

HCO GUIDELINE FOR

ONLINE BILLING

[NEXT](#)

ADMIT PATIENT

DISCHARGE PATIENT

EXPENDITURE STATEMENT

MIS & REPORTS

QUERY RESPONSE

UPDATE DETAILS

SEEK PERMISSION

RESPOND TO PERMISSION

MASTER DATA ENTRY

ONLINE BILLING

FOR ANY KIND OF TECHNICAL ISSUES IN THE TIME OF ADMISSION AND DISCHARGE PLEASE MAIL TO :

support.cmt-wb@nic.in

PATIENT ADMISSION

PLEASE SELECT YOUR CHOICE:

- BENEFICIARY ID NUMBER PRESENT IN THE ENROLLMENT CERTIFICATE
- PROCEED WITH EMPLOYEE NO.(HRMS ID) FROM PAYSリップ OF EMPLOYEE

APPLICATION ID:

GPF/PPO NUMBER:

BENEFICIARY ID NO.

EMPLOYEE NAME:

BENEFICIARY NAME:

RELATION:

BENEFICIARY D.O.B:

ADDRESS:

DEPARTMENT:

MOBILE NUMBER:

DRAWING AND DISBURSING OFFICER:

WARD ASSIGNED :

PREVIOUS

NEXT

CLICK HERE FOR ADMIT PATIENT

- EXPENDITURE STATEMENT
- MIS & REPORTS
- QUERY RESPONSE
- UPDATE DETAILS
- SEEK PERMISSION
- RESPOND TO PERMISSION
- MASTER DATA ENTRY
- ONLINE BILLING

CLICK HERE TO SELECT BENEFICIARY ID NUMBER

PATIENT ADMISSION

PLEASE SELECT YOUR CHOICE:

1

BENEFICIARY ID NUMBER PRESENT IN THE ENROLLMENT CERTIFICATE

PROCEED WITH EMPLOYEE NO.(HRMS ID) FROM PAYSLIP OF EMPLOYEE

ENTER BENEFICIARY ID NUMBER PRESENT IN THE ENROLLMENT CERTIFICATE:

NPR/WB/43421/1/2

Proceed

PHOTO	SIGN	EMP/PEN SIGN
		

APPLICATION ID:	WB/EMP/01/000272464
GPF/PPO NUMBER:	NPR/WB/43421
BENEFICIARY ID NO.	NPR/WB/43421/1/2
EMPLOYEE NAME	NIRUPOM ROY
BENEFICIARY NAME:	NIRUPOM ROY
RELATION:	SELF
BENEFICIARY D.O.B:	11/05/1981
ADDRESS:	115, BLOCK-A
DEPARTMENT:	OTHER OFFICE
OTHER OFFICE NAME:	CALCUTTA UNIVERSITY
MOBILE NUMBER:	9038322423
DRAWING AND DISBURSING OFFICER:	DEPUTY SECRETARY AND DDO FINANCE DEPTT., (CABFNA008)
WARD ASSIGNED :	PRIVATE

PREVIOUS

NEXT

CLICK HERE TO PROCEED

ENTER BENEFICIARY ID NUMBER FROM ENROLLMENT CERTIFICATE

PATIENT DETAILS FOR ADMISSION

IF ASSIGNED WARD IS DIFFERENT FROM ENROLMENT CERTIFICATE, PLEASE MAIL US AT support.cmt-wb@nic.in

DO YOU WANT TO ADMIT THE PATIENT: Yes No

RESPOND TO PERMISSION

MASTER DATA ENTRY ▶

ONLINE BILLING ▶

ENTER BENEFICIARY ID NUMBER PRESENT
IN THE ENROLLMENT CERTIFICATE:

NPR/WB/43421/1/2

Proceed

PHOTO	SIGN	EMP/PEN SIGN
		

APPLICATION ID: WB/EMP/01/000272464

GPF/PPO NUMBER: NPR/WB/43421

BENEFICIARY ID NO. NPR/WB/43421/1/2

EMPLOYEE NAME NIRUPOM ROY

BENEFICIARY NAME: NIRUPOM ROY

RELATION: SELF

BENEFICIARY D.O.B: 11/05/1981

ADDRESS: 115, BLOCK-A

DEPARTMENT: OTHER OFFICE

OTHER OFFICE NAME: CALCUTTA UNIVERSITY

MOBILE NUMBER: 9038322423

DRAWING AND DISBURSING OFFICER: DEPUTY SECRETARY AND DDO FINANCE DEPTT., (CABFNA008)

WARD ASSIGNED : PRIVATE

**IF ASSIGNED WARD IS DIFFERENT FROM ENROLMENT CERTIFICATE,
PLEASE MAIL US AT support.cmt-wb@nic.in**

DO YOU WANT TO ADMIT THE PATIENT: Yes No

CLICK HERE TO ADMIT PATIENT

Save

CLICK HERE TO
SAVE DATA

CLICK HERE TO CANCEL
ADMISSION

PREVIOUS

NEXT

- RESPOND TO PERMISSION
- MASTER DATA ENTRY ▶
- ONLINE BILLING ▶

wbhealthscheme.gov.in says
PATIENT ADMISSION SUCCESSFUL WITH TRANSACTION ID
=WBCTR#041341408032018509429.

OK

READ THE MESSAGE BOX
CAREFULLY FOR TRANSACTION
ID FOR FUTURE USE

CLICK HERE TO CLOSE THE
MESSAGE BOX

GPF/PPO NUMBER:	NPR/WB/43421
BENEFICIARY ID NO:	APR/WB/43421/1/2
EMPLOYEE NAME	NIRUPOM ROY
BENEFICIARY NAME:	NIRUPOM ROY
RELATION:	SELF
BENEFICIARY D.O.B:	11/05/1981
ADDRESS:	115, BLOCK-A
DEPARTMENT:	OTHER OFFICE
OTHER OFFICE NAME:	CALCUTTA UNIVERSITY
MOBILE NUMBER:	9038322423
DRAWING AND DISBURSING OFFICER:	DEPUTY SECRETARY AND DDO FINANCE DEPTT., (CABFNA008)
WARD ASSIGNED :	PRIVATE

**IF ASSIGNED WARD IS DIFFERENT FROM ENROLMENT CERTIFICATE,
PLEASE MAIL US AT support.cmt-wb@nic.in**

DO YOU WANT TO ADMIT THE PATIENT: Yes No

Save

PREVIOUS

NEXT

ADMIT PATIENT
DISCHARGE PATIENT
EXPENDITURE STATEMENT
MIS & REPORTS ▶
QUERY RESPONSE
UPDATE DETAILS
SEEK PERMISSION
RESPOND TO PERMISSION
MASTER DATA ENTRY ▶
ONLINE BILLING ▶

FOR ANY KIND OF TECHNICAL ISSUES IN THE TIME OF ADMISSION AND DISCHARGE PLEASE MAIL TO :
support.cmt-wb@nic.in

**CLICK HERE FOR
DISCHARGE PATIENT**

DISCHARGE PATIENT

PLEASE SELECT YOUR CHOICE:*

- BENEFICIARY ID NUMBER PRESENT IN THE ENROLLMENT CERTIFICATE
- PROCEED WITH EMPLOYEE NO.(HRMS ID) FROM PAYSIP OF EMPLOYEE

ADMISSION DATE:

TRANSACTION ID:

ENROLLMENT ID:

GPF/PPO NUMBER:

EMPLOYEE NAME:

BENEFICIARY NAME:

RELATION:

BENEFICIARY D.O.B:

ADDRESS:

DEPARTMENT:

MOBILE NUMBER:

DRAWING AND DISBURSING OFFICER:

DO YOU WANT TO PREPARE BILL FROM THIS PORTAL?*

Yes

No

PREVIOUS

NEXT

- ADMIT PATIENT
- DISCHARGE PATIENT
- EXPENDITURE STATEMENT
- MIS & REPORTS
- QUERY RESPONSE
- UPDATE DETAILS
- SEEK PERMISSION
- RESPOND TO PERMISSION
- MASTER DATA ENTRY
- ONLINE BILLING

FOR ANY KIND OF TECHNICAL ISSUES IN THE TIME OF ADMISSION AND DISCHARGE PLEASE MAIL TO :
support.cmt-wb@nic.in

CLICK HERE TO SELECT BENEFICIARY ID NUMBER

DISCHARGE PATIENT

PLEASE SELECT YOUR CHOICE:*

BENEFICIARY ID NUMBER PRESENT IN THE ENROLLMENT CERTIFICATE

PROCEED WITH EMPLOYEE NO.(HRMS ID) FROM PAYSリップ OF EMPLOYEE

ENTER BENEFICIARY ID NUMBER PRESENT IN THE ENROLLMENT CERTIFICATE*

NPR/WB/43421/1/2

Proceed

ADMISSION DATE:	03/08/2018
TRANSACTION ID:	WBCTR#041341408032018509429
ENROLLMENT ID:	WB/EMP/01/000272464
GPF/PPO NUMBER:	NPR/WB/43421
EMPLOYEE NAME	NIRUPOM ROY
BENEFICIARY NAME:	NIRUPOM ROY
RELATION:	SELF
BENEFICIARY D.O.B:	11/05/1981
ADDRESS:	115, BLOCK-A
DEPARTMENT:	OTHER OFFICE
OTHER OFFICE NAME:	CALCUTTA UNIVERSITY
MOBILE NUMBER:	9038322423
DRAWING AND DISBURSING OFFICER:	DEPUTY SECRETARY AND DDO FINANCE DEPTT., (CABFNA008)

DO YOU WANT TO PREPARE BILL FROM THIS PORTAL?*

Yes No

PATIENT DETAILS FOR DISCHARGE

PREVIOUS

NEXT

1

2

3

ENTER BENEFICIARY ID NUMBER FROM ENROLLMENT CERTIFICATE

CLICK HERE TO PROCEED

PAYSLIP OF EMPLOYEE

ENTER BENEFICIARY ID NUMBER PRESENT IN THE ENROLLMENT CERTIFICATE*

ADMISSION DATE: 03/08/2018

TRANSACTION ID: WBCTR#041341408032018509429

ENROLLMENT ID: WB/EMP/01/000272464

GPF/PPO NUMBER: NPR/WB/43421

EMPLOYEE NAME: NIRUPOM ROY

BENEFICIARY NAME: NIRUPOM ROY

RELATION: SELF

BENEFICIARY D.O.B: 11/05/1981

ADDRESS: 115, BLOCK-A

DEPARTMENT: OTHER OFFICE

OTHER OFFICE NAME: CALCUTTA UNIVERSITY

MOBILE NUMBER: 9038322423

DRAWING AND DISBURSING OFFICER: DEPUTY SECRETARY AND DDO FINANCE DEPTT., (CABFNA008)

DO YOU WANT TO PREPARE BILL FROM THIS PORTAL?*

Yes No

SELECT	PERMISSION ID	BENEFICIARY NAME	PERMISSION DETAILS
<input type="checkbox"/>	PERM20180803113409623	NIRUPOM ROY	MULTIPLE PROCEDURES(MORE THAN TWO)

TOTAL TREATMENT COST:*

AMOUNT RECEIVED FROM PATIENT:*

IS THIS TREATMENT COVERED UNDER ANY PRIVATE INSURANCE?*

WHETHER PATIENT IS FIT FOR DISCHARGE:*

Yes No

Yes No

IF YOU SELECT YES

FILL THE DATA CAREFULLY HERE

- UPDATE DETAILS
- SEEK PERMISSION
- RESPOND TO PERMISSION
- MASTER DATA ENTRY ▶
- ONLINE BILLING ▶

PLEASE SELECT YOUR CHOICE:*

- BENEFICIARY ID NUMBER PRESENT IN THE ENROLLMENT CERTIFICATE
- PROCEED WITH EMPLOYEE NO.(HRMS ID) FROM PAYSLIP OF EMPLOYEE

