Government of West Bengal
Finance Department
Audit Branch
Medical Cell

No. 6953-F (MED) **Dt. 11-07-2011**

Memorandum

In the process of implementation of the West Bengal Health Scheme, 2008 the Government from some time past was considering for amendment of Forms regarding enrolment under the Health Scheme and settlement of claims. Accordingly, the Governor is pleased to publish the following amended Forms under the West Bengal Health Scheme, 2008 and guidelines for settlement of claims.

2. Under Clause-7 (1) of the West Bengal Health Scheme, 2008, costs of OPD treatment of ten listed diseases are reimbursable. Reimbursement of the cost of medical treatment of such diseases may be allowed when the attending physician of recognized hospital clearly certifies that the beneficiary was/ has been suffering from any of the listed diseases of Clause-7(1) of the Health Scheme. Essentiality Certificate for treatment under Clause-7 (1) of the Health Scheme should be furnished in Form-'D_1'/ Form-'IV_1'.

Cases relating to Clause-6, Clause-7 (2) or Clause-9 of the Health Scheme may be settled following provisions of those Clauses. Essentiality Certificates for those cases should be furnished in Form-'D_2'/ Form-'IV_2'.

3. Revised terms and conditions for rendering services under the Health Scheme and revised rate list have been published under the notification no. 796-F (MED), dated 31-01-2011. Guidelines for settlement of claims along with list of inadmissible items have also been published under the memo nos. 797-F (MED), dated 31-01-2011 and 6586-F (MED), dated 29-06-2011 respectively.

Accordingly, all claims should be settled strictly following the provisions of the Health Scheme, guidelines and rate list.

4. For enrolment and settlement of claims under the Health Scheme, henceforth, revised Forms shall be used (attached herewith).

5. Health Scheme with amendments, revised rate list, list of empanelled and recognized Health Care Organisations, Forms, Guidelines and related Government Orders, Memorandum of Agreement with the Health Care Organisations may be available in the official website of the Finance Department www.wbfin.nic.in – West Bengal Health Scheme, 2008.

Sd/- S.K. Chattopadhyay

Officer on Special Duty and
Ex-officio Special Secretary
to the Government of West Bengal

FORM A

Application for enrolment under the West Bengal Health Scheme, 2008.

(See sub-clause (1) of clause (4)

To:
The _____ (Cadre Controlling Authority/ Head of Office)

Sir,
I Shri/ Smt _____ (Designation) _____
attached to _____ (office) under _____
(Department) do hereby opt for coming under the West Bengal Health Scheme, 2008 with effect from 1st day of _____, _____.
(Month) (Year)

The particulars of the members of my family as defined in para 3(e) of the Scheme as amended under notification no. 6722-F dt. 09.07.09 are as follows:

Name of Government Employee :
Designation :
Residential Address :

Date of birth :
Date of entry into Government Service :
Date of superannuation :
Present pay (Band pay + Grade pay) :
G.P.F. A/C No. :

Details of Family

Sl. No.	Name	Date of Birth/ Age	Relationship	Monthly income, if any
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

I do hereby declare that upon enrolment under the above scheme I shall forego the regular monthly medical allowance drawn by me as a part of salary.

I further declare that I shall abide by the provisions of the West Bengal Health Scheme, 2008, as may be in force from time to time.

_____
Signature of the Applicant

FORM B

Certificate for enrolment under the West Bengal Health Scheme, 2008

(See sub-clause (3) of clause 4)

Certified that Shri/Smt. _____ (designation) _____ _____ _____ attached to _____ ____Department has been enrolled under the West Bengal Health Scheme, 2008, with effect from 1st day of _____, _____.

(Month) (Year)

The particulars of the Govt. employee and dependent members of family as defined in para 3(e) of the Scheme and amended under notification no. 6722-F dt. 09.07.09 are as follows:

Name of Government employee :
Designation :

Residential address :

Date of birth :
Date of entry into Government service :
Date of superannuation :
Present pay (Band Pay + Grade Pay) :
G.P.F. Account No. :

Details of Family

Sl. No.	Name	Date of birth/Age	Relationship	Monthly income, if any
1.				
2.				
3.				
4.				
5.				

Signature of the Cadre Controlling Authority/
Head of the Office

West Bengal Health Scheme, 2008

Memo. No. _____ Dt. _____

Copy forwarded for information and necessary action to:

1.Shri/ Smt _____ (designation)

2.The _____ (Drawing and Disbursing Officer).

He is requested to discontinue the drawal of regular monthly medical allowance in respect of Shri/ Smt. _____with effect from 1st day of _____ (Month), _____, (Year).

