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21 JAN 1960

*[Handwritten initials]*

MEMORANDUM TO: Director of Personnel  
ATTENTION : Benefits and Casualty Branch  
FROM : Chief, Finance Division  
SUBJECT : Processing of Medical Claims

1. A review of vouchers currently being submitted for reimbursement under the Agency's medical program indicates that we should consider several amendments to our present system of processing such claims.

2. Many of the claims received by the Finance Division are supported by hospital or doctors' statements which do not indicate that the claimant has actually paid the bill. [redacted] para 4b, provides in part that the signature of the Certifying Officer constitutes his determination that receipts, or other substantiating data in evidence of payment, have been furnished, and that reimbursement is allowable under existing Agency regulations. Since a doctor's statement does not necessarily indicate that payment has actually been made, it is requested that all future claims processed by the Benefits and Casualty Branch be supported by original bills and receipts.

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3. A considerable portion of these claims from overseas claimants are supported by receipts in indigenous currency. In many instances, there is no indication of the conversion rate at which these claims should be processed. It is understood that in many past cases the official conversion rate has been obtained from the Monetary Branch of the Finance Division, or from other sources, and that the claims have been processed at that rate. This leaves open a question of final audit as to the actual rate at which the employee obtained his foreign currency. R and [redacted] para 4b, require that when an individual submits a claim in foreign currency, he must submit a certification as to the actual rate at which such currency was obtained. All future claims supported by receipts in a foreign currency should contain the employee's certification regarding the rate at which he obtained the currency used in the transactions.

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4. The prescribed Form 1126 for the submission of dependent medical claims provides a certification that the illness or injury was not the result of vicious habits, intemperance, etc. While we do not feel that the use of this form is compulsory, we do feel that the information and certification called for on the form should be a part of each claim. In addition to the certification, many of the claims do not provide an itemization of expenses being claimed. The lack of this itemization results in much time being lost in determining which items are included in the claim and what documentation is submitted in support of each claim. This itemization would enable the Finance Division to greatly expedite the processing of these claims. A desirable refinement would be for the receipts to be numerically cross-referenced to the itemization.

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5. Another provision of [REDACTED] requires that all claims be reviewed by the Medical Office. It is our understanding that this requirement is being complied with; however, this information is not reflected on the vouchers submitted to this office. It is requested that future claims be signed by a member of the Medical Office, or provide a statement from your office that the claim has been reviewed and approved by the Agency Medical Office.

6. A review of two of the claims on hand in our office reveals the following deficiencies:

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a. [REDACTED] - Dependent of:

- (1) Lack of paid bills.
- (2) Lack of certification regarding conversion rate.
- (3) Itemization of bills is incomplete.
- (4) Subject's claim of \$535.29 does not agree with the Request for Payment for \$233.67.
- (5) Lack of original bills and receipts.
- (6) No indication of review by medical office.

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b. [REDACTED] - dependent of:

- (1) No certification regarding conversion rate.
- (2) No certification regarding payment or illness.
- (3) No itemization or indication of amount claimed by claimant.
- (4) Lack of original paid bills.
- (5) No indication of review by medical office.

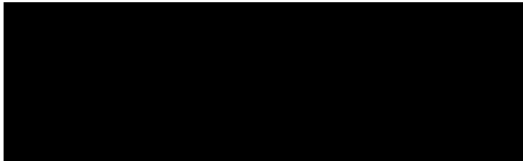
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7. The above claims and others on hand have been processed by our office in accordance with past policy; however, all future claims should be complete in providing information outlined above.



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