ENTER BENEFICIARY ID NUMBER PRESENT IN THE ENROLLMENT CERTIFICATE*

NPR/WB/43421/1/2

Proceed

ADMISSION DATE: 03/08/2018

TRANSACTION ID: WBCTR#041341408032018509429

ENROLLMENT ID: WB/EMP/01/000272464

GPF/PPO NUMBER: NPR/WB/43421

EMPLOYEE NAME: NIRUPOM ROY

BENEFICIARY NAME: NIRUPOM ROY

RELATION: SELF

BENEFICIARY D.O.B: 11/05/1981

ADDRESS: 115, BLOCK-A

DEPARTMENT: OTHER OFFICE

OTHER OFFICE NAME: CALCUTTA UNIVERSITY

MOBILE NUMBER: 9038322423

DRAWING AND DISBURSING OFFICER: DEPUTY SECRETARY AND DDO FINANCE DEPTT., (CABFNA008)

PREVIOUS NEXT

DO YOU WANT TO PREPARE BILL FROM THIS PORTAL?*

- Yes
- No

SELECT	PERMISSION ID	BENEFICIARY NAME	PERMISSION DETAILS
<input checked="" type="checkbox"/>	PERM20180803113409623	NIRUPOM ROY	MULTIPLE PROCEDURES(MORE THAN TWO)

TOTAL TREATMENT COST:*

AMOUNT RECEIVED FROM PATIENT:*

IS THIS TREATMENT COVERED UNDER ANY PRIVATE INSURANCE?*

INSURANCE APPROVAL AMOUNT:*

90000

5200

- Yes
- No

4200

WHETHER PATIENT IS FIT FOR DISCHARGE:*

- Yes
- No

CLICK HERE TO SELECT IF THIS PERMISSION IS APPLICABLE FOR THIS TREATMENT (IN CASE OF PRE ADMISSION)

ENTER AMOUNT RECEIVED FROM PATIENT

ENTER TOTAL BILL AMOUNT

ENTER INSURANCE APPROVAL AMOUNT IF THIS TREATMENT COVERED UNDER ANY PRIVATE INSURANCE

- UPDATE DETAILS
- SEEK PERMISSION
- RESPOND TO PERMISSION
- MASTER DATA ENTRY ▶
- ONLINE BILLING ▶

PLEASE SELECT YOUR CHOICE:*

- BENEFICIARY ID NUMBER PRESENT IN THE ENROLLMENT CERTIFICATE
- PROCEED WITH EMPLOYEE NO.(HRMS ID) FROM PAYSLIP OF EMPLOYEE

ENTER BENEFICIARY ID NUMBER PRESENT IN THE ENROLLMENT CERTIFICATE*

NPR/WB/43421/1/2

Proceed

ADMISSION DATE: **03/08/2018**

TRANSACTION ID: **WBCTR#041341408032018509429**

ENROLLMENT ID: WB/EMP/01/000272464

GPF/PPO NUMBER: NPR/WB/43421

EMPLOYEE NAME: NIRUPOM ROY

BENEFICIARY NAME: NIRUPOM ROY

RELATION: SELF

BENEFICIARY D.O.B: 11/05/1981

ADDRESS: 115, BLOCK-A

DEPARTMENT: OTHER OFFICE

OTHER OFFICE NAME: CALCUTTA UNIVERSITY

MOBILE NUMBER: 9038322423

DRAWING AND DISBURSING OFFICER: DEPUTY SECRETARY AND DDO FINANCE DEPTT., (CABFNA008)

PREVIOUS NEXT

DO YOU WANT TO PREPARE BILL FROM THIS PORTAL?*

- Yes
- No

SELECT	PERMISSION ID	BENEFICIARY NAME	PERMISSION DETAILS
<input checked="" type="checkbox"/>	PERM20180803113409623	NIRUPOM ROY	MULTIPLE PROCEDURES(MORE THAN TWO)

TOTAL TREATMENT COST:*

AMOUNT RECEIVED FROM PATIENT:*

IS THIS TREATMENT COVERED UNDER ANY PRIVATE INSURANCE?*

INSURANCE APPROVAL AMOUNT:*

90000

5200

- Yes
- No

4200

CLICK HERE TO PROCEED TO DISCHARGE

CLICK HERE IF PATIENT IS FIT FOR DISCHARGE

WHETHER PATIENT IS FIT FOR DISCHARGE:*

- Yes
- No

OK

wbhealthscheme.gov.in says

PATIENT IS NOW FIT TO DISCHARGE

PATIENT IS NOW DISCHARGE SUCCESSFULLY

OK

EMPLOYEE NAME

NIRUPOM ROY

BENEFICIARY NAME:

NIRUPOM ROY

RELATION: PLEASE WAIT WHILE YOUR REQUEST IS BEING PROCESSED

BENEFICIARY D.O.B:

11/05/1981

ADDRESS:

115, BLOCK-A

DEPARTMENT:

OTHER OFFICE

OTHER OFFICE NAME:

CALCUTTA UNIVERSITY

MOBILE NUMBER:

9038322423

DRAWING AND DISBURSING OFFICER:

DEPUTY SECRETARY AND DDO FINANCE DEPT., (CABFNA008)

DO YOU WANT TO PREPARE BILL FROM THIS PORTAL?*

Yes

No

SELECT	PERMISSION ID	BENEFICIARY NAME	PERMISSION DETAILS
<input checked="" type="checkbox"/>	PERM20180803113409623	NIRUPOM ROY	MULTIPLE PROCEDURES (MORE THAN TWO)

TOTAL TREATMENT COST:*

90000

AMOUNT RECEIVED FROM PATIENT:*

5200

IS THIS TREATMENT COVERED UNDER ANY PRIVATE INSURANCE?*

Yes

No

INSURANCE APPROVAL AMOUNT:*

4200

WHETHER PATIENT IS FIT FOR DISCHARGE:*

Yes

No

OK

PREVIOUS

NEXT

TRANSACTION ID:

WBCTR#041341408032018509429

WB/EMP/01/000272464

WB/EMP/01/000272464

GPF/PPO NUMBER:

NPR/WB/43421

EMPLOYEE NAME

NIRUPOM ROY

REPORT GENERATED (FORM-H)

1 of 1

TRANSACTION ID :- WBCTR#041341408032018509429

FORM-H

INFORMATION SHEET FOR CASHLESS INDOOR MEDICAL TREATMENT

NAME OF HCO WITH CODE NUMBER :- NIC MEDICAL CENTRE (TESTING), (0413414)

DISTRICT OF HCO :- KOLKATA

DECLARATION OF GOVERNMENT EMPLOYEE AS PER THE PROVISIONS OF WEST BENGAL HEALTH FOR ALL EMPLOYEES AND PENSIONERS CASHLESS MEDICAL TREATMENT SCHEME,2014

1. NAME OF THE GOVERNMENT EMPLOYEE:- NIRUPOM ROY

2. ENROLLMENT ID:- WB/EMP/01/000272464

OK

WHETHER PATIENT IS FIT FOR DISCHARGE:*

Yes

No

GENERATE FORM-H FOR THE PATIENT

PREVIOUS

NEXT

TRANSACTION ID:

WBCTR#041341408032018509429

WB/EHP/01/000272464

GPF/PPO NUMBER:

NPR/WB/43421

EMPLOYEE NAME

NIRUPOM ROY

REPORT GENERATED (FORM-H)

1 of 1

16. TOTAL TREATMENT COST:-	Rs. 90000 /-
17. INSURANCE APPROVAL AMOUNT:-	Rs. 4200 /-
18. AMOUNT RECEIVED FROM GOVT. EMPLOYEE (FOR TREATMENT COST UPTO Rs 1 LAKH/-):-	Rs. 5200 /-
19. AMOUNT CLAIMED TO STATE GOVERNMENT:-	Rs. 80600 /-
20. AMOUNT RECEIVED FROM GOVERNMENT EMPLOYEE (FOR TREATMENT COST EXCEEDING Rs 1 LAKH/-):-	Rs. NOT APPLICABLE /-

I HEREBY DECLARE THAT THE FURNISHED INFORMATION HEREIN ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER DECLARE THAT I SHALL ABIDE BY THE PROVISIONS OF WEST BENGAL HEALTH FOR ALL EMPLOYEES AND PENSIONERS CASHLESS MEDICAL TREATMENT SCHEME,2014 AS MAY BE IN FORCE FROM TIME TO TIME.

OK

WHETHER PATIENT IS FIT FOR DISCHARGE:*

Yes

No

GENERATE FORM-H FOR THE PATIENT

PREVIOUS

NEXT

REPORT GENERATED (FORM-H)**CLICK HERE AND SELECT "PDF" FORMAT TO DOWNLOAD REPORT (FORM-H)**

16. TOTAL TREATMENT COST **Rs. 90000 /-**

17. INSURANCE APPROVAL A **Rs. 4200 /-**

18. AMOUNT RECEIVED FROM GOVT. EMPLOYEE (FOR TREATMENT COST UPTO Rs 1 LAKH/-):- **Rs. 5200 /-**

19. AMOUNT CLAIMED TO STATE GOVERNMENT:- **Rs. 80600 /-**

20. AMOUNT RECEIVED FROM GOVERNMENT EMPLOYEE (FOR TREATMENT COST EXCEEDING Rs 1 LAKH/-):- **Rs. NOT APPLICABLE /-**

I HEREBY DECLARE THAT THE FURNISHED INFORMATION HEREIN ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER DECLARE THAT I SHALL ABIDE BY THE PROVISIONS OF WEST BENGAL HEALTH FOR ALL EMPLOYEES AND PENSIONERS CASHLESS MEDICAL TREATMENT SCHEME, 2014 AS MAY BE IN FORCE FROM TIME TO TIME.

OK

CLICK HERE TO CLOSE REPORT WINDOW

GENERATE FORM-H FOR THE PATIENT

PREVIOUS

NEXT

FORM-H

INFORMATION SHEET FOR CASHLESS INDOOR MEDICAL TREATMENT

NAME OF HCO WITH CODE NUMBER :-
DISTRICT OF HCO :-

NIC MEDICAL CENTRE (TESTING), (
0413414)
KOLKATA

DECLARATION OF GOVERNMENT EMPLOYEE AS PER THE PROVISIONS OF WEST BENGAL HEALTH FOR ALL EMPLOYEES AND PENSIONERS CASHLESS MEDICAL TREATMENT SCHEME,2014

1. NAME OF THE GOVERNMENT EMPLOYEE:-	NIRUPOM ROY
2. ENROLLMENT ID:-	WB/EMP/01/000272464
3. NAME OF PATIENT WITH IDENTIFICATION NUMBER:-	NIRUPOM ROY,NPR/WB/43421/1/2
4. ADMISSION DATE:-	03/08/2018
5. DISCHARGE DATE:-	03/08/2018
6. PERMANENT ADDRESS:-	115, BLOCK-A
7. CORRESPONDENCE ADDRESS:-	
8. RESIDENCE PHONE NUMBER/MOBILE NUMBER:-	9038322423
9. NAME OF THE DEPARTMENT:-	OTHER OFFICE
10. DRAWING AND DISBURSING OFFICER:-	DEPUTY SECRETARY AND DDO FINANCE DEPTT., (CABFNA008)
11. OFFICE PHONE NUMBER:-	
12. OFFICE EMAIL ID:-	
13. OFFICE ADDRESS:-	325, NABANNA
14. NAME OF THE ACCOMPANYING PERSON(IF ANY):-	
15. MOBILE NUMBER OF THE ACCOMPANYING PERSON:-	
16. TOTAL TREATMENT COST:-	Rs. 90000 /-
17. INSURANCE APPROVAL AMOUNT:-	Rs. 4200 /-
18. AMOUNT RECEIVED FROM GOVT. EMPLOYEE (FOR TREATMENT COST UPTO Rs 1 LAKH/-):-	Rs. 5200 /-
19. AMOUNT CLAIMED TO STATE GOVERNMENT:-	Rs. 80600 /-
20. AMOUNT RECEIVED FROM GOVERNMENT EMPLOYEE (FOR TREATMENT COST EXCEEDING Rs 1 LAKH/-):-	Rs. NOT APPLICABLE /-

PREVIOUS

NEXT

I HEREBY DECLARE THAT THE FURNISHED INFORMATION HEREIN ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER DECLARE THAT I SHALL ABIDE BY THE PROVISIONS OF WEST BENGAL HEALTH FOR ALL EMPLOYEES AND PENSIONERS CASHLESS MEDICAL TREATMENT SCHEME,2014 AS MAY BE IN FORCE FROM TIME TO TIME.

