



Chief Ministers Health Insurance Scheme (CMHIS)

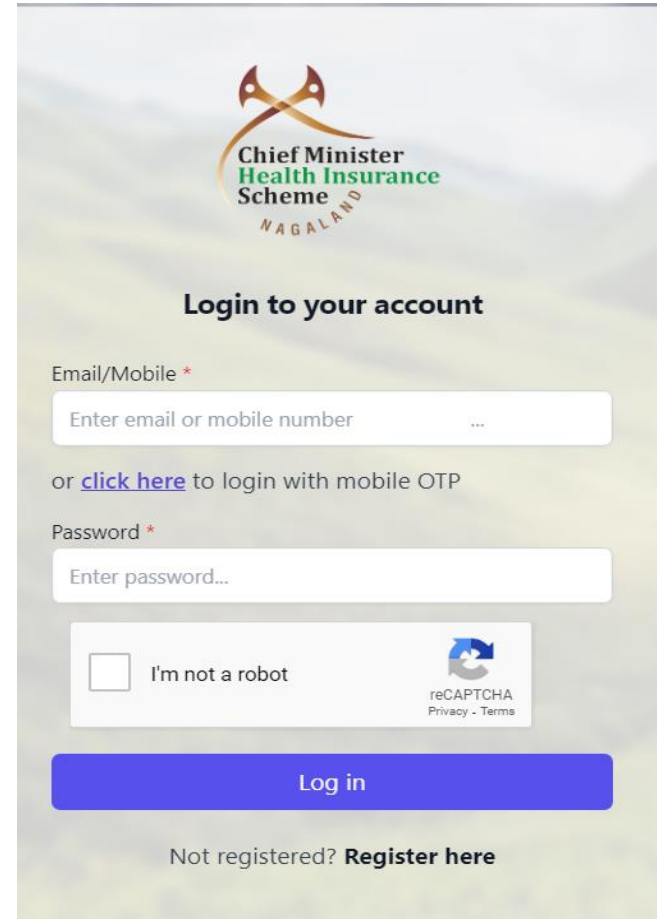
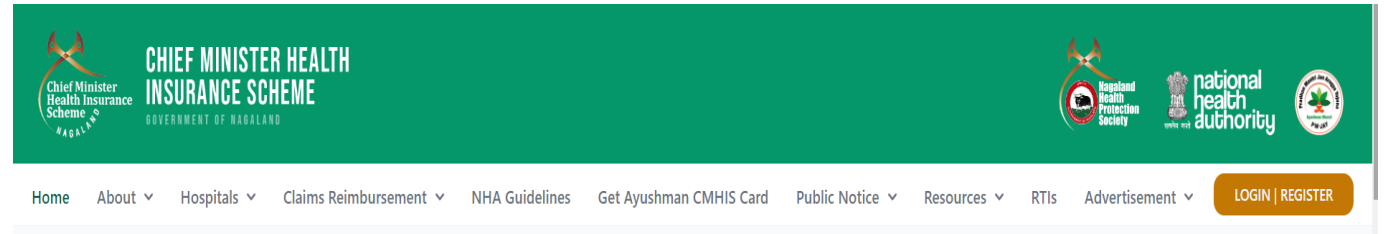
# How to Download the MA Deduction Certificate



<https://cmhis.nagaland.gov.in>

# STEP 1

# LOGIN TO THE CMHIS PORTAL





### Dashboard

Dashboard



ACTIVE  
Family Status

[Redacted]

Category: [Redacted]

Family ID: [Redacted]

Entitlement: [Redacted]

### Services

Click below to avail services

Apply for Emergency Approval

Download Self Certification

Sync Card Information

Deleted Members

Submit Claims

Rejected Dependents

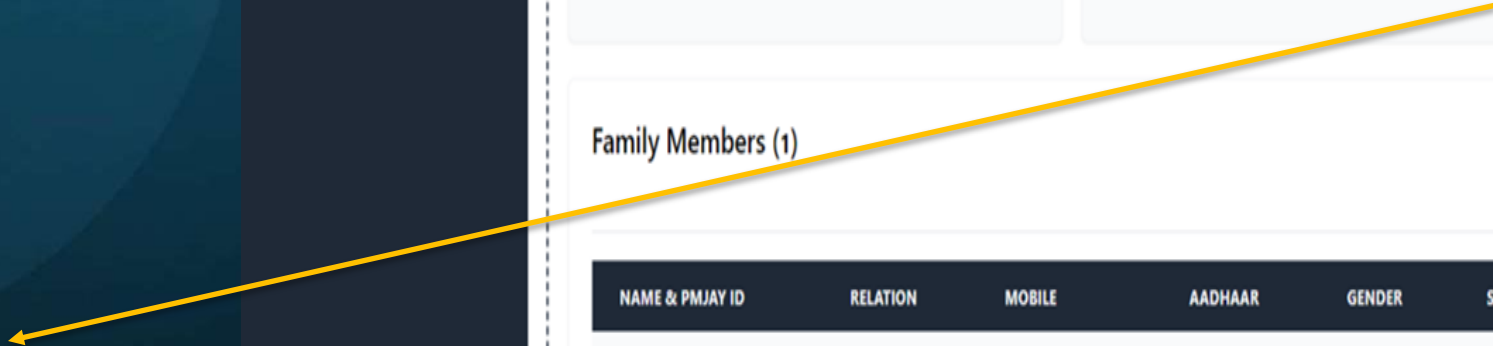
### Family Members (1)