3.Accountant General (A&E), Treasury Buildings, Kolkata.

4.Medical Cell, Finance (Audit) Department, Writers' Buildings, Kolkata- 1.

Signature of the Cadre Controlling Authority/
Head of the Office

West Bengal Health Scheme, 2008

FORM C

Application Form for settlement of claim for reimbursement

under the West Bengal Health Scheme, 2008

(See sub-clause (1) of clause 12)

(To be filled in by the applicant)

1. Identification No. of the Govt. employee :

2. Full name of the Govt. employee with designation (in Block letters) :

3. Full Address:
   (i) Office :

   (ii)Residence :

4. Enrolled under the Health Scheme w.e.f. :

5. Date of superannuation :

6. Pay (Band Pay + Grade Pay) :

7. Accommodation Category [put (√) mark)] : Private/ Semi-Private/ General Ward

8. Medical treatment done : Self or beneficiary

9. Name of the beneficiary & relationship with the Government employee :

10. Name of the Hospital with address and code no.
    (a) OPD treatment :

    (b) Indoor treatment/ Day Care :

11. Period of OPD treatment :

12. Period of indoor treatment :

13. Disease :

14. Total amount claimed-
    (a) OPD treatment :
    (b) Indoor treatment :
    Total :

15. Details of permission
    (a) For treatment in speciality hospital outside the State :
    (b) For human organ transplantation/ ICD/ CRT/ Dual Chamber Pacemaker/ more than two stents/ more than one drug eluting stents, digital hearing aid, etc. as per Memo No. 797-F (MED), dt. 31-01-11. :

16. Details of Medical advance, if any
    (a) Amount :

    (b) Order no. and date :

    (c) Sanctioning Authority :

DECLARATION

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me. I am a beneficiary of the West Bengal Health Scheme, 2008, and the enrolment under the Scheme was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Signature of the Govt. Employee

Date:

West Bengal Health Scheme, 2008

FORM "D_1"

Essentiality Certificate-cum-Statement of Expenditure Certified by Treating Specialist for OPD Treatment

[*See* sub-clause 12 (3) & clause 7(1)]

1. Name of the Govt. employee with identification No. :

2. Name of Office of the Govt. employee with address :

3. Name of the patient, relationship with Govt. Employee & identification No. :

4. Details of expenditure:

(I) Name of the diagnosed disease :
(* vide list enclosed)

(II) Name & Code No. of the empanelled/ Govt. recognized Hospital :

(III) Period of OPD treatment :

(IV) Total No. of original vouchers & money receipts :

(V) Amount claimed for OPD treatment :

Sl. No.	Description of items	Amount Claimed	Amount admissible (for official use)
(a)	Consultation fees (indicate total no. of consultations)		
(b)	Pathological investigations (give Break-up in a separate annexure with code no.)		
(c)	Radiological investigations (attach separate list, if required, with code no.)		
(d)	Medicines (give details of purchase in separate annexure, if required)		
(e)	Special devices like hearing aid/artificial appliances etc. (specify)		

(f) Miscellaneous (specify)

Total

(Rupees: *only)*

(Signature of Claimant)

Name in Block Letters

Address:

1. Certified that the relevant bills/vouchers have been verified by me in pursuance of the latest approved rates of the WBHS, 2008 and the expenditures shown above are correct and the treatment services prescribed and provided were essential and minimum that required for the recovery of the patient.

2. Certified that the patient, Sri/Smt._____ was/ has been suffering from_____as listed in Sl. No._____ of the WBHS OPD list below*.

Counter signed by

(Signature of the Treating Specialist with official seal)

Administrative officer/Medical Superintendent of
the empanelled/ recognized Hospital with official seal

***OPD Disease List as per clause –7 of the WBHS, 2008**

(i) Malignant diseases,

(ii) Tuberculosis,

(iii) Hepatitis B/C and other liver diseases,

(iv) Insulin-dependent diabetes,

(v) Heart diseases,

(vi) Neurological disorders/Cerebrovascular disorders,

(vii) Malignant malaria,

(viii) Renal failure,

(ix) Thallasaemia/Bleeding disorders/Platelet disorders,

(x) Injuries caused by accidents.