SIGNATURE OF GOVERNMENT EMPLOYEE

8/3/2018 11:54:35 AM

SIGNATURE OF THE TREATING
SPECIALIST WITH OFFICE SEAL

MAKE NECESSARY SIGNATURES AND SEALS PROPERLY AS DIRECTED IN FORM-H

COUNTERSIGNED BY MEDICAL
SUPERINTENDENT/ADMINISTRATIVE OFFICER OF
NIC MEDICAL CENTRE (TESTING), (0413414) WITH
SEAL

- HOME
- ADMIT PATIENT
- DISCHARGE PATIENT
- EXPENDITURE STATEMENT
- MIS & REPORTS
- QUERY RESPONSE
- UPDATE DETAILS
- SEEK PERMISSION
- RESPOND TO PERMISSION
- MASTER DATA ENTRY
- ONLINE BILLING

FOR ANY KIND OF TECHNICAL ISSUES IN THE TIME OF ADMISSION AND DISCHARGE PLEASE MAIL TO : support.cmt-wb@nic.in

Essentiality Certificate cum Statement of Expenditure for cashless treatment filled under West Bengal Health for All Employees & Pensioners Cashless Medical Treatment Scheme, 2014.

PLEASE SELECT YOUR CHOICE:*

BENEFICIARY ID NUMBER PRESENT IN THE ENROLLMENT CERTIFICATE
 PROCEED WITH EMPLOYEE NO.(HRMS ID) FROM PAYSLLIP OF EMPLOYEE

ENROLLMENT ID:
 GPF/PPO NUMBER:
 ADMISSION DATE:
 DISCHARGE DATE:

SELECT DISCHARGE TYPE:*

DISCHARGE DEATH

ADMISSION DATE AND DISCHARGE DATE SHOULD BE EXACTLY SAME IN FORM-H AND FORM-D4 WITH HCO'S ORIGINAL BILL AND DISCHARGE SUMMARY.IF DIFFERS PLEASE MAIL US AT support.cmt-wb@nic.in WITH SUPPORTING DOCUMENTS FOR NECESSARY UPDATION BEFORE HARD COPY SUBMISSION AT MEDICAL CELL, FINANCE DEPTT.

TRANSACTION ID:
 HCO CLAIM REFERENCE NUMBER:*(HCO BILL NO)
 HCO CLAIM REFERENCE DATE:*

HCO'S CLAIM REFERENCE NO & DATE IN FORM D4 SHOULD BE EXACTLY SIMILAR TO HCO'S ORIGINAL BILL NUMBER AND DATE.

FOR PACKAGE TREATMENT:
 SELECT PROCEDURE CATEGORY:
 SELECT PROCEDURE NAME:

FOR CODED IMPLANTS:
 SELECT IMPLANT CATEGORY:
 SELECT IMPLANT NAME:

PREVIOUS NEXT

AMOUNT CLAIMED FOR NON PACKAGE TREATMENTS: RECEIVED FROM PATIENT(₹):

CLICK HERE FOR CREATE EXPENDITURE STATEMENT

- HOME
- ADMIT PATIENT
- DISCHARGE PATIENT
- EXPENDITURE STATEMENT
- MIS & REPORTS
- QUERY RESPONSE
- UPDATE DETAILS
- SEEK PERMISSION
- RESPOND TO PERMISSION
- MASTER DATA ENTRY
- ONLINE BILLING

FOR ANY KIND OF TECHNICAL ISSUES IN THE TIME OF ADMISSION AND DISCHARGE PLEASE MAIL TO : support.cmt-wb@nic.in

Essentiality Certificate cum Statement of Expenditure for cashless treatment filled under West Bengal Health for All Employees & Pensioners Cashless Medical Treatment Scheme, 2014.

PLEASE SELECT YOUR CHOICE:*

- BENEFICIARY ID NUMBER PRESENT IN THE ENROLLMENT CERTIFICATE
- PROCEED WITH EMPLOYEE NO.(HRMS ID) FROM PAYSリップ OF EMPLOYEE

CLICK HERE TO SELECT BENEFICIARY ID NUMBER

ENTER BENEFICIARY ID NUMBER PRESENT IN THE ENROLLMENT CERTIFICATE:*

NPR/WB/43421/1/2

Proceed

CLICK HERE TO PROCEED

ENROLLMENT ID:

WB/EMP/01/000272464

GPF/PPO NUMBER:

NPR/WB/43421

ADMISSION DATE:

03 Aug 2018 11:46:20

DISCHARGE DATE:

03 Aug 2018 11:53:39

SELECT DISCHARGE TYPE:*

- DISCHARGE
- DEATH

ENTER BENEFICIARY ID NUMBER FROM ENROLLMENT CERTIFICATE

SELECT DISCHARGE TYPE AS PER REQUIREMENT

ADMISSION DATE AND DISCHARGE DATE SHOULD BE EXACTLY SAME IN FORM-H AND FORM-D4 WITH HCO'S ORIGINAL BILL AND DISCHARGE SUMMARY. IF DIFFERS PLEASE MAIL US AT support.cmt-wb@nic.in WITH SUPPORTING DOCUMENTS FOR NECESSARY UPDATION BEFORE HARD COPY SUBMISSION AT MEDICAL CELL, FINANCE DEPTT.

TRANSACTION ID:

WBCTR#041341408032018509429

HCO CLAIM REFERENCE NUMBER:*(HCO BILL NO)

HCO BILL NUMBER

ENTER HCO CLAIM REFERENCE NUMBER HERE

HCO CLAIM REFERENCE DATE:*

HCO BILL DATE

ENTER HCO CLAIM REFERENCE DATE HERE

HCO'S CLAIM REFERENCE NO & DATE IN FORM D4 SHOULD BE EXACTLY SIMILAR TO HCO'S ORIGINAL BILL NUMBER AND DATE.

FOR PACKAGE TREATMENT:

SELECT PROCEDURE CATEGORY:

---Select Rate Category---

SELECT PROCEDURE CATEGORY FROM LIST

SELECT PROCEDURE NAME:

SELECT PROCEDURE NAME HERE

Add New

CLICK HERE TO ADD PACKAGE

FOR CODED IMPLANTS:

SELECT IMPLANT CATEGORY:

---Select Implant Category---

SELECT IMPLANT NAME:

Add New

PREVIOUS

NEXT

EXPENDITURE STATEMENT DETAILS

- EXPENDITURE STATEMENT
- MIS & REPORTS
- QUERY RESPONSE
- UPDATE DETAILS
- SEEK PERMISSION
- RESPOND TO PERMISSION
- MASTER DATA ENTRY
- ONLINE BILLING

wbhealthscheme.gov.in says
PLEASE ENTER AMOUNT CLAIMED

PLEASE READ THE MESSAGE CAREFULLY

CLICK HERE TO CLOSE THIS WINDOW

OK

ENTER BENEFICIARY ID NUMBER PRESENT IN THE ENROLLMENT CERTIFICATE: *

ENROLLMENT ID: **WB/EMP/01/000272464**

GPF/PRO NUMBER: **NPR/WB/43421**

ADMISSION DATE: **03 Aug 2018 11:46:20**

DISCHARGE DATE: **03 Aug 2018 11:53:39**

SELECT DISCHARGE TYPE: * DISCHARGE DEATH

PLEASE WAIT WHILE YOUR REQUEST IS BEING PROCESSED

ADMISSION DATE AND DISCHARGE DATE SHOULD BE EXACTLY SAME IN FORM-D4 AND FORM-D4 WITH HCO'S ORIGINAL BILL AND DISCHARGE SUMMARY. IF DIFFERS PLEASE MAIL US AT support@wbpsc.in WITH SUPPORTING DOCUMENTS FOR NECESSARY UPDATION BEFORE HARD COPY SUBMISSION AT MEDICAL CELL, FINANCE DEPT.

TRANSACTION ID: **WBCTR#041341408032018509429**

HCO CLAIM REFERENCE NUMBER: * (HCO BILL NO)

HCO CLAIM REFERENCE DATE: *

HCO'S CLAIM REFERENCE NO & DATE IN FORM D4 SHOULD BE EXACTLY SIMILAR TO HCO'S ORIGINAL BILL NUMBER AND DATE.

FOR PACKAGE TREATMENT:

SELECT PROCEDURE CATEGORY:

SELECT PROCEDURE NAME:

FOR CODED IMPLANTS:

SELECT IMPLANT CATEGORY:

SELECT IMPLANT NAME:

PREVIOUS NEXT

AMOUNT CLAIMED FOR NON PACKAGE TREATMENTS:

BED RENT AMOUNT:

DOCTOR'S FEES:

MEDICINES AMOUNT:

INVESTIGATIONS AMOUNT:

RECEIVED FROM PATIENT (₹):

FOR BED RENT AMOUNT

FOR MEDICINE AMOUNT

HCO'S CLAIM REFERENCE NO & DATE IN FORM D4 SHOULD BE EXACTLY SIMILAR TO HCO'S ORIGINAL BILL NUMBER AND DATE.

FOR PACKAGE TREATMENT:

SELECT PROCEDURE CATEGORY:

GENERAL SURGERY

SELECT PROCEDURE NAME:

ASPIRATION OF COLD ABSCESSOF L

Add New

ADD PACKAGE CATEGORY AND NAME AS PER REQUIREMENT

SL NO	CODE	PROCEDURE	RATE DESCRIPTION	AMOUNT CLAIMED	DELETE
1	01013001	DRAINAGE OF ABSCESS	2000	1400	Delete
2	01013002	DRESSING UNDER G.A.	2400	1008	Delete
3	01013003	ASPIRATION OF COLD ABSCESSOF LYMPHNODE	3100	1302	Delete

ADD IMPLANTS CATEGORY AND NAME AS PER REQUIREMENT

FOR CODED IMPLANTS:

SELECT IMPLANT CATEGORY:

---Select Implant Category---

SELECT IMPLANT NAME:

Add New

AMOUNT CLAIMED FOR NON PACKAGE TREATMENTS:

BED RENT AMOUNT: 5000
DOCTOR'S FEES: 10000
MEDICINES AMOUNT: 25000
INVESTIGATIONS AMOUNT: 20000
CONSUMABLES AMOUNT: 25000
IMPLANTS AMOUNT: 1290
ARTIFICIAL DEVICES AMOUNT:
SPECIAL NURSING AMOUNT:
MISCELLANEOUS AMOUNT:
SPECIAL NURSING FROM:
SPECIAL NURSING TO:
SPECIFIC PROCEDURE NAME:
SPECIFIC PROCEDURE DATE:
CONSERVATIVE TREATMENT FROM:
CONSERVATIVE TREATMENT TO:

RECEIVED FROM PATIENT (₹):

FOR BED RENT AMOUNT
FOR MEDICINE AMOUNT
FOR CONSUMABLES AMOUNT
FOR IMPLANTS AMOUNT

AMOUNT CLAIMED FOR NON PACKAGE TREATMENTS (INCLUDING AMOUNT RECEIVED FROM PATIENT) AS PER REQUIREMENT ENTER HERE

FOR NON CODED ITEM:

Add New

SERIAL NUMBER	DESCRIPTION	AMOUNT CLAIMED
---------------	-------------	----------------

PREVIOUS

NEXT

HCO'S CLAIM REFERENCE NO & DATE IN FORM D4 SHOULD BE EXACTLY SIMILAR TO HCO'S ORIGINAL BILL NUMBER AND DATE.

