

## 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)				

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Sl. No.	<u>Description of items</u>	<u>Treatment Period</u>	Amount claimed <u>(Rupees)</u>	Amount Admissible (Rupees) <u>(for official use)</u>
(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. 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)*