

West Bengal Health Scheme, 2008

FORM "D₂"

**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 _____ :**

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

Total=Rupees

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

<u>Sl No.</u>	<u>Description of items</u>	<u>Item Code</u>	<u>Amount Claimed (Rupees)</u>	<u>Amount admissible (Rupees) (for official use)</u>
(1)	(2)	(3)	(4)	(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)

<u>Sl No.</u>	<u>Description of items</u>	<u>Amount Claimed (Rupees)</u>	<u>Amount admissible (Rupees) (for official use)</u>
(1)	(2)	(3)	(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		

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(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: (in words)			<i>only</i>)

(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**