

Name and address of HCO with CODE

Essentiality Certificate cum Statement of Expenditure for cashless treatment filled under West Bengal Health for All Employees & Pensioners Cashless Medical Treatment Scheme, 2014.

GOVT. EMPLOYEE / PENSIONER'S name.....

Enrolment ID no. ....

HCO claim reference no. Date.....

Name of the patient with enrolment ID.....

Period of Indoor Treatment:- From.....to.....

For package treatment

Name of procedure	Procedure code	Amount claimed	Amount admissible (for office use)
<b>TOTAL</b>			

Implant used Code Amount

Non-coded item- Amount

Package Treatment:- Package + Implants(if any)=

For non-package treatment

Consolidated Items details in supporting Bills/Papers	Amount claimed	Amount admissible (for office use)
1.Bed Rent		
2.Doctors fees		
3.Medicines		
4.Investigation		
5.Consumables		
6.Implants		
7.Artificial devices-		
8.Special nursing		
9.Miscellaneous		

GRAND TOTAL (I + II) = Rs.....(in words )

Amount Claimed to State Govt:-Rs.....(in words.....)

Amount received from State Govt. Employee/Govt.Pensioner:-Rs.....(in words.....)

Signature of the Govt Employee/Pensioners.....

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.

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

Specific procedure/operation performed was.....on.....

Conservative treatment provided from.....to.....

(Signature of the Treating Specialist with official seal)

Countersigned by Medical Superintendent  
/Administrative officer of the empanelled  
/Recognised hospital with seal