(xi) None of the above list (Specify name of the ailment)
[vide Para-10 of Memo No. 797-F (MED), dated 31-01-2011]

West Bengal Health Scheme, 2008

FORM "D_2"

Essentiality Certificate-cum-Statement of Expenditure Certified by Treating Specialist

for Indoor/Day Care Treatment and related OPD treatment

[See Clause 12(3), clause 6, clause 7(2) & clause 9]

1. Name of the Govt. employee with identification No. :

2. Name of Office of the Govt. employee with address :

3. Name of the patient, relationship with Govt. Employee & identification No. :

4. Details of expenditure:

(I) Name of the diagnosed disease :

(II) Name & Code No. of the empanelled/ Government recognized Hospital :

(III)Period of Indoor/Day Care treatment :

(IV)Total No. of original vouchers & money receipts :

(V) **Details of Amount claimed**

(A) for Package treatment from _____ to _____ :

Sl No.	Procedure Name	Procedure Code No.	Amount Claimed (Rupees)	Amount admissible (Rupees) (for official use)
(1)	(2)	(3)	(4)	(5)
(i)				
(ii)				
(iii)				
(iv)				
(v)	**Miscellaneous** (Specify & give details in separate sheet, if necessary)			
		Total=Rupees		

(B) **for Non-Package treatment from _____ to _____**

Sl No. (1)	Description of items (2)	Item Code (3)	Amount Claimed (Rupees) (4)	Amount admissible (Rupees) (for official use) (5)
(i)	Room Rent : (a) Ward			
	(b) ICU/ ITU/ CCU/ NICU/ PICU			
	(c) HDU/Step Down Unit/Burn Unit			
(ii)	Charges for : (give details with code nos. in separate annexure)			
	(a) Indoor visit of specialist/ super specialist			
	(b) Radiological Investigations			
	(c) Pathological Investigations			
	(d) Medicines			
	(e) Artificial devices			
	(f) Miscellaneous (specify)			
	Total :	**=Rupees**		

(VI) **Related OPD treatment in terms of Clause-9 or Clause-7(2)**

Sl No. (1)	Description of items (2)	Amount Claimed (Rupees) (3)	Amount admissible (Rupees) (for official use) (4)
(i)	Consultation fees (indicate total no. of consultations)		
(ii)	Charges for : (give details with code nos. in separate annexure)		
(a)	Pathological investigations		
(b)	Radiological investigations		
(c)	Medicines		

(1)	(2)	(3)	(4)
(d)	Special devices like hearing aid/artificial appliances etc. (specify)		
(e)	Miscellaneous (specify)		
Total:		**= Rupees**	

Grand Total (package + non-package+ OPD amount) ***=Rupees***

(Rupees: *only)*
(in words)

(Signature of Claimant)

Name in Block Letters

Address:

1. Certified that the relevant bills/vouchers have been verified by me as per latest approved rates of the WBHS, 2008 and the expenditures shown above are correct and the treatment services provided were essential and minimum that required for the recovery of the patient.

2. Certified that the services of Special Nurse/Ayah were required from _____ to _____ that were absolutely essential for the recovery of the patient.

3. Specific procedure/Operation performed was _____ on _____.

4. Conservative treatment provided from _____ to _____.

(Signature of the Treating Specialist with official seal)

Countersigned by Medical Superintendent/
Administrative officer of the empanelled/
recognized Hospital with seal

West Bengal Health Scheme, 2008

FORM "D3"

Essentiality Certificate-cum-Statement of Expenditure Certified by Treating Specialist for treatment services taken from WB Health Scheme non-recognised Private Hospital/ Nursing Home

(Vide Notification No. 10539-F (MED), dt. 21-11-2011)

1. Name of the Govt. employee with identification No. :

2 Name of Office of the Govt. employee with address :

3 Name of the patient, relationship with Govt. Employee & identification No. :

4. Details of expenditure:

(I) Name of disease :

(II) Name & Address of the Hospital :

(III) Period of treatment :

(IV) Total No. of original vouchers :

Details of Amount claimed:
(give details in separate annexure, if required)

Sl. No.	Description of items	Treatment Period	Amount claimed (Rupees)	Amount Admissible (Rupees) (for official use)
(1)	(2)	(3)	(4)	(5)
(i)				
(ii)				
(iii)				

West Bengal Health Scheme, 2008

Sl. No.	Description of items	Treatment Period	Amount claimed (Rupees)	Amount Admissible (Rupees) (for official use)
(1)	(2)	(3)	(4)	(5)
(iv)				
	Total:		**Rupees** _____	_____

(Rupees: *only)*
(in words)

(Signature of Claimant)

Name in Block Letters

Address:

1. Certified that the patient had been admitted under my care at _____Hospital/Nursing Home as an emergency case. The Specific procedure/Operation performed was _____ on _____.
2. Certified that the relevant bills/vouchers have been verified by me and the expenditure shown is correct and the treatment services provided were essential and minimum that was required for the recovery/stabilization of the patient.
3. Certified that the treatment was done in an organization having number of beds _____ and having a License under the West Bengal Clinical Establishment Act and Rules bearing no. _____ . The License is valid up to _____.