FOR PACKAGE TREATMENT:

SELECT PROCEDURE CATEGORY:

GENERAL SURGERY

SELECT PROCEDURE NAME:

ASPIRATION OF COLD ABSCESSOF L

Add New

SL NO	CODE	PROCEDURE	RATE DESCRIPTION	AMOUNT CLAIMED	DELETE
1	01013001	DRAINAGE OF ABSCESS	2000	1400	Delete
2	01013002	DRESSING UNDER G.A.	2400	1008	Delete
3	01013003	ASPIRATION OF COLD ABSCESSOF LYMPHNODE	3100	1302	Delete

FOR CODED IMPLANTS:

SELECT IMPLANT CATEGORY:

---Select Implant Category---

SELECT IMPLANT NAME:

Add New

AMOUNT CLAIMED FOR NON PACKAGE TREATMENTS:

BED RENT AMOUNT: 5000
DOCTOR'S FEES: 10000
MEDICINES AMOUNT: 25000
INVESTIGATIONS AMOUNT: 20000
CONSUMABLES AMOUNT: 25000
IMPLANTS AMOUNT: 1290
ARTIFICIAL DEVICES AMOUNT:
SPECIAL NURSING AMOUNT:
MISCELLANEOUS AMOUNT:
SPECIAL NURSING FROM:
SPECIAL NURSING TO:
SPECIFIC PROCEDURE NAME:
SPECIFIC PROCEDURE DATE:
CONSERVATIVE TREATMENT FROM:
CONSERVATIVE TREATMENT TO:

RECEIVED FROM PATIENT(₹):

200
2000
2000
1000

AMOUNT RECEIVED FROM PATIENT ENTER HERE

FOR NON CODED ITEM:

Add New

PREVIOUS

NEXT

SERIAL NUMBER	DESCRIPTION	AMOUNT CLAIMED
---------------	-------------	----------------

wbhealthscheme.gov.in says

BILLING HAS BEEN DONE SUCCESSFULLY. FORM D4 CAN NOW BE GENERATED

OK

BY CLICKING SAVE BUTTON THIS MESSAGE WILL APPEAR

CLICK HERE TO CLOSE THIS MESSAGE BOX

MEDICINES AMOUNT:	25000	2000
INVESTIGATIONS AMOUNT:	20000	
CONSUMABLES AMOUNT:	25000	2000
IMPLANTS AMOUNT:	1390	
ARTIFICIAL DEVICES AMOUNT:		
SPECIAL NURSING AMOUNT:		
MISCELLANEOUS AMOUNT:		
SPECIAL NURSING FROM:		
SPECIAL NURSING TO:		
SPECIFIC PROCEDURE NAME:		
SPECIFIC PROCEDURE DATE:		
CONSERVATIVE TREATMENT FROM:		
CONSERVATIVE TREATMENT TO:		

PLEASE WAIT WHILE YOUR REQUEST IS BEING PROCESSED



FOR NON CODED ITEM:

Add New

SERIAL NUMBER	DESCRIPTION	AMOUNT CLAIMED
1		

Save

PREVIOUS

NEXT

1	01013001	DRAINAGE OF ABSCESS	2000	<input type="text"/>	Delete
2	01013002	DRESSING UNDER G.A.	2400	<input type="text"/>	Delete
3	01013003	ASPIRATION OF COLD ABSCESSOF LYMPHNODE	3100	<input type="text"/>	Delete

FOR CODED IMPLANTS:

SELECT IMPLANT CATEGORY:

SELECT IMPLANT NAME:

AMOUNT CLAIMED FOR NON PACKAGE TREATMENTS:

BED RENT AMOUNT:

DOCTOR'S FEES:

MEDICINES AMOUNT:

INVESTIGATIONS AMOUNT:

CONSUMABLES AMOUNT:

IMPLANTS AMOUNT:

ARTIFICIAL DEVICES AMOUNT:

SPECIAL NURSING AMOUNT:

MISCELLANEOUS AMOUNT:

SPECIAL NURSING FROM:

SPECIAL NURSING TO:

SPECIFIC PROCEDURE NAME:

SPECIFIC PROCEDURE DATE:

CONSERVATIVE TREATMENT FROM:

CONSERVATIVE TREATMENT TO:

RECEIVED FROM PATIENT(₹):

FOR BED RENT AMOUNT

FOR MEDICINE AMOUNT

FOR CONSUMABLES AMOUNT

FOR IMPLANTS AMOUNT

FOR NON CODED ITEM:

SERIAL NUMBER	DESCRIPTION	AMOUNT CLAIMED
1		

**CLICK HERE TO GENERATE
ESSENTIALITY CERTIFICATE
(FORM-D4)**

GENERATE ESSENTIALITY CERTIFICATE

PREVIOUS

NEXT

1	01013001	DRAINAGE OF ABSCESS	3000		Delete
2	01013002	DRESSING UNDER G.A.	2400		Delete
3	01013003				Delete

CLICK HERE AND SELECT PDF FORMAT TO DOWNLOAD REPORT (FORM-D4)

FOR CODED IMPLANTS:
 SELECT IMPLANT CATEGORY:

1 of 1

ACTION ID:- WBCTR#041341408032018509

NIC 413414),1,KOLKATA

Essentiality Certificate cum Statement of Expenditure Treatment Scheme, 2014.

West Bengal Health for All Employees & Pensioners Cashless Medic

GOVT. EMPLOYEE'S NAME: NIRUPOM ROY

Identification Number.:- NPR/WB/43421/1/2

Enrollment Id.:- WB/EMP/01/000272464

HCO Claim reference no.:- BILL-9874/2018

Date.:- 03/08/2018

OK

CLICK HERE TO CLOSE REPORT WINDOW

GENERATE ESSENTIALITY CERTIFICATE

PREVIOUS

NEXT

FORM-D4

NIC MEDICAL CENTRE (TESTING), (0413414),1,KOLKATA

Essentiality Certificate cum Statement of Expenditure for cashless treatment filled under West Bengal Health for All Employees & Pensioners Cashless Medical Treatment Scheme, 2014.

GOVT. EMPLOYEE'S NAME NIRUPOM ROY
 Identification Number:- NPR/WB/43421/1/2
 Enrollment Id:- WB/EMP/01/000272464
 HCO Claim reference no.:- BILL-9874/2018

PREVIOUS

NEXT

Date:- 03/08/2018

Name Of the patient With Identification NO.:- NIRUPOM ROY, (NPR/WB/43421/1/2)

Period Of Indoor Treatment :- From:- 03 Aug 2018 To Discharge Date:- 03 Aug 2018
 11:46:20 11:53:39

I. FOR PACKAGE TREATMENT

NAME OF PROCEDURE	PROCEDURE CODE	RATE DESCRIPTION	AMOUNT CLAIMED	AMOUNT ADMISSIBLE
DRAINAGE OF ABSCESS	01013001	2000	1400	
DRESSING UNDER G.A.	01013002	2400	1008	
ASPIRATION OF COLD ABSCESSOF LYMPHNODE	01013003	3100	1302	

IMPLANTS USED**NON CODED ITEM**

ITEM DESCRIPTION	AMOUNT CLAIMED	AMOUNT ADMISSIBLE

II. FOR NON PACKAGE TREATMENT

Consolidated Items details in supporting Bills/Papers	Amount Claimed	Amount Received from patient	Amount Admissible (For Office Use)
1.Bed Rent	Rs. 5000 /-	Rs.200/-	
2.Doctor's Fees	Rs. 10000 /-		
3.Medicines	Rs. 25000 /-	Rs.2000/-	
4.Investigation	Rs.20000 /-		
5.Consumables	Rs. 25000/-	Rs.2000/-	
6.Implants	Rs.1290 /-	Rs.1000/-	
7.Artificial Devices	Rs. /-		
8.Special Nursing	Rs./-		
9.Miscellaneous	Rs./-		

GRAND TOTAL(I+II)= Rs. 90000 INSURANCE APPROVAL AMOUNT= Rs. 4200
 AMOUNT RECEIVED FROM GOVT. EMPLOYEE (FOR TREATMENT COST UPTO Rs 1 LAKH /-)= Rs. 5200
 AMOUNT CLAIMED TO STATE GOVT= Rs. 80600
 AMOUNT RECEIVED FROM STATE GOVT. EMPLOYEE(FOR TREATMENT COST EXCEEDING Rs 1 LAKH /-)= Rs. NOT APPLICABLE

MAKE NECESSARY SIGNATURES AND SEALS PROPERLY AS DIRECTED IN FORM-D4

COUNTERSIGNED BY MEDICAL SUPERINTENDENT/ADMINISTRATIVE OFFICER OF NIC MEDICAL CENTRE (TESTING), (0413414) WITH SEAL

Signature of the Govt Employee

8/3/2018 12:21:26 PM

SIGNATURE OF THE TREATING SPECIALIST WITH OFFICE SEAL

**YOU CAN RELEASE THE
PATIENT AFTER SIGNING
THE FORM-H & D4 BY
THE GOVERNMENT
EMPLOYEE/PENSIONER**

[PREVIOUS](#)

[NEXT](#)

LOGGED IN AS - NIC-0413414

LOGOUT

- HOME
- ADMIT PATIENT
- DISCHARGE PATIENT
- EXPENDITURE STATEMENT
- MIS & REPORTS
- QUERY RESPONSE
- UPDATE DETAILS
- SEEK PERMISSION
- RESPOND TO PERMISSION
- MASTER DATA ENTRY
- ONLINE BILLING

FOR ANY KIND OF TECHNICAL ISSUES AT THE TIME OF ADMISSION AND DISCHARGE PLEASE MAIL TO :
support.cmt-wb@nic.in

ONLINE BILLING

PLEASE SELECT YOUR CHOICE:

- BENEFICIARY ID NUMBER PRESENT IN THE ENROLLMENT CERTIFICATE
- PROCEED WITH EMPLOYEE NO.(HRMS ID) FROM PAYSLIP OF EMPLOYEE

ENROLLMENT ID:

DAY WISE BILLING

CLICK HERE FOR DAY WISE BILLING

UPDATE ONLINE BILLING

BILL SUBMISSION PENDING

WARD ASSIGNED:

BILLING TYPE:

ADMISSION DATE AND DISCHARGE DATE SHOULD BE EXACTLY SAME IN FORM-H AND FORM-D4 WITH HCO'S ORIGINAL BILL AND DISCHARGE SUMMARY. IF DIFFERS PLEASE MAIL US AT support.cmt-wb@nic.in WITH SUPPORTING DOCUMENTS FOR NECESSARY UPDATION BEFORE HARD COPY SUBMISSION AT MEDICAL CELL, FINANCE DEPTT.

