

West Bengal Health Scheme, 2008

FORM "IV₂"

**Essentiality Certificate-cum-Statement of Expenditure Certified by Treating Specialist
for Indoor/Day Care Treatment and related OPD treatment**

[See Para-5 of Memo. No.3475-F Dt.11.5.09, Clause6, Clause-7 (2)]

1. Name of the Govt. Pensioner/family pensioner with identification No. :
2. Name & address of Office of the Ex-Govt. Employee/ Pension Sanctioning Authority :
3. Name of the patient, relationship with Ex-Govt. Employee & identification No. :

4. Details of expenditure:

(I) Name of the diagnosed disease :

(II) Name, Code No. & Class of the empanelled/
recognised Hospital :

(III) Period of Indoor/Day Care treatment :

(IV) Total No. of original bills & vouchers :

(V) Details of Amount claimed

(A) for Package treatment from _____ to _____:

<u>Sl No.</u>	<u>Procedure Name</u>	<u>Procedure Code No.</u>	<u>Amount Claimed (Rupees)</u>	<u>Amount admissible (Rupees) (for official use)</u>
(1)	(2)	(3)	(4)	(5)
(i)				
(ii)				
(iii)				
(iv)				
(v)	Miscellaneous (Specify & give details in separate sheet, if necessary)			

Total=Rupees

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(B) for Non-Package treatment from _____ to _____

<u>Sl. No.</u> (1)	<u>Description of items</u> (2)	<u>Item Code</u> (3)	<u>Amount claimed (Rupees)</u> (4)	<u>Amount Admissible (Rupees) (for official use)</u> (5)
(i)	Room Rent :			
	(a) Ward			
	(b) ICU/ITU/CCU/NICU/PICU			
	(c) HDU/ Step Down Unit/ Burn Unit			
(ii)	Charges for :			
	(give details with code nos. in separate annexure)			
	(a) Indoor visit of specialist/ super specialist			
	(b) Radiological Investigations			
	(c) Pathological Investigations			
	(d) Medicines			
	(e) Artificial devices			
	(f) Miscellaneous (specify)			
Total :			=Rupees	

(VI) Related OPD treatment in terms of Clause-9 or Clause-7(2)

<u>Sl. No.</u> (1)	<u>Description of Items</u> (2)	<u>Amount Claimed</u> (3)	<u>Amount admissible (for official use)</u> (4)
(i)	Consultation fees (indicate total no. of consultations)		
(ii)	Charges for:		
	(give details with code nos. in separate annexure)		
(a)	Pathological investigations		

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|-----|--|-----|-----|-----|
| (1) | | (2) | (3) | (4) |
| (b) | Radiological investigations | | | |
| (c) | Medicines | | | |
| (d) | Special devices like hearing aid/artificial appliances etc.
(specify) | | | |
| (e) | Miscellaneous (specify) | | | |

Total: =Rupees

Grand Total (package + non-package+ OPD amount) =Rupees

(Rupees: only)
(in words)

(Signature of Claimant)

Name in Block Letters

Address:

1. 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.

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

3. Specific procedure/Operation performed was _____ on _____

4. Conservative treatment of _____ (Disease) done from _____ to _____.

*(Signature of the Treating Specialist
with official seal)*

Countersigned by Medical Superintendent/
Administrative officer of the recognized Hospital with seal