## West Bengal Health Scheme, 2008

## FORM "IV<sub>3</sub>"

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. 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 disease	:	
	(II) Name & Address of the Hospital	:	
	(III) Period of treatment	:	
	(IV) Total No. of original vouchers	:	
	<u>Details of Amount claimed</u> : (give details in separate annexure, if required)		
Sl. No.	Description of items (2) Treatment Period (3)	Amount claimed (Rupees) (4)	Amount Admissible (Rupees) (for official use) (5)
(i)			
(ii)			
(iii)			

## West Bengal Health Scheme, 2008

Sl. No.	Description of items	Treatment Period (3)	Amount claimed (Rupees)	Amount Admissible (Rupees) (for official use)
	(2)	(3)	(4)	(5)
(iv)				
Tot	tal:	Rupees		
upees : n words)				only)
			(Sign	nature of Claimant)
			Nam	e in Block Letters
			Address:	
Home.	fied that the patient had be The Specific procedure/Op	en admitted under my care eration performed was	e at	Hospital/Nursing
correct recovery 3. Certi	fied that the relevant bills and the treatment services y/stabilization of the patien fied that the treatment wa a License under the W	s provided were essential t.	and minimum the having number	hat was required for the of beds and

Countersigned by Medical Superintendent/ Administrative officer of the Private Hospital/ Nursing Home with seal (Signature of the Treating Specialist with official seal)