TRANSACTION ID:

SELECT DAY:

PREVIOUS

NEXT

LOGOUT

LOGGED IN AS - NIC-0413414

- HOME
- ADMIT PATIENT
- DISCHARGE PATIENT
- EXPENDITURE STATEMENT
- MIS & REPORTS ▶
- QUERY RESPONSE
- UPDATE DETAILS
- SEEK PERMISSION
- RESPOND TO PERMISSION
- MASTER DATA ENTRY ▶
- ONLINE BILLING ▶

FOR ANY KIND OF TECHNICAL ISSUES AT THE TIME OF ADMISSION AND DISCHARGE PLEASE MAIL TO : support.cmt-wb@nic.in

ONLINE BILLING

CLICK HERE TO SELECT BENEFICIARY ID NUMBER 1

PLEASE SELECT YOUR CHOICE:

BENEFICIARY ID NUMBER PRESENT IN THE ENROLLMENT CERTIFICATE

PROCEED WITH EMPLOYEE NO.(HRMS ID) FROM PAYSリップ OF EMPLOYEE

ENTER BENEFICIARY ID NUMBER PRESENT IN THE ENROLLMENT CERTIFICATE:

ENROLLMENT ID: **WB/EMP/01/000272464**

GPF/PPO NUMBER: **NPR/WB/43421**

ADMISSION DATE: **02 Aug 2018 11:46:00**

DISCHARGE DATE: **03/08/2018**

WARD ASSIGNED: **PRIVATE**

BILLING TYPE: **DEFERRED**

TOTAL TREATMENT COST: **90000**

ADMISSION DATE AND DISCHARGE DATE SHOULD BE EXACTLY SAME IN FORM-H AND FORM-D4 WITH HCO'S ORIGINAL BILL AND DISCHARGE SUMMARY.IF DIFFERS PLEASE MAIL US AT support.cmt-wb@nic.in WITH SUPPORTING DOCCUMENTS FOR NECESSARY UPDATION BEFORE HARD COPY SUBMISSION AT MEDICAL CELL, FINANCE DEPTT.

TRANSACTION ID: **WBCTR#041341408032018509429**

SELECT DAY:

2 **3**

CLICK HERE TO PROCEED

ENTER BENEFICIARY ID NUMBER FROM ENROLLMENT CERTIFICATE

PREVIOUS

NEXT

LOGGED IN AS - NIC-0413414

- HOME
- ADMIT PATIENT
- DISCHARGE PATIENT
- EXPENDITURE STATEMENT
- MIS & REPORTS ▶
- QUERY RESPONSE
- UPDATE DETAILS
- SEEK PERMISSION
- RESPOND TO PERMISSION
- MASTER DATA ENTRY ▶
- ONLINE BILLING ▶

FOR ANY KIND OF TECHNICAL ISSUES AT THE TIME OF ADMISSION AND DISCHARGE PLEASE MAIL TO :
support.cmt-wb@nic.in

ONLINE BILLING

PLEASE SELECT YOUR CHOICE:

- BENEFICIARY ID NUMBER PRESENT IN THE ENROLLMENT CERTIFICATE
- PROCEED WITH EMPLOYEE NO.(HRMS ID) FROM PAYSリップ OF EMPLOYEE

ENTER BENEFICIARY ID NUMBER PRESENT IN THE ENROLLMENT CERTIFICATE:

NPR/WB/43421/1/2

Proceed

ENROLLMENT ID:

WB/EMP/01/000272464

GPF/PPO NUMBER:

NPR/WB/43421

ADMISSION DATE:

02 Aug 2018 11:46:00

DISCHARGE DATE:

03/08/2018

WARD ASSIGNED:

PRIVATE

BILLING TYPE:

DEFERRED

TOTAL TREATMENT COST:

90000

ADMISSION DATE AND DISCHARGE DATE SHOULD BE EXACTLY SAME IN FORM-H AND FORM-D4 WITH HCO'S ORIGINAL BILL AND DISCHARGE SUMMARY. IF DIFFERS PLEASE MAIL US AT support.cmt-wb@nic.in WITH SUPPORTING DOCUMENTS FOR NECESSARY UPDATION BEFORE HARD COPY SUBMISSION AT MEDICAL CELL, FINANCE DEPTT.

TRANSACTION ID:

WBCTR#041341408032018509429

SELECT DAY:

---Select Day---

---Select Day---

02/08/2018

03/08/2018

CLICK HERE TO SELECT DATE
 (DATE MUST BE SELECTED IN
 CHRONOLOGICAL ORDER)

PREVIOUS

NEXT



PACKAGE,IMPLANTS BED RENT,DOCTOR FEES,MEDICINE INVESTIGATIONS CONSUMABLES SPECIAL NURSING MISCELLANEOUS PERMISSION DETAILS

PACKAGE TREATMENT:-

PACKAGE TYPE:

SEARCH BY PACKAGE CODE

PACKAGE NAME:

ADD

IMPLANTS:-

IMPLANT TYPE:

SEARCH BY IMPLANT CODE

IMPLANT NAME:

ADD

IMPLANTS AMOUNT RECEIVED FROM PATIENT(₹):

FOR IMPLANTS AMOUNT

BREAK UP OF IMPLANT AMOUNT RECEIVED FROM PATIENT(₹):

NON CODED IMPLANTS(IF ANY):-

ADD

ORIGINAL TAX INVOICE FOR IMPLANTS ATTACHED OR NOT.

Next

EXIT

AFTER DATE IS SELECTED IN CHRONOLOGICAL ORDER THIS POP UP WILL APPEAR (BILLING DETAILS ENTRY DATE WISE). PLEASE SELECT CHECK BOX WHICH IS APPLICABLE.

PREVIOUS

NEXT



- PACKAGE,IMPLANTS
- BED RENT,DOCTOR FEES,MEDICINE
- INVESTIGATIONS
- CONSUMABLES
- SPECIAL NURSING
- MISCELLANEOUS
- PERMISSION DETAILS

PACKAGE TREATMENT:-

PACKAGE TYPE:

GENERAL SURGERY

SEARCH BY PACKAGE CODE

PACKAGE NAME:

ASPIRATION OF COLD ABSCESSOF LYMPHI

ADD

SL NO	CODE	PROCEDURE	MAXIMUM APPROVED RATE(₹)	AMOUNT ADMISSIBLE(₹)	DELETE
1	01013001	DRAINAGE OF ABSCESS	2000	1400	Delete
2	01013002	DRESSING UNDER G.A.	2400	1008	Delete
3	01013003	ASPIRATION OF COLD ABSCESSOF LYMPHNODE	3100	1302	Delete
TOTAL-				3710	

IMPLANTS:-

IMPLANT TYPE:

SEARCH BY IMPLANT CODE

IMPLANT NAME:

ADD

IMPLANTS AMOUNT RECEIVED FROM PATIENT(₹):

FOR IMPLANTS AMOUNT

BREAK UP OF IMPLANT AMOUNT RECEIVED FROM PATIENT(₹):

NON CODED IMPLANTS(IF ANY):-

ADD

ORIGINAL TAX INVOICE FOR IMPLANTS ATTACHED OR NOT.

Next

SELECT PACKAGE TREATMENT FIRST THEN SELECT PACKAGE TYPE AND PACKAGE NAME FROM LIST. CLICK ADD BUTTON TO ADD NEW ROW

EXIT

PREVIOUS

NEXT



- PACKAGE,IMPLANTS
- BED RENT,DOCTOR FEES,MEDICINE
- INVESTIGATIONS
- CONSUMABLES
- SPECIAL NURSING
- MISCELLANEOUS
- PERMISSION DETAILS

PACKAGE TREATMENT:-

PACKAGE TYPE: GENERAL SURGERY

PACKAGE NAME: DRAINAGE OF ABSCESS

01013001
 01013001(DRAINAGE OF ABSCESS)

SL NO	CODE	PROCEDURE	MAXIMUM APPROVED RATE(₹)	AMOUNT ADMISSIBLE(₹)	DELETE
1	01013001	DRAINAGE OF ABSCESS	2000	1400	Delete
2	01013002	DRESSING UNDER G.A.	2400	1008	Delete
3	01013003	ASPIRATION OF COLD ABSCESSOF LYMPHNODE	3100	1302	Delete
TOTAL-				3710	

IMPLANTS:-

IMPLANT TYPE:

IMPLANT NAME:

SEARCH BY IMPLANT CODE

ADD

IMPLANTS AMOUNT RECEIVED FROM PATIENT(₹): FOR IMPLANTS AMOUNT

BREAK UP OF IMPLANT AMOUNT RECEIVED FROM PATIENT(₹):

NON CODED IMPLANTS(IF ANY):-

ADD

ORIGINAL TAX INVOICE FOR IMPLANTS ATTACHED OR NOT.

Next

YOU CAN ALSO USE "SEARCH BY PACKAGE CODE" TO SEARCH PACKAGE CODE AND PACKAGE DESCRIPTION HERE

EXIT

PREVIOUS

NEXT



- PACKAGE,IMPLANTS
- BED RENT,DOCTOR FEES,MEDICINE
- INVESTIGATIONS
- CONSUMABLES
- SPECIAL NURSING
- MISCELLANEOUS
- PERMISSION DETAILS

PACKAGE TREATMENT:-

PACKAGE TYPE: GENERAL SURGERY 01013001

PACKAGE NAME: DRAINAGE OF ABSCESS **ADD**

SL NO	CODE	PROCEDURE	MAXIMUM APPROVED RATE(₹)	AMOUNT ADMISSIBLE(₹)	DELETE
1	01013001	DRAINAGE OF ABSCESS	2000	1400	Delete
2	01013002	DRESSING UNDER G.A.	2400	1008	Delete
3	01013003	ASPIRATION OF COLD ABSCESSOF LYMPHNODE	3100	1302	Delete
TOTAL-				3710	

IMPLANTS:-

IMPLANT TYPE: SURGICAL IMPLANTS SEARCH BY IMPLANT CODE

IMPLANT NAME: PROLENE MESH SIZE 6" x 6" ,6" x 3" ,11.8" **ADD**

SL NO	CODE	IMPLANTS	RATE DESCRIPTION(₹)	AMOUNT CLAIMED(₹)	DELETE
1	03006001	PROLENE MESH SIZE 6" x 6" ,6" x 3" ,11.81" x 11.81" (30CM x 30CM)	3,145/- 1,650/- 5,341/-		Delete

IMPLANTS AMOUNT RECEIVED FROM PATIENT(₹): 1000

BREAK UP OF IMPLANT AMOUNT RECEIVED FROM PATIENT(₹): **ADD**

SERIAL NUMBER	DESCRIPTION	AMOUNT CLAIMED(₹)	REMOVE
1	SURGICALHIGHERIMPLAN	1000	
TOTAL-		1000	

NON CODED IMPLANTS(IF ANY):- **ADD**

ORIGINAL TAX INVOICE FOR IMPLANTS ATTACHED OR NOT.

