



# INDIAN MEDICAL ASSOCIATION

## PROFESSIONAL PROTECTION & WELFARE SCHEME

### TELANGANA STATE



IMA Building, 1st Floor, Esamia Bazar, Hyderabad-500 027.  
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Chairman  
Dr. M. Sampath Rao  
Cell: 9848039687

Hony. Secretary  
Dr. K. Narender Reddy  
Cell. 9949866898

Hony. Finance Secretary  
Dr. K. K. Bajaj  
Cell: 6302149293/9246225389

Telangana State President  
Dr. D. Lava Kumar Reddy  
Cell. 9347389634

Telangana State Secretary  
Dr. B. Narender Reddy  
Cell. 9848130605

**This New Fees Structure is effective from 10<sup>th</sup> February 2019**

#### Category-1

#### Individual Doctors Membership

	A	B	C	D
	MBBS without Surgical, Investigative and Other Procedures	Medical Specialists, Paediatricians, Gen, Physicians, Psychiatrists Dermatologists, Pathologist, Microbiologists, Chest Physicians.	MBBS who does Surgery Gen. Surgeons, Dermatologists with Cosmetic Surgery, ENT & Eye Surgeons, Obstetricians and Gynecologists, Orthopaedic, Surgeons Radiologist, Ultrasonolo-gist.	All Super specialists Endoscopic, Laparoscopic, and Laser Surgeons, Anaesthetists Oncologists, including Surgical & Medical Chemotherapy & Radiotherapy, Neonatologists, Emergency & Critical Care Doctors, Retinal & Corneal Surgeons.
		<b>ONE YEAR</b>		
5 L	1500	2000	2500	3000
10L	2500	3500	4000	5000
20L	4000	5000	6500	8000
30L	5000	7500	8500	12500
50L	8000	10000	12500	15000
		<b>FIVE YEARS</b>		
5L	6000	8000	10000	12000
10L	10000	14000	16000	20000
20L	16000	20000	26000	32000
30L	20000	30000	34000	50000
50L	32000	40000	50000	60000

IMA members under category-1 are covered for the Professional Practice in their Clinic /Nursing Home and also in other Nursing Homes and Hospitals.

### Category-2

#### Hospitals and Nursing Homes Membership

	ONE YEAR			
	1-10 BEDS	11-25 BEDS	26-50 BEDS	51-100 BEDS
20 L	15000	20000	35000	50000
30 L	20000	30000	50000	75000
50 L	25000	40000	75000	100000
100 L	40000	60000	125000	175000
		3 YEARS		
20 L	37500	50000	87500	125000
30 L	50000	75000	125000	187500
50 L	60000	100000	175000	250000
100 L	100000	125000	250000	350000

Under Category-2 Professional Practice is covered in their Nursing Homes, their Consultations and entire staff. The Coverage will not apply to Professional Practice by the member in the other Nursing Homes and Hospitals. Any false declaration regarding the number of beds will make the members ineligible for claiming the benefits of the Scheme. Any changes in the beds Strength should be intimated to the Hony. Secretary of the Scheme. The doctors and consultants of these Nursing Homes should be the members of Indian Medical Association.

### Category-3 Diagnostics Centers

	Category -3A Without MRI /CT	Category -3B With MRI/CT
	ONE YEAR	
5 L	5000	10000
10 L	8000	20000
20 L	15000	30000
30 L	20000	40000
50 L	25000	50000
	3 YEARS	
5 L	12500	25000
10 L	20000	50000
20 L	37500	75000
30 L	50000	100000
50 L	62500	125000

Nursing Homes having separate Diagnostic centres should also take the Category-3 for Diagnostic Centre.

**In any Category the risk coverage can be covered for even single case also (1:1).**

**NOTE : NO CLAIM CONCESSION ELIGIBILITY FOR EXISTING MEMBERS DEPENDING ON THEIR SENIORITY IN YEARS.**

1-3	Years	10%
4-5	Years	20%
6-10	Years	25%
11-15	Years	30%
16-20	Years	40%
20 and above		50%





# IMA TELANGANA STATE

## PROFESSIONAL PROTECTION & WELFARE SCHEME



### FORM OF APPLICATION

(To be filled in block letters)

Full Name...Dr.....

Name of Father/Husband..... Age.....

Address.....

..... Pin.....

E.mail.id..... Mobile .....

Qualification.....University.....Year of Passing.....

Registration No.....Year.....Medical Council.....

#### SCHEME OPTED

(Refer to brochure for fee structure)

Category-1 Individual Membership	Category-2 Nursing Homes	Category-3 Diagnostic Centres
Risk Benefit Sum Rs.....	Risk Benefit Sum Rs.....	Risk Benefit Sum Rs.....
Speciality Opted.....	No. of Beds.....	Category 3A/3B.....
No.of yearFee:.....	No.of year Fee :.....	No. of Year Fee:-.....
Amount:.....	Amount:.....	Amount:.....

Enclosed draft/cheque No.....dated.....for Rs.....(Rupees.....)

.....only) drawn on.....

I do hereby declare that the details furnished above are true and correct and I further agree to abide by all Rules & Byelaws of PP&W Scheme of IMA Telangana State and amendments to be made from time to time.

Date.....

Place.....

Signature of the Member

#### CERTIFICATE

This is to certify that Dr.....is a Life Member

of..... Branch of IMA Telangana State.

IMA Membership No.....

Seal of Local Branch with  
Signature of the Hony. Secretary  
Local Branch of IMA

**FOR OFFICE USE ONLY**

**APPLICATION No** \_\_\_\_\_

**LEDGER No** \_\_\_\_\_

**PP&WS No** \_\_\_\_\_

**DATE OF APPLN RECEIVED** \_\_\_\_\_

Signature of Hony. Secretary  
Professional Protection & Welfare Scheme  
IMA Telangana State

**INSTRUCTIONS**

1. Membership of PP&W Scheme of IMA Telangana State is restricted to members of IMA Telangana State only.
2. Demand Draft/Cheque should be drawn in favour of "PP&W Scheme of IMA Telangana State" payable at Hyderabad. **NO CASH PAYMENTS STRICTLY.**
3. Date of effectiveness of the Policy. All three Categories 1,2 & 3 shall come into effect from the next day of receiving the draft at scheme office or on realization of the cheques along with completely filled application form.
4. In case of Category-2, information of the Beds should be correct and if any increase or decrease in Bed Strength should be informed to the Hony. Secretary, PP&WS immediately through the Local Branch Secretary of IMA.
5. No Claim Benefit  
Concession upto 1-3yrs10%, 4-5yrs20%, 6-10yrs25%,11-15yrs30%. 16-20yrs 40%, 20 and above onwards 50%.  
Any penalty in the court of law on the member breaking in the continuing of membership.Above seniority will be cancelled.From that after clearing the case again the seniority will start from first.
6. If notice is received by a member contact the District Coordinator and also forward the following documents mentioned below immediately to the Hony. Secretary of PP&WS within 15 days of receiving the Legal Notice.
  - a) Xerox copy of the Notice.
  - b) Xerox copy of the Case sheet.
  - c) A detailed note on the incident.
7. Application form and other documents should be sent by registered post or courier services, authorize representative of service provider.
8. Government Doctors who are IMA members are also eligible to become the members of this scheme.
9. The Xerox copies of the application forms can be used for your colleagues.
10. Application form duly filled along with only by Draft/Cheque should be sent to.

Hony. Secretary,  
Professional Protection & Welfare Scheme  
IMA Telangana State  
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