Countersigned by Medical Superintendent/
Administrative officer of the Private Hospital/
Nursing Home with seal

(Signature of the Treating Specialist with official seal)

West Bengal Health Scheme, 2008

FORM E

Checklist for Reimbursement of Medical Claims/ Sanction of Advance

(*See* sub-clause (3) of clause 12)

1. Employee's Identification No. & date of enrolment :

2. Full name & designation
   (block letters) :

3. (a) Name of office with address :

   (b) Directorate :

   (c) Department :

4. Whether claim is for employee himself or his beneficiary, if for his beneficiary, mention – :

   a) Name of the beneficiary and relationship with employee :
   b) Beneficiary's Identification No. :
   c) Validity of the Card up to :

5. Entitlement of accommodation (Put tick mark) : Private/Semi-Private/General ward

6. Disease :

7. Name of the hospital where treatment was done/to be done /is going on :

8. Whether treatment was done in non-empanelled hospital : Yes/No
   If yes –
   a) Name of the hospital/nursing home with Clinical Establishment licence No. and address :

9. Period of treatment: a) OPD : from _____ to_____

   b) Indoor/ Day Care treatment : from _____ to_____

10. Details of advance sanctioned -
    a) Amount :
    b) Order No. & date :
    c) Sanctioning Authority :

11. a)Treatment done within the State-

    (i) Copy of intimation letter furnished : Yes/No.
    (Vide Clause-11 of the West Bengal Health Scheme, 2008)
    (ii)Copy of permission letter furnished : Yes/No.
    (For human organ implantation/ Dual-chamber pacemaker/ AICD/ CRT/ more than one drug eluting stents Implantation, etc.) (Vide Para-8 & 9 of Finance Deptt. Notification No. 796-F (MED), dated 31-01-2011)

    b) Treatment done outside the State –
    Copy of permission letter furnished : Yes/No.

12. (A) Whether the claim for reimbursement has been preferred within

(i) three months from the date of discharge of indoor treatment :
(ii) three months from the date of consultation of OPD treatment :
(iii) three months from the date of purchase of medicines, etc. (for continuous OPD treatment) :

(B) If not, whether delay in preferring claim has been condoned by the West Bengal Health Scheme Authority under the Finance Department :

13. The following documents are submitted : (please tick [√] the relevant column)

(a) Photocopy of the Health Scheme Identity Card of
I) Govt. employee : Yes/No.
II) Beneficiary : Yes/No

(b) Essentiality Certificate (as specified) : Yes/No.

(c) Copy of discharge summary : Yes/No.

(d) Copy of OPD prescription : Yes/No

(e) Total Number of original bills & cash memos :

(f) Detailed list/Statement of medicines furnished : Yes/No

(g) Detailed list of investigations furnished : Yes/No

(h) Original papers have been lost the following documents are submitted-

(I) Photocopies of claim papers : Yes/No.

(II) Affidavit on stamp paper : Yes/No.

(III)Photo copy of Police Diary : Yes/No.

(i) In case of death of Govt. employee following documents are submitted-

(I) Affidavit on stamp paper by claimant : Yes/No.

(II) No objection from other legal heirs on stamp papers : Yes/No.

(III) Copy of death certificate : Yes/No.

Dated.....

Signature of the Applicant

West Bengal Health Scheme, 2008

FORM-F

Temporary Family Permit

[*See* sub-clause (9) of clause 10]

1. Name of the Government employee :
2. Employee Identification No. (GPF No.) :
3. Designation :
4. Present Pay (Band pay+ Grade Pay) :
5. Entitlement of accommodation :
6. Date of birth :
7. Date of Superannuation :
8. Residential address :

9. Details of Family :

Sl. No.	Name	Age	Relationship	Monthly Income, If any.	Photograph (Stamp size)
1.					
2.					
3.					
4.					
5.					

Shri/Smt. _____attached to _____ _____ (office) under _____ Department has been enrolled under the West Bengal Health Scheme, 2008 with effect from _____

He/She and his/her family members are entitled to the medical attendance and treatment in a Government Hospital/empanelled Private Hospital or Institution etc. recognised under the West Bengal Health Scheme, 2008 in the entitled class mentioned in Sl. No. 5.

This permit is valid for 6 (six) months from the date of enrolment.*

The temporary family permit is valid till the New entrant Government employee gets G.P.F. No.*

Signature of Cadre controlling authority
/Head of the office.

* Strike out whichever is not applicable.