Add family member

NAME & PMJAY ID	RELATION	MOBILE	AADHAAR	GENDER	STATUS	ACTION
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[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
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STEP 2  
CLICK ON  
Submit  
CLAIMS  
BUTTON





<https://cmhis.nagaland.gov.in>

# STEP 3

# CLICK ON “Download Certificate for MA Deduction”

The screenshot shows the CMHIS dashboard with a navigation menu on the left containing 'Navigation', 'Dashboard', and 'Claims'. The main content area is titled 'CMHIS CLAIM PROCESS INFORMATION' and contains the following text:

With the launch of Chief Minister Health Insurance Scheme (CMHIS), fresh approval for treatment under Medical Reimbursement (MR) Scheme was discontinued w.e.f 1 November 2022. However, due to initial issues in implementation including refusal of service by empanelled hospitals, some patients could not avail the benefits of the Scheme and had to make self-payment for the cost of treatment. In order to ensure that CMHIS (EP) beneficiaries are not deprived of their benefits, the Government of Nagaland has allowed submission of CLAIMS for CMHIS (EP) Category for Treatments undertaken between **1<sup>st</sup> November 2022 till 31<sup>st</sup> December 2023**.

For the purpose of submitting claims, the following instructions are to be followed:-

1. Click the **"Download Certificate Format for MA Deduction"** button to download the System Generated Format
2. **Government Employees** are required to get the certificate signed from their concerned **Drawing Disbursement Officer (DDO)**
3. **Pensioner's** Drawing Pension from the **TREASURY** are required to get the certificate signed from their concerned Treasury Officer.
4. **Pensioner's** Drawing Pension from the **BANK** are required to get the certificate signed from their concerned **BANK MANAGER**.
5. The duly signed certificate for MA Deduction is required to be uploaded while submitting claims.
6. Please keep all relevant **TREATMENT BILLS & HOSPITAL DOCUMENTS** handy for upload while submitting claims.

**Bills (that may be uploaded consolidated in a single PDF)**

- Hospital Final Bill - **mandatory**
- Medicine Bills - **mandatory**
- Investigation Bill - **mandatory**
- Implant Invoice
- All other relevant Bills

**Documents (that may be uploaded consolidated in a single PDF)**

- Indoor case paper/ case sheet - **mandatory**
- Prescription sheet/ Doctors note - **mandatory**
- Discharge summary - **mandatory**
- X-Ray
- PET/CT-Scan
- ECHO Scan
- MRI Scan
- USG Report
- Biopsy Report
- Laboratory Test Report
- Photo Post operative scar
- FIR/Medico Legal Certificate
- Death Summary
- Implant sticker
- All other relevant Documents

At the bottom of the page, there are two buttons: **Download Certificate Format for MA Deduction** (highlighted with a green box) and **Submit Claim for the Household**.



<https://cmhis.nagaland.gov.in>

## STEP 4

# SIGN THE MA DEDUCTION CERTIFICATE FROM COMPETENT AUTHORITY

CERTIFICATE OF MONTHLY MEDICAL ALLOWANCE DEDUCTION FOR EMPLOYEES

1. Beneficiary Information (Employee):

Full Name of Head of Household:	Will be auto filled by the system
PIMS CODE:	
Registered Mobile Number:	
Household/Family ID:	
CMHIS Entitlement Grade:	
Entitled Monthly Medical Allowance Amount: (to be filled by DDO)	

2. Details of Declared Dependents of the Family

Sl.	Name	Mobile	Year of Birth	Relationship
1	Will be Auto Filled by the system			
2				
3				
4				
5				

3. Declaration by the Drawing Disbursement Officer of the Establishment

I, [Redacted], hereby certify that the deduction of Monthly Medical Allowance Deduction for above-mentioned beneficiary @ Rs. [Redacted] [Rupees [Redacted] only] per month was started w.e.f. [Redacted]

Signature & Seal [Redacted]  
Date of Issue [Redacted]

4. Details of Issuing Officer of the Establishment

Officer's Name:
Establishment / Department:
Establishment:
Contact Number

All **FORM FIELDS** marked in **RED** are required to be filled in by the **COMPETENT AUTHORITY** as the case may be :-

### FOR GOVERNMENT EMPLOYEES

To be filled up by the concerned Drawing & Disbursement Officer (DDO).

**FOR PENSIONERS**  
To be filled up by the concerned

TREASURY OFFICER

OR

BANK MANAGER



Thank You