Next

SELECT IMPLANTS FIRST THEN SELECT IMPLANT TYPE AND IMPLANT NAME FROM LIST. TO WRITE THE DESCRIPTION OF THE IMPLANTS MENTION THE DETAILS FROM "IMPLANTS"



- PACKAGE,IMPLANTS
- BED RENT,DOCTOR FEES,MEDICINE
- INVESTIGATIONS
- CONSUMABLES
- SPECIAL NURSING
- MISCELLANEOUS
- PERMISSION DETAILS

PACKAGE TREATMENT:-

PACKAGE TYPE: GENERAL SURGERY SEARCH BY PACKAGE CODE

PACKAGE NAME: ASPIRATION OF COLD ABSCESSOF LYMPHI **ADD**

SL NO	CODE	PROCEDURE	MAXIMUM APPROVED RATE(₹)	AMOUNT ADMISSIBLE(₹)	DELETE
1	01013001	DRAINAGE OF ABSCESS	2000	1400	Delete
2	01013002	DRESSING UNDER G.A.	2400	1008	Delete
3	01013003	ASPIRATION OF COLD ABSCESSOF LYMPHNODE	3100	1302	Delete
TOTAL-				3710	

IMPLANTS:-

IMPLANT TYPE: SURGICAL IMPLANTS 0300600

IMPLANT NAME: PROLENE MESH SIZE 6" x 6" ,6" x 3" ,11.8" x 11.8" (30CM x 30CM) **ADD**

SL NO	CODE	IMPLANTS	RATE DESCRIPTION(₹)	AMOUNT RECEIVED(₹)	DELETE
1	03006001	PROLENE MESH SIZE 6" x 6" ,6" x 3" ,11.81" x 11.81" (30CM x 30CM)	3,145/- 1,650/- 5,341/-		Delete

IMPLANTS AMOUNT RECEIVED FROM PATIENT(₹): 1000

BREAK UP OF IMPLANT AMOUNT RECEIVED FROM PATIENT(₹): **ADD**

SERIAL NUMBER	DESCRIPTION	AMOUNT CLAIMED(₹)	REMOVE
1	SURGICALHIGHERIMPLAN	1000	
TOTAL-		1000	

NON CODED IMPLANTS(IF ANY):- **ADD**

ORIGINAL TAX INVOICE FOR IMPLANTS ATTACHED OR NOT.

Next

YOU CAN ALSO USE "SEARCH BY IMPLANT CODE" TO SEARCH IMPLANT CODE AND IMPLANT DESCRIPTION HERE

PREVIOUS **NEXT**



- PACKAGE,IMPLANTS
- BED RENT,DOCTOR FEES,MEDICINE
- INVESTIGATIONS
- CONSUMABLES
- SPECIAL NURSING
- MISCELLANEOUS
- PERMISSION DETAILS

PACKAGE TREATMENT:-

PACKAGE TYPE: SEARCH BY PACKAGE CODE

PACKAGE NAME:

SL NO	CODE	PROCEDURE	MAXIMUM APPROVED RATE(₹)	AMOUNT ADMISSIBLE(₹)	DELETE
1	01013001	DRAINAGE OF ABSCESS	2000	1400	Delete
2	01013002	DRESSING UNDER G.A.	2400	1008	Delete
3	01013003	ASPIRATION OF COLD ABSCESSOF LYMPHNODE	3100	1302	Delete
TOTAL-				3710	

IMPLANTS:-

IMPLANT TYPE: SEARCH BY IMPLANT CODE

IMPLANT NAME:

SL NO	CODE	IMPLANTS	RATE DESCRIPTION(₹)	AMOUNT CLAIMED(₹)	DELETE
1	03006001	PROLENE MESH SIZE 6" x 6" ,6" x 3" ,11.81" x 11.81" (30CM x 30CM)	3,145/- 1,650/- 5,341/-	1209	Delete

IMPLANTS AMOUNT RECEIVED FROM PATIENT(₹):

BREAK UP OF IMPLANT AMOUNT RECEIVED FROM PATIENT(₹):

SERIAL NUMBER	DESCRIPTION	AMOUNT CLAIMED(₹)	REMOVE
1	SURGICALHIGHERIMPLAN	1000	
TOTAL-		1000	

NON CODED IMPLANTS(IF ANY):-

ORIGINAL TAX INVOICE FOR IMPLANTS ATTACHED OR NOT.

WRITE IMPLANTS AMOUNT WHICH IS RECEIVED FROM PATIENT. TO WRITE THE DESCRIPTION OF THE IMPLANTS USED BY PATIENT MENTION THE DETAILS OF "IMPLANT AMOUNT RECEIVED FROM PATIENT."

CLICK HERE TO CHECK IF ANY NON CODED IMPLANTS IS USED BY THE PATIENT AND WRITE THE DESCRIPTION AND THE CLAIMED AMOUNT OF THAT IMPLANT

CLICK HERE TO CHECK IF ORIGINAL TAX INVOICE FOR IMPLANTS ATTACHED OR NOT

- PACKAGE,IMPLANTS
- BED RENT,DOCTOR FEES,MEDICINE**
- INVESTIGATIONS
- CONSUMABLES
- SPECIAL NURSING
- MISCELLANEOUS
- PERMISSION DETAILS

BED RENT:- MAXIMUM APPROVED RATE(₹) BED CHARGE/DAY(₹) RECEIVED FROM PATIENT(₹):

PRIVATE RS.1800/- 1260 200

DOCTOR FEES:-

SEARCH BY REGISTRATION NO DR. PRADEEPTA KUMAR SETHY **ADD**

SL NO	DOCTOR NAME	DOCTOR DEGREE	REGISTRATION NO.	FEES/VISIT/DAY(₹)	CLAIMED FEES BY DOCTOR(₹)	DELETE
1	DR. PRADEEPTA KUMAR SETHY	DM	72089	175	175	Delete
TOTAL-					175	

MEDICINES:

AMOUNT (₹) : 12500

WHETHER ANTIBIOTICS USED PER DOSE OVER (₹) 1000? YES NO

Attach Clause-3 Certificate as per Order No-11253(80)-F(MED) dt.16/12/2011.

WHETHER TOTAL PHARMACEUTICALS COST EXCEEDING PER DAY MORE THAN (₹) 10000? YES NO

WHETHER CHEMO USED OVER (₹) 5000? YES NO

Attach Clause-5 Certificate as per Order No-11253(80)-F(MED) dt.16/12/2011.

MEDICINE AMOUNT RECEIVED FROM PATIENT(₹): 2000

BREAK UP OF MEDICINE AMOUNT RECEIVED FROM PATIENT(₹): **ADD**

SERIAL NUMBER	DESCRIPTION	AMOUNT CLAIMED(₹)	REMOVE
1	AtoZtablet	500	Remove
2	Shelcal	500	Remove
3	Optineuron	500	Remove
4	Mucobenz	500	
TOTAL-		2000	

CLICK HERE TO CHECK BED RENT AND SELECT WARD FROM LIST AND SPECIFY BED RENT AMOUNT RECEIVED FROM PATIENT IF APPLICABLE

CLICK HERE TO CHECK DOCTOR FEES AND SELECT DOCTOR NAME FROM LIST. TO WRITE THE DESCRIPTION OF THE DOCTOR FEES MENTION THE DETAILS FROM "DOCTOR FEES"

CLICK HERE TO CHECK MEDICINES AND WRITE THE AMOUNT IN TEXT BOX AND CHECK RELATED BOX WHICH IS APPLICABLE WITH "YES" OR "NO" OPTION

WRITE THE MEDICINE AMOUNT BREAK-UP WHICH IS RECEIVED FROM PATIENT AND CLICK ADD BUTTON TO ADD NEW ROW IF NEEDED

CLICK "NEXT" BUTTON TO PROCEED

Details

BILLING DETAILS ENTRY : (SELECTED DATE-02/08/2018)



- PACKAGE,IMPLANTS
- BED RENT,DOCTOR FEES,MEDICINE
- INVESTIGATIONS**
- CONSUMABLES
- SPECIAL NURSING
- MISCELLANEOUS
- PERMISSION DETAILS

INVESTIGATIONS:-

INVESTIGATION TYPE:

GENERAL

SEARCH BY INVESTIGATION CODE

INVESTIGATION NAME:

STERNAL PUNCTURE

ADD

SL NO	CODE	INVESTIGATION NAME	MAXIMUM APPROVED RATE	AMOUNT ADMISSIBLE(₹)	DELETE
1	02001010	STERNAL PUNCTURE	800	560	Delete
TOTAL-				560	

NON CODED INVESTIGATIONS(IF ANY):-

CLICK HERE TO CHECK IF ANY NON CODED INVESTIGATION IS USED AND WRITE THE DESCRIPTION AND THE CLAIMED AMOUNT OF THAT INVESTIGATION

ATTACH REPORT FOR ALL INVESTIGATION.

CLICK HERE TO CHECK WHETHER ALL INVESTIGATION REPORTS ARE ATTACHED OR NOT

Prev Next

EXIT

PREVIOUS

NEXT

SELECT INVESTIGATIONS BY CLICKING CHECK BOX FIRST THEN SELECT INVESTIGATION TYPE AND INVESTIGATION NAME FROM LIST. CLICK ADD BUTTON TO ADD NEW ROW

UPDATE BEFORE HARD COPY SUBMISSION AT MEDICAL CELL, FINANCE DEPTT.

TRANSACTION ID:

WBCTR#041341408032018509429

SELECT DAY:

02/08/2018

LOGGED IN AS - NIC-0413414

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BILLING DETAILS ENTRY : (SELECTED DATE-02/08/2018)



PACKAGE,IMPLANTS | BED RENT,DOCTOR FEES,MEDICINE | INVESTIGATIONS | CONSUMABLES | SPECIAL NURSING | MISCELLANEOUS | PERMISSION DETAILS

SPECIAL NURSING:-

SELECT NURSING TYPE:

SPECIAL NURSING CHARGE(PER SHIFT OF ▾)

ADD

SL NO	CODE	PROCEDURE	MAXIMUM APPROVED RATE(₹)	AMOUNT ADMISSIBLE(₹)	DELETE
1	01001008	SPECIAL NURSING CHARGE(PER SHIFT OF 12 HRS.)	150	105	Delete
TOTAL-				105	

ATTACH ESSENTIALITY CERTIFICATE CERTIFIED BY TREATING SPECIALIST.

CLICK HERE TO CHECK WHETHER ESSENTIALITY CERTIFICATE CERTIFIED BY TREATING SPECIALIST IS ATTACHED OR NOT

Prev Next

SELECT SPECIAL NURSING BY CLICKING CHECK BOX FIRST THEN SELECT SPECIAL NURSING TYPE FROM LIST. CLICK ADD BUTTON TO ADD NEW ROW

EXIT

FORM-D4 WITH HCO'S ORIGINAL BILL AND DISCHARGE SUMMARY. IF DIFFERS PLEASE MAIL US AT support.cmt-wb@nic.in WITH SUPPORTING DOCUMENTS FOR NECESSARY UPDATION BEFORE HARD COPY SUBMISSION AT MEDICAL CELL, FINANCE DEPTT.

TRANSACTION ID:

WBCTR#041341408032018509429

SELECT DAY:

02/08/2018 ▾

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- EXPENDITURE STATEMENT
- MIS & REPORTS

FOR ANY KIND OF TECHNICAL ISSUES AT THE TIME OF ADMISSION AND DISCHARGE PLEASE MAIL TO :
support.cmt-wb@nic.in

ONLINE BILLING

Details

BILLING DETAILS ENTRY : (SELECTED DATE-02/08/2018)



- PACKAGE,IMPLANTS
- BED RENT,DOCTOR FEES,MEDICINE
- INVESTIGATIONS
- CONSUMABLES
- SPECIAL NURSING
- MISCELLANEOUS
- PERMISSION DETAILS

CODED MISCELLANEOUS ITEMS

SELECT MISCELLANEOUS NAME:

ELECTRIC VIBRATOR (PERSITTING) ▼

ADD

SL NO	CODE	MISCELLANEOUS NAME	MAXIMUM APPROVED RATE(₹)	AMOUNT ADMISSIBLE(₹)	DELETE
1	01007006	ELECTRIC VIBRATOR (PERSITTING)	90	63	Delete
TOTAL-				63	

PREV

SAVE

CLICK HERE TO SAVE BILL

EXIT

CLICK HERE TO GO TO PREVIOUS PAGE

SELECT CODED MISCELLANEOUS ITEMS BY CLICKING CHECK BOX FIRST THEN SELECT MISCELLANEOUS NAME FROM LIST. CLICK ADD BUTTON TO ADD NEW ROW

UPDATION BEFORE HARD COPY SUBMISSION AT MEDICAL CELL, FINANCE DEPTT.