West Bengal Health Scheme, 2008

FORM I

Application for enrolment under the West Bengal Health Scheme, 2008
(Government pensioner/ family pensioner)
[See sub-para (iv) of para-4 of memo no. 3475 F dt. 11.05.09.]

To
The…… (Pension Sanctioning Authority/ Competent Authority)

Dear Sir,

I, along with my dependent family members whose particulars are given below at Sl. No. 12 may please be enrolled under the West Bengal Health Scheme, 2008 with effect from 1st day of …….(month)…….(year). /

I _____ family pensioner along with dependent family members of my late husband/ wife, Ex-Govt. employee at Sl. No. 12 may be enrolled under the West Bengal Health Scheme, 2008 w.e.f. 1st day of …….(month)……(year).

(* Strike out whichever is not applicable)

My particulars are given below

1. **Name of the Ex-Govt. Employee :**
2. **Residential Address :**
3. **Date of Retirement/Death :**
4. **Department/ Office where rendered services :**
5. **Last Pay (Band Pay+ Grade Pay) drawn before retirement/ death :**
6. **Basic Pension(before commutation) :**
7. **Pension Payment Order No. :**
8. **Name of Treasury with address (In case of Pensioners residing in the districts) :**
9. **Name of Bank with account no. and address (In case of Pensioners residing in Kolkata) :**
10. **Whether a beneficiary of the Health Scheme during service period :**
11. **Identification no. under the Health Scheme during service period before retirement/ death :**
12. **Details of Family :**

Sl. No.	Name	Date of birth/Age	Relationship	Monthly income, if any
1.				
2.				
3.				
4.				
5.				

I do hereby declare that upon enrolment under the above scheme I shall forego the regular medical relief drawn by me as part of pensionary benefits.

I further declare that I shall abide by the provisions of the West Bengal Health Scheme, 2008 as may be in force from time to time.

Signature of the Applicant

FORM II

Certificate of enrolment

(Government pensioner/ family pensioner)

[See sub-para (v) of para-4 of memo no. 3475 F dt. 11.05.09.]

Certified that Shri/ Smt _____ , Ex _____ who was attached to _____ (office) under _____ Department has been enrolled under the West Bengal Health Scheme, 2008, with effect from 1st day of _____ (Month), _____ (Year)/

Certified that Shri/ Smt _____, family pensioner has been enrolled under the West Bengal Health Scheme, 2008, with effect from 1st day of _____ (Month), _____ (Year)

(* Strike out whichever is not applicable)

The particulars of the Ex-Govt. employee and members of family as defined in para 3(v) of memo no. 3475-F dt.11.05.09 read with memo no. 7071-F, dt. 20.07.09 are as follows:-

1. Name of the Ex-Govt. Employee :

2. Residential Address :

3. Date of Retirement/ Death :

4. Department/ Office where rendered services :

5. Last Pay (Band Pay+ Grade Pay) drawn before retirement/ death :

6. Basic Pension (before commutation) :

7. Pension Payment Order No. :

8. Name of Treasury and Bank with address from where pension is drawn (In case of Pensioners residing in the districts) :

9. Name of Bank with account no.

and address :

(In case of Pensioners residing in Kolkata)

10. Identification no. under the Health :

Scheme during service period

before retirement/ death

11. Details of Family :

Sl. No.	Name	Date of birth/Age	Relationship	Monthly income, if any
1.				
2.				
3.				
4.				
5.				

Signature of the Pension Sanctioning Authority/ Competent Authority

Copy forwarded for information and necessary action to:

1. **Shri/ Smt _____ (Ex. _____ _____ / family pensioner)**
2. **The Treasury Officer _____ Treasury _____ (address) /**

The Branch Manager, _____ Bank _____ (address).

He is requested to discontinue the drawal of regular medical relief in respect of Shri/ Smt _____ with effect from 1st day of _____ (Month), _____ (Year).

3. **The Accountant General (A & E), West Bengal, Treasury Buildings, Kolkata-700001.**
4. **Medical Cell, Finance (Audit) Department, Writers' Buildings, Kolkata- 1.**

Signature of the Pension Sanctioning Authority/ Competent Authority

West Bengal Health Scheme, 2008

FORM III

Application Form for settlement of claim for reimbursement.

(*See* sub-para (i) of para 11 of memo no. 3475 F dt. 11.05.09.)

