmail.com**
- viii. Kolasib District : **muhcs.claim.kolasib@gmail.com**
- ix. Saitual District : **muhcs.claim.saitual@gmail.com**
- x. Khawzawl District : **muhcs.claim.khawzawl@gmail.com**
- xi. Hnahthial District : **muhcs.claim.hnahthial@gmail.com**

- b) Damdawiin ten rang zawka bill kan hmuh let zung zung theih nan damlo discharge apiang pending awm lova mail kaltlanga claim thehltut nghal zung zung turin kan in ngen a ni. Tin, scanned document mail a kan upload in chhiar theih ngei tura fiah a ni em tih damdawiin ten finfiah hmasak zel ni se.
 - c) Civil Hospital Aizawl, ZMCH Falkawn, MSCI Zemabawk, Kulikawn Hospital leh Aizawl chhunga private empanelled damdawiinte bill erawh chu Health Care Society in damdawiinah kal chilhin hunbi neiin a khawn khawm thung ang.
6. Short Term Arrangement chhung hian kal dan tur pangngaia pre-authorization dil a awm dawn loh avangin damdawiin ten cashless a treatment kan lo pek vek tawh claim rejection awmlo turin claim form tina mandatory documents tarlan te kim taka kan thil a ngai dawn a, tin, package inmil lo hman emaw dik lo taka package hman sual kawngah damdawiin te fimkhur turin kan in chah a ni.
7. AB PM-JAY hmang thei (Golden Card/Ayuhmsman Card) damlote pawh thu leh awm hma chu offline claim form hmang hian bill thehltur a ni ang.

Sd/- Dr. BIAKTHANSANGI

Chief Executive Officer,
Mizoram State Health Care Society
-cum- State Health Agency, AB PM-JAY, Mizoram
Dinhtar, Aizawl

Memo No.D.12019/5/2024-MSHCS/MUHCS : Dated Aizawl, the 31st March, 2025

Copy to:

- 1) All empanelled hospitals

Handwritten signature
31/3/25

Chief Executive Officer,
Mizoram State Health Care Society
-cum- State Health Agency, AB PM-JAY, Mizoram
Dinhtar, Aizawl



MIZORAM UNIVERSAL HEALTHCARE SCHEME
2025-2026
OFFLINE CLAIM FORM

CASE ID (For MSHCS Office Use only)

For Regular Government Employees/Provisional Employees/Muster Roll/Temporary/Work Charge and their Dependent Family Members

(Hawrawppui veka dahkhah tur a ni a,
dahkhah ngai zawng zawngte hmaih awm lova dahkhah vek tur)

Date: _____

Govt. Servant Details

Name of Govt. Servant : _____
Name of Department : _____
Employee Unique ID : _____
Office where employed : _____
Pay Level : _____ Mobile No: _____

Patient Details

Name of Patient : _____
Age : _____ Sex: _____
Relation with Govt. Servant: _____
Aadhaar No. :

--	--	--	--	--	--	--	--	--	--

Claim Details

Case :

Medical	
---------	--

Surgical	
----------	--

Day Care	
----------	--

Name of Hospital : _____
Date & Time of Admission : _____
Date & Time of Discharge : _____
Provisional Diagnosis : _____
Final Diagnosis : _____
Booked Package : _____
Booked Package Code : _____
Claim Amount: ₹ _____ + Accomodation: ₹ _____ = Total: ₹ _____
(As per package rate)

Seal & Signature of MO

Mandatory documents to be submitted-

1. Case taking form/Admission note (Original Copies)
2. All continuation sheets/indoor case papers (Original Copies)
3. Treatment chart (from DOA to DOD, Original Copies)
4. Vitals chart (from DOA to DOD, Original Copies)
5. OT Note in case of Surgical Package (Original Copy)
6. Investigation reports supporting the diagnosis and booked package (Original Copies)
7. Accommodation charge details/breakup (Original Copy)
8. Discharge Summary (Original Copy)
9. Death Summary in case of death (Original Copy)
10. Family Declaration (Xerox Copy)





MIZORAM UNIVERSAL HEALTHCARE SCHEME
2025-2026
OFFLINE CLAIM FORM

CASE ID (For MSHCS Office Use only)

For Civil Pensioners and their Family Members

(Hawrawppui veka dahkhah tur a ni a,
dahkhah ngai zawng zawngte hmaih awm lova dahkhah vek tur)

Date: _____

Pensioner Details

Name of Civil Pensioner : _____
Name of Treasury : _____
PPO Number : _____
Monthly MUHCS Contribution:

