

**West Bengal Health Scheme, 2008**

**FORM III**

**Application Form for settlement of claim for reimbursement.**

(See sub-para (i) of para 11 of memo no. 3475 F dt. 11.05.09.)

(To be filled in by the applicant)

1. Identification No. :
2. Full name of Govt. Pensioner / Family Pensioner :  
(in Block letters)
3. Full Address:
  - (i) Office (from where retired)/ :  
Pension Sanctioning Authority
  - (ii) Present Residence :
4. Enrolment under the Health Scheme w.e.f. :
5. Last Pay Drawn (Band Pay + Grade Pay)/ Basic Pension :
6. Medical treatment done : Self or beneficiary
7. Name of the beneficiary & relationship with  
the Ex-Govt. employee :
8. Accommodation Category (Put tick mark) : Private/Semi-Private/General Ward
9. Name of the Hospital with address & code no.
  - (i) OPD treatment :
  - (ii) Indoor treatment/ Day Care :
10. Period of O.P.D. treatment :
11. Period of indoor treatment :
12. Disease :

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13. Total amount claimed –
- (i) OPD treatment :
  - (ii) Indoor treatment :
14. Details of permission
- (i) For treatment in Speciality Hospital outside the State :
  - (ii) For human organ transplantation/ ICD/ CRT/ Dual Chamber Pacemaker/ more than two drug eluting stents, etc. :
15. Details of Medical advance, if any  
(only for treatment in Govt. Hospital)
- (i) Amount sanctioned :
  - (ii) Order no. and date :
  - (iii) Sanctioning Authority :
  - (iv) D.D.O. :

**Declaration**

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me. I am a beneficiary of the West Bengal Health Scheme, 2008, and card issued under the scheme was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

**Date:**

***Signature of Govt. Pensioner /  
Family Pensioner***