(To be filled in by the applicant)

1. Identification No. **:**

2. Full name of Govt. Pensioner / Family Pensioner **:**

(in Block letters)

3. Full Address:

(i) Office (from where retired)/ **:**

Pension Sanctioning Authority

(ii) Present Residence **:**

4. Enrolment under the Health Scheme w.e.f. **:**

5. Last Pay Drawn (Band Pay + Grade Pay)/ Basic Pension **:**

6. Medical treatment done **:** Self or beneficiary

7. Name of the beneficiary & relationship with

the Ex-Govt. employee **:**

8. Accommodation Category (Put tick mark) **:** Private/Semi-Private/General Ward

9. Name of the Hospital with address & code no.

(i) OPD treatment **:**

(ii) Indoor treatment/ Day Care **:**

10. Period of O.P.D. treatment **:**

11. Period of indoor treatment **:**

12. Disease **:**

13. Total amount claimed –

(i) OPD treatment **:**

(ii) Indoor treatment **:**

14. Details of permission

(i) For treatment in Speciality Hospital outside the State **:**

(ii) For human organ transplantation/ ICD/ CRT/ Dual Chamber Pacemaker/ more than two drug eluting stents, etc. **:**

15. Details of Medical advance, if any

(only for treatment in Govt. Hospital)

(i) Amount sanctioned **:**

(ii) Order no. and date **:**

(iii) Sanctioning Authority **:**

(iv) D.D.O. **:**

Declaration

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me. I am a beneficiary of the West Bengal Health Scheme, 2008, and card issued under the scheme was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Date:

Signature of Govt. Pensioner / Family Pensioner

West Bengal Health Scheme, 2008

FORM "IV$_1$"

Essentiality Certificate-cum-Statement of Expenditure Certified by Treating Specialist

for OPD Treatment

[See sub-para (ii) of para 11 of the memo no. 3475 F dt. 11.05.09.
and clause-7 (1) of the Health Scheme]

1. Name of the Govt. pensioner/ family pensioner with identification No. :

2. Name & address of Office of the Ex-Govt. employee/ Govt. Pensioner/ Pension Sanctioning Authority :

3. Name of the patient, relationship with Ex-Govt. employee & identification No. :

4. Details of expenditure:

(I) Name of the diagnosed disease :
(* vide list enclosed)

(II) Name & Code No. of the empanelled/ recognised Hospital :

(III) Period of OPD treatment :

(IV) Total No. of original bills & vouchers :

(V) Amount claimed for OPD treatment :

Sl. No.	Description of items	Amount Claimed	Amount admissible (for official use)
(a)	Consultation fees (indicate total no. of consultations)		
(b)	Pathological Investigations (give Break-up in a separate annexure with code no.)		
(c)	Radiological investigations (attach separate list, if required, with code no.)		
(d)	Medicines (give details of purchase in separate annexure, if required)		

(e) Special devices like hearing aid/artificial appliances etc. (specify)

(f) Miscellaneous (specify)

Total

(Rupees: only) *(Signature of Claimant)*

Name in Block Letters

Address:

1. Certified that the relevant bills/vouchers have been verified by me in pursuance of the latest approved rates of the WBHS, 2008 and the expenditures shown above are correct and the treatment services prescribed and provided were essential and minimum that required for the recovery of the patient.

2. Certified that the patient, Sri/Smt._____ was/ has been suffering from_____as listed in Sl. No._____ of the WBHS OPD list below*.

Counter signed by

(Signature of the Treating Specialist with official seal)

Administrative officer/Medical Superintendent
of the recognized Hospital with official seal

* **OPD Disease List as per clause –7(1) of the WBHS, 2008**

(i) Malignant diseases,

(ii) Tuberculosis,

(iii) Hepatitis B/C and other liver diseases,

(iv) Insulin-dependent diabetes,

(v) Heart diseases,

(vi) Neurological disorders/Cerebrovascular disorders,

(vii) Malignant malaria,

(viii) Renal failure,

(ix) Thallasaemia/Bleeding disorders/Platelet disorders,

(x) Injuries caused by accidents.

(xi)None of the above list (Specify name of the ailment)
[vide Para-10 of Memo No. 797-F (MED), dated 31-01-2011]

West Bengal Health Scheme, 2008

FORM "IV_2"

Essentiality Certificate-cum-Statement of Expenditure Certified by Treating Specialist

for Indoor/Day Care Treatment and related OPD treatment

[See Para-5 of Memo. No.3475-F Dt.11.5.09, Clause6, Clause-7 (2)]

1. Name of the Govt. Pensioner/family pensioner with identification No. :

2. Name & address of Office of the Ex-Govt. Employee/ Pension Sanctioning Authority :

3. Name of the patient, relationship with Ex-Govt. Employee & identification No. :

4. Details of expenditure:

(I) Name of the diagnosed disease :