TRANSACTION ID:

WBCTR#041341408032018509429

SELECT DAY:

02/08/2018 ▼

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Details

BILLING DETAILS ENTRY : (SELECTED DATA)

wbhealthscheme.gov.in says
BILLING DETAILS SAVED SUCCESSFULLY FOR-02/08/2018

OK

PACKAGE,IMPLANTS | BED RENT,DOCTOR FEES,MED

CODED MISCELLANEOUS ITEMS

SELECT MISCELLANEOUS NAME:

ADD

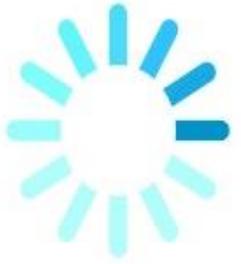
PREV

SAVE

BILLING DETAILS SAVED FOR 02/08/2018

EXIT

CLICK HERE TO CLOSE MESSAGE BOX



BILLING TYPE: DEFERRED
TOTAL TREATMENT COST: 90000

ADMISSION DATE AND DISCHARGE DATE SHOULD BE EXACTLY SAME IN FORM-H AND FORM-D4 WITH HCO'S ORIGINAL BILL AND DISCHARGE SUMMARY.IF DIFFERS PLEASE MAIL US AT support.cmt-wb@nic.in WITH SUPPORTING DOCCUMENTS FOR NECESSARY UPDATION BEFORE HARD COPY SUBMISSION AT MEDICAL CELL, FINANCE DEPTT.

TRANSACTION ID: WBCTR#041341408032018509429
SELECT DAY: 02/08/2018

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**END OF ONLINE BILLING OF
FIRST DAY OF TREATMENT
PERIOD i.e. 02/08/2018
AND PROCEED WITH THE
ONLINE BILLING OF NEXT
DAY i.e. 03/08/2018**

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- RESPOND TO PERMISSION
- MASTER DATA ENTRY
- ONLINE BILLING

FOR ANY KIND OF TECHNICAL ISSUES AT THE TIME OF ADMISSION AND DISCHARGE PLEASE MAIL TO :
support.cmt-wb@nic.in

ONLINE BILLING

PLEASE SELECT YOUR CHOICE:

- BENEFICIARY ID NUMBER PRESENT IN THE ENROLLMENT CERTIFICATE
- PROCEED WITH EMPLOYEE NO.(HRMS ID) FROM PAYSLIP OF EMPLOYEE

ENTER BENEFICIARY ID NUMBER PRESENT IN THE ENROLLMENT CERTIFICATE:

Proceed

ENROLLMENT ID: **WB/EMP/01/000272464**
 GPF/PPO NUMBER: **NPR/WB/43421**
 ADMISSION DATE: **02 Aug 2018 11:46:00**
 DISCHARGE DATE: **03/08/2018**
 WARD ASSIGNED: **PRIVATE**
 BILLING TYPE: **DEFERRED**
 TOTAL TREATMENT COST: **90000**

ADMISSION DATE AND DISCHARGE DATE SHOULD BE EXACTLY SAME IN FORM-H AND FORM-D4 WITH HCO'S ORIGINAL BILL AND DISCHARGE SUMMARY.IF DIFFERS PLEASE MAIL US AT support.cmt-wb@nic.in WITH SUPPORTING DOCCUMENTS FOR NECESSARY UPDATION BEFORE HARD COPY SUBMISSION AT MEDICAL CELL, FINANCE DEPTT.

TRANSACTION ID: **WBCTR#041341408032018509429**

SELECT DAY:

03/08/2018 ▼

---Select Day---

02/08/2018

03/08/2018

CLICK HERE TO SELECT DATE (DATE MUST BE SELECTED IN CHRONOLOGICAL ORDER)



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BILLING DETAILS ENTRY : (SELECTED DATE-03/08/2018)

- PACKAGE,IMPLANTS
- BED RENT,DOCTOR FEES,MEDICINE**
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- CONSUMABLES
- SPECIAL NURSING
- MISCELLANEOUS
- PERMISSION DETAILS

BED RENT:- **MAXIMUM APPROVED RATE(₹) BED CHARGE/DAY(₹)** **RECEIVED FROM PATIENT(₹):**

ICU/ITU/ICCU/CCU/NICU/PICL RS.2400/- 1680 FOR BED RENT AMOUNT

DOCTOR FEES:-

62131:- DR. SANDIP SARDAR DR. SANDIP SARDAR **ADD**

SL NO	DOCTOR NAME	DOCTOR DEGREE	REGISTRATION NO.	FEES/VISIT/DAY(₹)	CLAIMED FEES BY DOCTOR(₹)	DELETE
1	DR. ASHOK MITTAL	MBBS	51662	140	140	Delete
2	DR. SANDIP SARDAR	DM	62131	175	175	Delete
TOTAL-					315	

MEDICINES:

AMOUNT (₹) : 12500

WHETHER ANTIBIOTICS USED PER DOSE OVER (₹) 1000? YES NO

WHETHER TOTAL PHARMACEUTICALS COST EXCEEDING PER DAY MORE THAN (₹) 10000? YES NO

Attach Clause-4 Certificate as per Order No-11253(80)-F(MED) dt.16/12/2011.

WHETHER CHEMO USED OVER (₹) 5000? YES NO

MEDICINE AMOUNT RECEIVED FROM PATIENT(₹): FOR MEDICINE AMOUNT

BREAK UP OF MEDICINE AMOUNT RECEIVED FROM PATIENT(₹): **ADD**

SERIAL NUMBER	DESCRIPTION	AMOUNT CLAIMED(₹)	REMOVE
1			
TOTAL-		0	

Prev Next

PREVIOUS **NEXT**

CLICK HERE TO CHECK BED RENT AND SELECT WARD FROM LIST AND WRITE THE AMOUNT WHICH IS RECEIVED FROM PATIENT IN TEXT BOX

CLICK HERE TO CHECK DOCTOR FEES AND SELECT DOCTOR NAME FROM LIST. TO WRITE THE DESCRIPTION OF THE DOCTOR FEES MENTION THE DETAILS FROM "DOCTOR FEES"

CLICK HERE TO CHECK MEDICINES AND WRITE THE AMOUNT IN TEXT BOX AND CHECK RELATED BOX WHICH IS APPLICABLE WITH "YES" OR "NO" OPTION

CLICK "NEXT" BUTTON TO PROCEED

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FOR ANY KIND OF TECHNICAL ISSUES AT THE TIME OF ADMISSION AND DISCHARGE PLEASE MAIL TO :
support.cmt-wb@nic.in

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BILLING DETAILS ENTRY : (SELECTED DATE-03/08/2018)

- PACKAGE,IMPLANTS
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- INVESTIGATIONS**
- CONSUMABLES
- SPECIAL NURSING
- MISCELLANEOUS
- PERMISSION DETAILS

INVESTIGATIONS:-

INVESTIGATION TYPE:

INVESTIGATION NAME:

SEARCH BY INVESTIGATION CODE

ADD

NON CODED INVESTIGATIONS(IF ANY):-

ADD

SERIAL NUMBER	DESCRIPTION	AMOUNT CLAIMED(₹)	REMOVE
1	PARENTHYSIS	9440	
TOTAL-		9440	

ATTACH REPORT FOR ALL INVESTIGATION.

Prev Next

CLICK HERE TO CHECK WHETHER ALL INVESTIGATION REPORTS ARE ATTACHED OR NOT

CLICK HERE TO CHECK IF ANY NON CODED INVESTIGATION IS USED AND WRITE THE DESCRIPTION AND THE CLAIMED AMOUNT OF THAT INVESTIGATION

SELECT INVESTIGATIONS BY CLICKING CHECK BOX FIRST THEN SELECT INVESTIGATION TYPE AND INVESTIGATION NAME FROM LIST. CLICK ADD BUTTON TO ADD NEW ROW

EXIT

PREVIOUS

NEXT

wbhealthscheme.gov.in says

BILLING DETAILS SAVED SUCCESSFULLY FOR-03/08/2018

OK

LOGGED IN AS - NIC-0413414

GOVERNMENT OF WEST BENGAL
MEDICAL CELL, FINANCE DEPARTMENT

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ONLINE BILLING

BILLING DETAILS SAVED FOR 03/08/2018

CLICK HERE TO CLOSE MESSAGE BOX

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BILLING DETAILS ENTRY : (SELECTED DATE-03/08/2018)



PACKAGE,IMPLANTS

BED RENT,DOCTOR FEES,MEDICINE

INVESTIGATIONS

CONSUMABLES

SPECIAL NURSING

MISCELLANEOUS

PERMISSION DETAILS

CODED MISCELLANEOUS ITEMS

SELECT MISCELLANEOUS NAME:

ADD

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SAVE

EXIT

ADMISSION DATE AND DISCHARGE DATE SHOULD BE EXACTLY SAME IN FORM-H AND FORM-D4 WITH HCO'S ORIGINAL BILL AND DISCHARGE SUMMARY.IF DIFFERS PLEASE MAIL US AT support.cmt-wb@nic.in WITH SUPPORTING DOCUMENTS FOR NECESSARY UPDATION BEFORE HARD COPY SUBMISSION AT MEDICAL CELL, FINANCE DEPTT.

TRANSACTION ID:

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ADMIT PATIENT

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FOR ANY KIND OF TECHNICAL ISSUES AT THE TIME OF ADMISSION AND DISCHARGE PLEASE MAIL TO :
support.cmt-wb@nic.in

Details

BILLING DETAILS ENTRY : (SELECTED DATE-03/08/2018)



PACKAGE,IMPLANTS

BED RENT,DOCTOR FEES,MEDICINE

INVESTIGATIONS

CONSUMABLES

SPECIAL NURSING

MISCELLANEOUS

BILL SUBMISSION

PERMISSION DETAILS

TOTAL TREATMENT COST (₹) => 90000

AMOUNT RECEIVED FROM PATIENT (₹) => 5200

TOTAL BILLING AMOUNT (₹) => 90000

TOTAL BILLING AMOUNT RECEIVED FROM PATIENT (₹) => 5200

COMPONENTWISE BREAKUP AMOUNT NOT FURNISHED (₹) => 0

COMPONENTWISE BREAKUP AMOUNT NOT FURNISHED(FROM PATIENT) (₹) => 0

INSURANCE APPROVAL AMOUNT (₹) => 4200

SUBMIT

GENERATE CLAUSE3

GENERATE CLAUSE4

GENERATE CLAUSES

1

2

3

EXIT

AS PER THE REQUIREMENT CLICK HERE TO GENERATE CLAUSE 3, 4
AND 5 AS PER ORDER NO-11253(80)-F(MED) dt.16/12/2011

TRANSACTION ID:

WBCTR#041341408032018509429

SELECT DAY:

03/08/2018

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LOGOUT

CLAUSE 3 REPORT

HCO NAME-NIC MEDICAL CENTRE (TESTING)
HCO CODE-0413414

Compliance of Clause 3 of Order Number 11253(80)-F(MED), dated; 16/12/2011 issued by Medical Cell, Finance Department, West Bengal.

(Applicable for patient other than cancer treatment)

This is to certify that Sri/Smt NIRUPOM ROY (NPR/WB/43421/1/2) holding Enrolment Id number WB/EMP/01/000272464 was admitted on 02/08/2018 under Dr.....(Name and Qualification)and the medicine(s),(name of the antibiotic/s) costing more than Rs. 1000.00 per dose has/have been used to this patient as per antibiotic policy of the hospital and based on culture report and "Shotgun therapy" has not been followed.

