



2026:DHC:1888



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\* **IN THE HIGH COURT OF DELHI AT NEW DELHI**

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*Date of decision: 27<sup>th</sup> February, 2026*

+ W.P.(C) 3330/2021

BABU RAM

.....Petitioner

Through: Mr. Meghan Paul, Mr. Vikas Malik  
and Mr. Rohit Singh Negi, Advocates

versus

UNION OF INDIA AND ORS.

.....Respondents

Through: Mr. Bhagwan Swarup Shukla, CGSC  
with Mr. Jiniya Saha and Mr.  
Pradyumn Singh, Advocates for UOI  
Mr. Gaurav Bahl and Mr. Gokul  
Sharma, Advocates for R-5**CORAM:****HON'BLE MR. JUSTICE AMIT BANSAL****AMIT BANSAL, J. (Oral)**

1. The present writ petition has been filed by the petitioner seeking a refund of a sum of Rs. 64,446/-, which was paid by the petitioner to the respondent no.5 hospital for his treatment. A further direction is sought with regard to the respondent no.1 to adhere and implement the Cashless Treatment Scheme in Emergency (CTSE) Policy formulated on 14<sup>th</sup> July, 2016 and 24<sup>th</sup> January, 2017.

2. Brief facts relevant for deciding the present writ petition are as under:-

- The petitioner, who was a former employee with the Railways, got hospitalised in Shri Moolchand Kharaiti Ram



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Hospital/respondent no.5, an empanelled hospital under the Railways, with complaints of cough, expectoration and fever. On 29<sup>th</sup> January, 2020.

- ii. The petitioner was discharged on 11<sup>th</sup> February, 2020. At the time of his discharge, the petitioner was asked to make a deposit Rs. 1,64,267/- with the respondent no.5 hospital. The petitioner made the said deposit with the respondent no.5 hospital in addition to the initial payments, totalling to Rs. 1,70,267/-.
- iii. The petitioner submitted representations dated 12<sup>th</sup> February, 2020 and 20<sup>th</sup> February 2020 to the respondent no.5 hospital, to refund the aforesaid amount since the petitioner, being a CTSE beneficiary, was entitled to get cashless treatment as per the CTSE Policy.
- iv. Subsequently, the respondent no.5 hospital raised a revised bill dated 28<sup>th</sup> February 2020 and refunded an amount of Rs. 1,05,821/- and withheld Rs. 64,446/- out of the deposit made by the petitioner.
- v. On 6<sup>th</sup> March 2020, the petitioner filed a complaint before the respondent no.4, for the refund of the aforesaid amount of Rs. 64,446/-, contending that he was entitled to cashless treatment and the respondent no.5 hospital ought to have raised the bill directly with the Railways.
- vi. On 31<sup>st</sup> March 2020, the petitioner made a representation to the respondent no.5 hospital for the refund of the aforesaid amount. A legal notice dated 5<sup>th</sup> May 2020 was also issued on behalf of the petitioner to the respondent no.5 hospital for the same.



- vii. In June 2020, the petitioner filed a reimbursement claim of Rs. 64,446/- with the respondent no.4, *i.e.* the Medical Director, Northern Railways, which was regretted by the respondent no.4 by an order dated 13<sup>th</sup> October 2020.
- viii. The petitioner filed an appeal against the aforesaid order, which was also regretted by the respondent no.3 by order dated 12<sup>th</sup> February 2021.
3. Hence, the petitioner has filed the present writ petition.
4. It is the contention of the petitioner that the petitioner was fully covered in terms of the Policy of the Railways for Cashless Treatment Scheme in Emergency (CTSE) dated 14<sup>th</sup> July, 2016, in an empanelled hospital, being a retired employee of the Railways. In terms of the Policy, the hospital has to inform the Railways upon the admission of the petitioner in the hospital and the Railways has to take a decision whether the treatment of the petitioner qualifies as an emergency case or not.
5. He submits that in the present case, no intimation was sent to the petitioner by the Railways and, hence, in terms of the Policy, the treatment of the petitioner would be taken as an emergency case and the petitioner would be entitled to reimbursement.
6. *Per contra*, in the counter affidavit filed on behalf of Railways, it is stated that the petitioner was not suffering from any of the ailments that qualified for emergency treatment. In terms of the discharge certificate dated 11<sup>th</sup> February 2020, issued by the respondent no.5 hospital, the petitioner was not admitted on account of any emergency ailments and therefore, the petitioner was not entitled to reimbursement.
7. The respondent no.5, in its affidavit, has submitted that the hospital



could not trace the communication exchanged between the Railways and respondent no.5 hospital. It is further stated that a response to the legal notice sent by the petitioner was sent on behalf of the respondent no.5, wherein it was stated that the respondent no.5 hospital did not receive the authorisation from the Railways to cover the petitioner's case under the Cashless Treatment Scheme.

8. I have heard the counsel for the parties.

9. The Railways, along with their counter affidavit, have placed on record the Policy letter on Cashless Treatment Scheme in Emergency (CTSE) dated 14<sup>th</sup> July, 2016 and also the agreement entered into between the Railways and the respondent no.5 hospital.

