

West Bengal Health Scheme, 2008

FORM "IV₁"

**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 :

<u>Sl. No.</u>	<u>Description of items</u>	<u>Amount Claimed</u>	<u>Amount admissible (for official use)</u>
(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)		

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(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]