(II) Name, Code No. & Class of the empanelled/ recognised Hospital :

(III) Period of Indoor/Day Care treatment :

(IV) Total No. of original bills & vouchers :

(V) Details of Amount claimed

(A) for Package treatment from _____ to _____:

Sl No.	Procedure Name	Procedure Code No.	Amount Claimed (Rupees)	Amount admissible (Rupees) (for official use)
(1)	(2)	(3)	(4)	(5)
(i)				
(ii)				
(iii)				
(iv)				
(v)	Miscellaneous (Specify & give details in separate sheet, if necessary)			
		Total=Rupees		

(B) for Non-Package treatment from _____ to _____

Sl. No. (1)	Description of items (2)	Item Code (3)	Amount claimed (Rupees) (4)	Amount Admissible (Rupees) (for official use) (5)
(i)	Room Rent : (a) Ward			
	(b) ICU/ITU/CCU/NICU/PICU			
	(c) HDU/ Step Down Unit/ Burn Unit			
(ii)	Charges for : (give details with code nos. in separate annexure)			
	(a) Indoor visit of specialist/ super specialist			
	(b) Radiological Investigations			
	(c) Pathological Investigations			
	(d) Medicines			
	(e) Artificial devices			
	(f) Miscellaneous (specify)			
	Total :	**=Rupees**		

(VI) Related OPD treatment in terms of Clause-9 or Clause-7(2)

Sl. No. (1)	Description of Items (2)	Amount Claimed (3)	Amount admissible (for official use) (4)
(i)	Consultation fees (indicate total no. of consultations)		
(ii)	Charges for: (give details with code nos. in separate annexure)		
(a)	Pathological investigations		

(1)	(2)	(3)	(4)
(b)	Radiological investigations		
(c)	Medicines		
(d)	Special devices like hearing aid/artificial appliances etc. (specify)		
(e)	Miscellaneous (specify)		

Total: **=Rupees** ....…….

Grand Total (package + non-package+ OPD amount) ***=Rupees***

(Rupees: *only)*
(in words)

(Signature of Claimant)

Name in Block Letters

Address:

1. Certified that the relevant bills/vouchers have been verified by me as per latest approved rates of the WBHS, 2008 and the expenditures shown above are correct and the treatment services provided were essential and minimum that required for the recovery of the patient.

2. Certified that the services of Special Nurse/Ayah were required from _____ to _____ that were absolutely essential for the recovery of the patient.

3. Specific procedure/Operation performed was _____ on _____.

4. Conservative treatment of _____ (Disease) done from _____ to _____.

(Signature of the Treating Specialist with official seal)

Countersigned by Medical Superintendent/
Administrative officer of the recognized Hospital with seal

West Bengal Health Scheme, 2008

FORM "IV$_3$"

Essentiality Certificate-cum-Statement of Expenditure Certified by Treating Specialist for treatment services taken from WB Health Scheme non-recognised Private Hospital/ Nursing Home

(Vide Notification No. 10539-F (MED), dt. 21-11-2011)

1. Name of the Govt. pensioner/family pensioner with identification No. :

2. Name & address of Office of the Ex-Govt. employee/ Pension Sanctioning Authority :

3. Name of the patient, relationship with Ex-Govt. Employee & identification No. :

4. Details of expenditure:

(I) Name of the disease :

(II) Name & Address of the Hospital :

(III) Period of treatment :

(IV) Total No. of original vouchers :

Details of Amount claimed:
(give details in separate annexure, if required)

Sl. No.	Description of items	Treatment Period	Amount claimed (Rupees)	Amount Admissible (Rupees) (for official use)
(1)	(2)	(3)	(4)	(5)
(i)				
(ii)				
(iii)				

West Bengal Health Scheme, 2008

Sl. No.	Description of items	Treatment Period	Amount claimed (Rupees)	Amount Admissible (Rupees) (for official use)
(1)	(2)	(3)	(4)	(5)
(iv)				
Total:		**Rupees**	_____	_____

(Rupees : *only)*
(in words)

(Signature of Claimant)

Name in Block Letters

Address:

1. Certified that the patient had been admitted under my care at _____Hospital/Nursing Home as an emergency case. The Specific procedure/Operation performed was _____ on _____
2. Certified that the relevant bills/vouchers have been verified by me and the expenditure shown is correct and the treatment services provided were essential and minimum that was required for the recovery/stabilization of the patient.
3. Certified that the treatment was done in an organization having number of beds _____ and having a License under the West Bengal Clinical Establishment Act and Rules bearing no. _____ . The License is valid up to _____.

