

## West Bengal Health Scheme, 2008

### FORM V

#### Checklist For Reimbursement of Medical Claims

[See sub-para (ii) of para 11 of memo no. 3475 F dt. 11.05.09.]

1. Pensioner's/Family Pensioner'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 pensioner/family pensioner himself or his beneficiary, if for his beneficiary, mention – :  
a) Name of the beneficiary and relationship with pensioner :  
b) Beneficiary's Identification No. :  
c) Validity of the Card upto :
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 (if any) -  
a) Amount :  
b) Order No. & date :  
c) Sanctioning Authority :
11. a) Treatment done within the State-  
(i) Copy of intimation letter furnished : Yes/No.  
(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. Pensioner/family pensioner : Yes/No.  
II) Beneficiary : Yes/No
  - (b) Essentiality Certificate (as specified) : Yes/No.
  - (c) Copy of discharge certificate : Yes/No.
  - (d) Copy of OPD prescription : Yes/No.
  - (e) Total Number of original bills & cash memos/ money receipts : Yes/No.
  - (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 paper : Yes/No.
    - (II) Affidavit on stamp paper : Yes/No.
    - (III) Photo copy of Police Diary : Yes/No.
  - (i) In case of death of Govt. Pensioner/ Family Pensioner 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*