

West Bengal Health Scheme, 2008

FORM E

Checklist for Reimbursement of Medical Claims/ Sanction of Advance
(See sub-clause (3) of clause 12)

1. Employee's Identification No. & date of enrolment : _____
2. Full name & designation
(block letters) : _____
3. (a) Name of office with address : _____
(b) Directorate : _____
(c) Department : _____
4. Whether claim is for employee himself or his beneficiary, if for his beneficiary, mention – : _____
 - a) Name of the beneficiary and relationship with employee : _____
 - b) Beneficiary's Identification No. : _____
 - c) Validity of the Card up to : _____
5. Entitlement of accommodation (Put tick mark) : Private/Semi-Private/General ward
6. Disease : _____
7. Name of the hospital where treatment was done/to be done /is going on : _____
8. Whether treatment was done in non-empanelled hospital : Yes/No
If yes –
 - a) Name of the hospital/nursing home with Clinical Establishment licence No. and address : _____
9. Period of treatment: a) OPD : from _____ to _____
b) Indoor/ Day Care treatment : from _____ to _____
10. Details of advance sanctioned -
 - a) Amount : _____
 - b) Order No. & date : _____
 - c) Sanctioning Authority : _____
11. a) Treatment done within the State-
 - (i) Copy of intimation letter furnished : Yes/No.
(Vide Clause-11 of the West Bengal Health Scheme, 2008)
 - (ii) Copy of permission letter furnished : Yes/No.
(For human organ implantation/ Dual-chamber pacemaker/ AICD/ CRT/ more than one drug eluting stents Implantation, etc.) (Vide Para-8 & 9 of Finance Deptt. Notification No. 796-F (MED), dated 31-01-2011)
 - b) Treatment done outside the State –
Copy of permission letter furnished : Yes/No.

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12. (A) Whether the claim for reimbursement has been preferred within
- (i) three months from the date of discharge of indoor treatment : Yes/No.
 - (ii) three months from the date of consultation of OPD treatment : Yes/No.
 - (iii) three months from the date of purchase of medicines, etc. : Yes/No.
(for continuous OPD treatment)
- (B) If not, whether delay in preferring claim has been condoned by the West Bengal Health Scheme Authority under the Finance Department : Yes/No.
13. The following documents are submitted (please tick [√] the relevant column)
- (a) Photocopy of the Health Scheme Identity Card of
 - I) Govt. employee : Yes/No.
 - II) Beneficiary : Yes/No
 - (b) Essentiality Certificate (as specified) : Yes/No.
 - (c) Copy of discharge summary : Yes/No.
 - (d) Copy of OPD prescription : Yes/No
 - (e) Total Number of original bills & cash memos :
 - (f) Detailed list/Statement of medicines furnished : Yes/No
 - (g) Detailed list of investigations furnished : Yes/No
 - (h) Original papers have been lost the following documents are submitted-
 - (I) Photocopies of claim papers : Yes/No.
 - (II) Affidavit on stamp paper : Yes/No.
 - (III) Photo copy of Police Diary : Yes/No.
 - (i) In case of death of Govt. employee following documents are submitted-
 - (I) Affidavit on stamp paper by claimant : Yes/No.
 - (II) No objection from other legal heirs on stamp papers : Yes/No.
 - (III) Copy of death certificate : Yes/No.

Dated.....

Signature of the Applicant