10. In terms of the aforesaid, only certain category of ailments are to be treated as emergencies, which have been detailed in the counter affidavit filed on behalf of the respondents no.1 to 4. The relevant extracts from the said counter affidavit are set out below:

As per the petition, the petitioner got admitted himself in Mool Chand Khairati Ram Hospital and Ayurvedic Research Institute, New Delhi on 29/01/2020 claiming himself to be CTSE beneficiary, for taking treatment in emergency. As per CTSE policy and MOU (the copy of relevant extract of the MOU is annexed as **Annexure R-2**) signed with the Hospital, the following ailments are treated as emergencies :

- Acute Coronary Syndromes (Coronary Artery Bypass Graft/ Percutaneous, Transluminal Coronary Angioplasty) including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supra Ventricular Tachycardia, Cardiac Tamponade, Acute Left Ventricular Failure/ Severe Congestive Cardiac Failure, Accelerated Hypertension, Complete Heart Block and Stroke Attack, Acute Aortic Dissection.
- Acute Limb Ischemia, Rupture of Aneurysm, Medical and Surgical shock and Peripheral Circulatory failure



- Cerebro-Vascular attack–Strokes, Sudden unconsciousness, Head injury, Respiratory failure, decompensated lung disease, Cerebro Meningeal infections, Convulsions, Acute Paralysis, Acute Visual loss
- Acute abdomen pain
- Road Traffic Accidents / with injuries including fall
- Severe Hemorrhage due to any cause
- Acute Poisoning
- Acute Renal Failure
- Acute abdomen pain in female including acute obstetrical and Gynecological emergencies
- Electric shock. Any other life threatening condition.

11. As per the discharge certificate issued by the respondent no.5 hospital to the petitioner, the patient was admitted with the following symptoms:-

**Reason for admission:** Cough with expectoration and fever  
**Medications during admission:** Injection Pantocid, Monocef, Tab Claribid, Tab Montair, SypBrozedex, SypLooz, Bebulization with Duolin and BudecortTobamist and other supportive measures.

**History and clinical findings :** Patient was admitted with complaints of cough with expectoration since 5 - 7 days with yellowish sputum 2 tsf per day. There was no diurnal variation in pattern of cough. No history of blood in sputum. Patient also complaints of fever with chills since 7 days upto 101 f. No history of vomiting, nausea, shortness of breath, weakness. No history of diabetes mellitus, Hypertension.”

12. In light of the aforesaid observations in the discharge certificate, the Railways took a decision that the petitioner’s case is not covered under the CTSE Policy and therefore, the petitioner was not entitled to reimbursement.

13. To a pointed query from the Court, the petitioner admits that he has



failed to place on record the discharge certificate.

14. In the communication dated 30<sup>th</sup> June 2022, sent by the respondent no.5 hospital to the petitioner, the hospital has clearly stated that the Railway Authorities had not granted the authorisation request and hence, the petitioner's case was not covered under the Cashless Treatment Scheme. It is also noted that, initially, the bill was raised as per the hospital rates. However, taking into account that the petitioner was an ex-employee of the Railways, the hospital has reduced the bill of Rs. 1,70,267/- to Rs. 64,446/- as per the Central Government Health Scheme (CGHS) cash rates.

15. The petitioner had been communicated by the Railway Authorities on 13<sup>th</sup> October, 2020 (Annexure P-11 to the writ petition) that the claim of the petitioner was re-examined by the Reimbursement Committee of the Railways and the petitioner's case was not covered under the emergency treatment. The relevant extracts from the said letter are set out below:-

Opinion & recommendation of by Reimbursement Committee are as follows:

*Patient admitted at Mool Chand Hospital as a case of cough with expectoration since 5-10 days. No associated co-morbidities. All vitals maintained at the time of diagnosis. Treated conservatively as case of B/L Pneumonitis with ? Koch's and investigated for TB Chest. Discharged on 11.02.20 in stable condition. There was no emergency and this treatment could have been done at NRCH hence claim is not justified.*

*As patient took treatment in a Pvt. Hospital on his own bypassing NRCH as a non-emergency case, his claim for reimbursement is regretted.*

After consideration of all the documents submitted by you, emergency condition to take treatment from Private hospital without being referred by Authorized Medical Officer is not established in terms of extant Railway Board policy guidelines. Therefore, your reimbursement claim cannot be recommended for sanction and the claim is regretted by competent authority.

16. The petitioner filed an appeal for the reimbursement claim before the respondent no.3, which was regretted by a letter dated 12<sup>th</sup> February 2021, as the petitioner's emergency treatment was considered to be not justified in a non-railway hospital without referral by an Authorised Medical Officer. The



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relevant extracts from the said letter are set out below:

After going through the appeal, regret letter of MD/NRCH/NDLS and available documents in the file and Railway Board Guidelines on Reimbursement Medical Claim-procedure for disposal, the Competent Authority has reviewed the case at HQ Office. The Competent Authority has opined that the treatment taken by the patient at non Railway private Hospital without referral by AMO under the circumstances can't be considered justified as per Railway Board guidelines on Medical reimbursement.

Hence, PCMD/NR has not considered emergency treatment justified in non-railway private hospital without referral by AMO as per Railway Board policy letter No.2005/H/6-4/Policy -II dated. 31.01.2007 & 29.06.2010.

In view of the above, your appeal for Medical reimbursement claim is regretted by the Pr. CMD/NR.

17. In view of the discussion above, this Court is of the view that the petitioner's case is not covered under the CTSE Policy and hence the petitioner is not entitled to reimbursement. Accordingly, the writ petition is dismissed.

**AMIT BANSAL, J**

**FEBRUARY 27, 2026**  
**ds**