Countersigned by Medical Superintendent/
Administrative officer of the Private Hospital/
Nursing Home with seal

(Signature of the Treating Specialist with official seal)

West Bengal Health Scheme, 2008

FORM V
Checklist For Reimbursement of Medical Claims
[See sub-para (ii) of para 11 of memo no. 3475 F dt. 11.05.09.]

1. Pensioner's/Family Pensioner's Identification No. & date of enrolment :

2. Full name & designation (block letters) :

3. (a) Name of office with address :

   (b) Directorate :

   (c) Department :

4. Whether claim is for pensioner/family pensioner himself or his beneficiary, if for his beneficiary, mention – :

   a) Name of the beneficiary and relationship with pensioner :
   b) Beneficiary's Identification No. :
   c) Validity of the Card upto :

5. Entitlement of accommodation (Put tick mark) : Private/Semi-Private/General ward

6. Disease :

7. Name of the hospital where treatment was done/ to be done/ is going on :

8. Whether treatment was done in non-empanelled hospital : Yes/No
   If yes –
   a) Name of the hospital/nursing home with Clinical Establishment licence No. and address :

9. Period of treatment: a) OPD : from _____ to_____

   b) Indoor/Day Care treatment from _____ to_____

10. Details of advance sanctioned (if any) -

    a) Amount :

    b) Order No. & date :

    c) Sanctioning Authority :

11. a)Treatment done within the State-
    (i) Copy of intimation letter furnished : Yes/No.

    (ii)Copy of permission letter furnished : Yes/No.
    (For human organ implantation/ Dual-chamber pacemaker/ AICD/ CRT/ more than one drug eluting stents Implantation, etc.) (Vide Para-8 & 9 of Finance Deptt. Notification No. 796-F (MED), dated 31-01-2011)

    b) Treatment done outside the State –
    Copy of permission letter furnished : Yes/No.

12. (a) Whether the claim for reimbursement has been preferred within

(i) three months from the date of discharge of indoor treatment :
(ii) three months from the date of consultation of OPD treatment :
(iii) three months from the date of purchase of medicines, etc. (for continuous OPD treatment) :

(b) If not, whether delay in preferring claim has been condoned by the West Bengal Health Scheme Authority under the Finance Department :

13. The following documents are submitted (please tick [√] the relevant column)--

(a) Photocopy of the Health Scheme identity Card of I) Govt. Pensioner/family pensioner : Yes/No.

II) Beneficiary : Yes/No

(b) Essentiality Certificate (as specified) : Yes/No.

(c) Copy of discharge certificate : Yes/No.

(d) Copy of OPD prescription : Yes/No.

(e) Total Number of original bills & cash memos/ money receipts : Yes/No.

(f) Detailed list/Statement of medicines furnished : Yes/No

(g) Detailed list of investigations furnished : Yes/No

(h) Original papers have been lost the following documents are submitted-

(I) Photocopies of claim paper : Yes/No.

(II) Affidavit on stamp paper : Yes/No.

(III) Photo copy of Police Diary : Yes/No.

(i) In case of death of Govt. Pensioner/ Family Pensioner following documents are submitted-

(I) Affidavit on stamp paper by claimant : Yes/No.

(II) No objection from other legal heirs on stamp papers : Yes/No.

(III) Copy of death certificate : Yes/No.

Dated.....

Signature of the Applicant

FORM- VI

Temporary Family Permit

[See sub-para (vii) of para-7 of memo no. 3475-F dt. 11.05.09]

1. Name of the Govt. Pensioner/ Family Pensioner :
2. Pensioner Identification No. (P.P.O. No.) :
3. Last designation :
4. Last Pay (Band Pay + Grade Pay)/ Basic Pension :
5. Entitlement of accommodation :
6. Date of Birth :
7. Date of retirement/ death :
8. Residential address :
9. Details of Family :

Sl. No.	Name	Age	Relationship	Monthly income, if any	Photograph (Stamp size)
1.					
2.					
3.					
4.					
5.					

Shri/Smt. _____ last attached to _____ (office) under _____ Department/ family pensioner has been enrolled under the West Bengal Health Scheme, 2008 with effect from _____

He/She and his/her family members are entitled to the medical attendance and treatment in a Government Hospital/empanelled Private Hospital or Institution etc. recognised under the West Bengal Health Scheme, 2008 in the entitled class mentioned in Sl. No. 5.

This permit is valid for 6 (six) months from the date of enrolment*.

The temporary family permit is valid till the Government pensioner/ family pensioner gets P.P.O. No.*

Signature of Pension Sanctioning authority
/Competent Authority.

*Strike out whichever is not applicable.