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. <u>Details of expenditure</u>:

(I)	Name of disease

(II) Name & Address of the Hospital

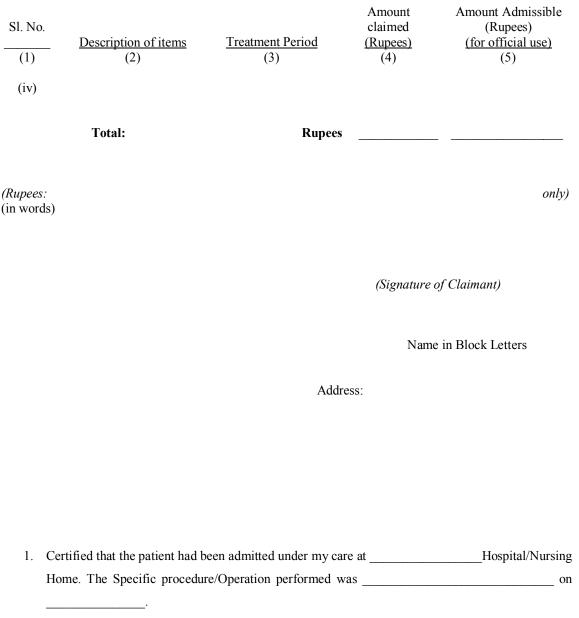
(III) Period of treatment :(IV) Total No. of original vouchers :

Details of Amount claimed:

(give details in separate annexure, if required)

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

West Bengal Health Scheme, 2008



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.

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)