₹500/-	
--------	--

₹1,000/-	
----------	--

 Mobile: _____

Patient Details

Name of Patient : _____
Age : _____ Sex: _____
Relation with Pensioner : _____
Aadhaar No. :

--	--	--	--

--	--	--	--

--	--	--	--

Claim Details

Case :

Medical	
---------	--

Surgical	
----------	--

Day Care	
----------	--

Name of Hospital : _____
Date & Time of Admission : _____
Date & Time of Discharge : _____
Provisional Diagnosis : _____
Final Diagnosis : _____
Booked Package : _____
Booked Package Code : _____
Claim Amount: ₹ _____ + Accomodation: ₹ _____ = Total: ₹ _____
(As per package rate)

Seal & Signature of MO

Mandatory documents to be submitted-

1. Case taking form/Admission note (Original Copies)
2. All continuation sheets/indoor case papers (Original Copies)
3. Treatment chart (from DOA to DOD, Original Copies)
4. Vitals chart (from DOA to DOD, Original Copies)
5. OT Note in case of Surgical Package (Original Copy)
6. Investigation reports supporting the diagnosis and booked package (Original Copies)
7. Accommodation charge details/breakup (Original Copy)
8. Discharge Summary (Original Copy)
9. Death Summary in case of death (Original Copy)
10. Ration Card (Xerox Copy)
11. Pension Book – PPO number lanna (Xerox Copy)





MIZORAM UNIVERSAL HEALTHCARE SCHEME
2025-2026
OFFLINE CLAIM FORM

CASE ID
(For MSHCS Office Use only)

For Contributory Beneficiaries

(Hawrawppui veka dahkhah tur a ni a,
dahkhah ngai zawng zawngte hmaih awm lova dahkhah vek tur)

Date:

Enrolment Details

MUHCS Enrolment No : _____

Patient Details

Name of Patient : _____

Age : _____ Sex: _____

Aadhaar No. :

--	--	--	--

--	--	--	--

--	--	--	--

Claim Details

Case :

Medical	
---------	--

Surgical	
----------	--

Day Care	
----------	--

Name of Hospital : _____

Date & Time of Admission : _____

Date & Time of Discharge : _____

Provisional Diagnosis : _____

Final Diagnosis : _____

Booked Package : _____

Booked Package Code : _____

Claim Amount: ₹ _____ + Accomodation: ₹ _____ = Total: ₹ _____

(As per package rate)

Seal & Signature of MO

Mandatory documents to be submitted-

1. Case taking form/Admission note (Original Copies)
2. All continuation sheets/indoor case papers (Original Copies)
3. Treatment chart (from DOA to DOD, Original Copies)
4. Vitals chart (from DOA to DOD, Original Copies)
5. OT Note in case of Surgical Package (Original Copy)
6. Investigation reports supporting the diagnosis and booked package (Original Copies)
7. Accommodation charge details/breakup (Original Copy)
8. Discharge Summary (Original Copy)
9. Death Summary in case of death (Original Copy)
10. MUHCS Enrolment form (Xerox Copy)
11. Ration Card (Xerox Copy)





MIZORAM UNIVERSAL HEALTHCARE SCHEME
2025-2026
OFFLINE CLAIM FORM

CASE ID (For MSHCS Office Use only)

For AB PM-JAY Beneficiaries

(Hawrawppui veka dahkhah tur a ni a,
dahkhah ngai zawng zawngte hmai h awm lova dahkhah vek tur)

Date: _____

AB PM-JAY Details

AB PM-JAY ID : _____

Patient Details

Name of Patient : _____

Age : _____ Sex: _____

Aadhaar No. :

--	--	--	--	--	--	--	--	--	--

Claim Details

Case :

Medical	
---------	--

Surgical	
----------	--

Name of Hospital : _____

Date & Time of Admission : _____

Date & Time of Discharge : _____

Provisional Diagnosis : _____

Final Diagnosis : _____

Booked Package : _____

Booked Package Code : _____

Claim Amount : ₹ _____

(As per package rate)

Seal & Signature of MO

Mandatory documents to be submitted-

1. Case taking form/Admission note (Original Copies)
2. All continuation sheets/indoor case papers (Original Copies)
3. Treatment chart (from DOA to DOD, Original Copies)
4. Vitals chart (from DOA to DOD, Original Copies)
5. OT Note in case of Surgical Package (Original Copy)
6. Investigation reports supporting the diagnosis and booked package (Original Copies)
7. Discharge Summary (Original Copy)
8. Death Summary in case of death (Original Copy)
9. AB PM-JAY Ayushman Card (Golden Card) (Xerox Copy)

