



IMA TELANGANA STATE

PROFESSIONAL PROTECTION & WELFARE SCHEME



FORM OF APPLICATION

(To be filled in block letters)

Full Name...Dr.....

Name of the Hospital / Nursing Homes.....

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 year Fee:.....	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. You can make payment by online to our **A/C no.1969000100082217 IFSC code PUNB 0196900 PNB, Koti Branch, Hyderabad.**
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 award in the court of law on the members the above discount will not apply.
6. At present the tariff of the Nursing Homes/ Hospitals category is reduced by 50% from 6th March 2022.
7. The Individual Category members can also take the one crore limit from 6th March 2022.
8. 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.
9. Application form and other documents should be sent by registered post , courier services, or authorised service provider.
10. Please enclose the copies of IMA Life Membership Certificate, MBBS Degree certificate and your speciality and super speciality Degree certificate.
11. Government Doctors who are IMA members are also eligible to become the members of this scheme.
12. The Xerox copies of the application forms can be used for your colleagues.
13. Application form duly filled along with Draft / Cheque should be sent to.

Hony Secretary,
Professional Protection & Welfare Scheme
IMA Telangana State
First Floor, IMA Building, Esamia Bazar, Hyderabad-500 027.
Ph:040-24657014, email:ima.ppws@gmail.com
Cell.9014465593

INDIAN MEDICAL ASSOCIATION

PROFESSIONAL PROTECTION & WELFARE SCHEME

TELANGANA STATE

IMA Building, 1st Floor, Esamia Bazar, Hyderabad-500 027.

Ph:24657014,9014465593 email: ima.ppws@gmail.com

Chairman
Dr. M. Sampath Rao
Cell: 9848039687

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

Hony. Finance Secretary
Dr.A.Yashowanth Rao
Cell: 9492050833

Telangana State President
Dr.M.Sampath Rao
Cell.9848039687

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

Telangana State Finance Secretary
Dr.Gattu Srinivasulu
Cell.9885380467

This New Fees Structure is effective from 6th March 2022

Category-1

Individual Doctors Membership

	A	B	C	D
	MBBS without Surgical, Investigative and Other Procedures	Medical Specialists, Paediatricians, Gen Physicians, Psychiatrists Dermatologists, Pathologists, Microbiologists, Chest Physicians.	MBBS who does Surgery, Gen. Surgeons, Dermatologists with Cosmetic Surgery, ENT & Eye Surgeons, Obstetricians and Gynaecologists, Orthopaedic Surgeons, Radiologist, Ultrasonologist.	All Super specialists Endoscopic,Laparoscopic, and Laser Surgeons,Anaesthetists Oncologists, including Surgical & Medical Chemotherapy & Radiotherapy, Neonatologists, Emergency & Critical Care Doctors, Retinal & Corneal Surgeons.
		ONE YEAR		
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
100L	13600	17000	21250	25500
		FIVE YEARS		
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
100L	54400	68000	85000	102000

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
10L	3750	5000	8750	12500
20 L	7500	10000	17500	25000
30 L	10000	15000	25000	37500
50 L	12500	20000	37500	50000
100 L	20000	30000	62500	87500
	3 YEARS			
10L	9375	12500	21875	31250
20 L	18750	25000	43750	62500
30 L	25000	37500	62500	93750
50 L	30000	50000	87500	125000
100 L	50000	62500	125000	175000

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	2500	5000
10 L	4000	10000
20 L	7500	15000
30 L	10000	20000
50 L	12500	25000
100 L	21250	42500
	3 YEARS	
5 L	6250	12500
10 L	10000	25000
20 L	18750	37500
30 L	25000	50000
50 L	31250	62500
100 L	53125	106250

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%