This is also certified that, the most cost effective evidence based antimicrobial treatment has been prescribed.

OK

PREVIOUS

NEXT

Details
BILLING DETAILS ENT

PACKAGE,IMPLANTS BEC

TOTAL TREA
AMOUNT REC
TOTAL BILLI
TOTAL BILLI
COMPONENT
COMPONENT
INSURANCE

PERMISSION DETAILS



EXAMPLE OF SYSTEM GENERATED CLAUSE 3 REPORT

**HCO NAME-NIC MEDICAL CENTRE (TESTING)
HCO CODE-0413414**

Compliance of Clause 3 of Order Number 11253(80)-F(MED), dated; 16/12/2011 issued by Medical Cell, Finance Department, West Bengal.

(Applicable for patient other than cancer treatment)

This is to certify that Sri/Smt NIRUPOM ROY (NPR/WB/43421/1/2) holding Enrolment Id number WB/EMP/01/000272464 was admitted on 02/08/2018 under Dr.....(Name and Qualification)and the medicine(s),(name of the antibiotic/s) costing more than Rs. 1000.00 per dose has/have been used to this patient as per antibiotic policy of the hospital and based on culture report and **“Shot gun therapy” has not been followed.**

This is also certified that, the most cost effective evidence based antimicrobial treatment has been prescribed.

**Signature of
Treating Specialist with Seal**

**Signature of
Chairman, HICC with Seal**

MAKE NECESSARY SIGNATURES AND SEALS PROPERLY AS DIRECTED IN CLAUSE 3 REPORT

PREVIOUS

NEXT



LOGGED IN AS

LOGOUT

CLAUSE 4 REPORT

HCO NAME-NIC MEDICAL CENTRE (TESTING)
HCO CODE-0413414

Compliance of Clause 4 of Order Number 11253(80)-F(MED), dated; 16/12/2011
issued by Medical Cell, Finance Department, West Bengal.

(Applicable for patient other than cancer treatment)

This is to certify that, Sri/Smt NIRUPOM ROY (NPR/WB/43421/1/2) holding
Enrolment Id WB/EMP/01/000272464 was admitted under
Dr.....(Name and Qualification) on 02/08/2018.

Total pharmaceutical cost exceeds Rs; 10000.00 per day on
.....(mention the particular date(s) where exceeds)
and it is also to certify that evidence based cost effective treatment has been
prescribed in this case.

OK

PREVIOUS

NEXT

Details

BILLING DETAILS ENT

PACKAGE,IMPLANTS BEI

TOTAL TREA

AMOUNT REC

TOTAL BILLI

TOTAL BILLI

COMPONENT

COMPONENT

INSURANCE

LOGOUT

PERMISSION DETAILS

EXAMPLE OF SYSTEM GENERATED CLAUSE 4 REPORT

**HCO NAME-NIC MEDICAL CENTRE (TESTING)
HCO CODE-0413414**

**Compliance of Clause 4 of Order Number 11253(80)-F(MED), dated; 16/12/2011
issued by Medical Cell, Finance Department, West Bengal.**

(Applicable for patient other than cancer treatment)

**This is to certify that, Sri/Smt NIRUPOM ROY (NPR/WB/43421/1/2) holding
Enrolment Id WB/EMP/01/000272464 was admitted under
Dr.....(Name and Qualification) on 02/08/2018.**

**Total pharmaceutical cost exceeds Rs; 10000.00 per day on
.....(mention the particular date(s) where exceeds)
and it is also to certify that evidence based cost effective treatment has been
prescribed in this case.**

**Signature of
Treating Specialist with Seal**

**Signature of
Medical Superintendent with Seal**

MAKE NECESSARY SIGNATURES AND SEALS PROPERLY AS DIRECTED IN CLAUSE 4 REPORT

PREVIOUS

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1 of 1

CLAUSE 5 REPORT

HCO NAME-NIC MEDICAL CENTRE (TESTING)
HCO CODE-0413414

Compliance of Clause 5 of Order Number 11253(80)-F(MED), dated; 16/12/2011
issued by Medical Cell, Finance Department, West Bengal

(Applicable for patient suffering from cancer and cost of chemotherapy per cycle
is more than Rs; 5000.00)

This is to certify that, Sri/Smt NIRUPOM ROY (NPR/WB/43421/1/2) holding
Enrolment Id WB/EMP/01/000272464 was admitted under my treatment. He/She
has been suffering from..... (type of cancer) and is undergoing
treatment at the hospital for chemotherapy.

Dose schedule of chemotherapy (cycle number :.....).

Sl No	Name of medicine	Quantity

OK

Details

BILLING DETAILS ENT

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TOTAL TREA
AMOUNT REC
TOTAL BILLI
TOTAL BILLI
COMPONENT
COMPONENT
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EXAMPLE OF SYSTEM GENERATED CLAUSE 5 REPORT

**HCO NAME-NIC MEDICAL CENTRE (TESTING)
HCO CODE-0413414**

**Compliance of Clause 5 of Order Number 11253(80)-F(MED), dated; 16/12/2011
issued by Medical Cell, Finance Department, West Bengal**

**(Applicable for patient suffering from cancer and cost of chemotherapy per cycle
is more than Rs; 5000.00)**

**This is to certify that, Sri/Smt NIRUPOM ROY (NPR/WB/43421/1/2) holding
Enrolment Id WB/EMP/01/000272464 was admitted under my treatment. He/She
has been suffering from..... (type of cancer) and is undergoing
treatment at the hospital for chemotherapy.**

Dose schedule of chemotherapy (cycle number :.....).

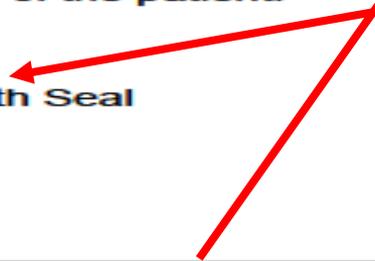
SI No	Name of medicine	Quantity

Last cycle of chemotherapy done on (if applicable):

Declaration:

**It is justified for using this chemotherapy scheduled in the case
considering the gravity of ailment and also expected that this chemotherapy will
effect on survival/palliation of the patient.**

Signature of Oncologist with Seal



MAKE NECESSARY SIGNATURES AND SEALS PROPERLY AS DIRECTED IN CLAUSE 5 REPORT

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LOGGED IN AS - NIC-0413414

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ADMIT PATIENT

DISCHARGE PATIENT

FOR ANY KIND OF TECHNICAL ISSUES AT THE TIME OF ADMISSION AND DISCHARGE PLEASE MAIL TO :
support.cmt-wb@nic.in

Details

BILLING DETAILS ENTRY : (SELECTED DATE-03/08/2018) 

- PACKAGE,IMPLANTS
- BED RENT,DOCTOR FEES,MEDICINE
- INVESTIGATIONS
- CONSUMABLES
- SPECIAL NURSING
- MISCELLANEOUS
- BILL SUBMISSION
- PERMISSION DETAILS

PERMISSION DETAILS FOR THIS TRANSACTION ID -

PERMISSION ID	BENEFICIARY NAME	PERMISSION DETAILS	STATUS
PERM20180803113409623	NIRUPOM ROY	MULTIPLE PROCEDURES(MORE THAN TWO)	NOT APPROVED



THIS PERMISSION IS REQUESTED FOR THIS TREATMENT BUT PERMISSION IS NOT APPROVED BY MEDICAL CELL AUTHORITY. THIS IMPLIES THAT IF ANY PERMISSION (PRE/POST ADMISSION) IS REQUESTED FROM HCO, THEN WITHOUT APPROVAL OF THE PERMISSION THE BILL CAN NOT BE SUBMITTED ONLINE.

TOTAL TREATMENT COST: 90000

ADMISSION DATE AND DISCHARGE DATE SHOULD BE EXACTLY SAME IN FORM-H AND FORM-D4 WITH HCO'S ORIGINAL BILL AND DISCHARGE SUMMARY.IF DIFFERS PLEASE MAIL US AT support.cmt-wb@nic.in WITH SUPPORTING DOCCUMENTS FOR NECESSARY UPDATION BEFORE HARD COPY SUBMISSION AT MEDICAL CELL, FINANCE DEPTT.

TRANSACTION ID: WBCTR#041341408032018509429

SELECT DAY: 03/08/2018

PREVIOUS NEXT

wbhealthscheme.gov.in says

ARE YOU SURE YOU WANT TO SUBMIT THE BILL.AFTER SUBMISSION
YOU WILL NOT BE ABLE TO MODIFY YOUR BILLING DATA?

CLICK HERE TO PROCEED

2

OK

Cancel

LOGGED IN AS - NIC-0413414

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GOVERNMENT OF WEST BENGAL
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FOR

support.cmt-wb@nic.in

PLEASE MAIL TO :

ONLINE BILLING

Details

BILLING DETAILS ENTRY : (SELECTED DATE-03/08/2018)



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INVESTIGATIONS

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MISCELLANEOUS

BILL SUBMISSION

PERMISSION DETAILS

TOTAL TREATMENT COST (₹) => 90000

AMOUNT RECEIVED FROM PATIENT (₹) => 5200

TOTAL BILLING AMOUNT (₹) => 90000

TOTAL BILLING AMOUNT RECEIVED FROM PATIENT (₹) => 5200

COMPONENTWISE BREAKUP AMOUNT NOT FURNISHED (₹) => 0

COMPONENTWISE BREAKUP AMOUNT NOT FURNISHED(FROM PATIENT) (₹) => 0

INSURANCE APPROVAL AMOUNT (₹) => 4200

SUBMIT

GENERATE CLAUSE3

GENERATE CLAUSE4

GENERATE CLAUSE5

1

CLICK "SUBMIT" BUTTON TO SUBMIT THE BILL ONLINE

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wbhealthscheme.gov.in says
PERMISSION FOR MORE THAN TWO PROCEDURES HAS NOT BEEN
GIVEN YET FROM MEDICAL CELL.

PLEASE READ THE MESSAGE CAREFULLY

OK

CLICK HERE TO CLOSE
WINDOW

FOR ANY KIND OF TECHNICAL ISSUES AT THE TIME OF ADMISSION AND DISCHARGE PLEASE MAIL TO :
support.cmit-wb@nic.in

Details

BILLING DETAILS ENTRY : (SELECTED DATE-03/08/2018)



- PACKAGE,IMPLANTS
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- SPECIAL NURSING
- MISCELLANEOUS
- BILL SUBMISSION
- PERMISSION DETAILS

TOTAL TREATMENT COST (₹) => 90000
AMOUNT RECEIVED FROM PATIENT (₹) => 5200
TOTAL BILLING AMOUNT (₹) => 90000
TOTAL BILLING AMOUNT RECEIVED FROM PATIENT (₹) => 5200
COMPONENTWISE BREAKUP AMOUNT NOT FURNISHED (₹) => 0
COMPONENTWISE BREAKUP AMOUNT NOT FURNISHED(FROM PATIENT) (₹) => 0
INSURANCE APPROVAL AMOUNT (₹) => 4200



- SUBMIT
- GENERATE CLAUSE3
- GENERATE CLAUSE4
- GENERATE CLAUSE5

EXIT

TRANSACTION ID:

WBCTR#041341408032018509429

SELECT DAY:

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**AFTER APPROVAL OF
THE PERMISSION FROM
MEDICAL CELL
MENTIONED IN THE
PREVIOUS SLIDE BILL
CAN BE SUBMITTED
ONLINE NOW**

[PREVIOUS](#)

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wbhealthscheme.gov.in says

BILL WITH TRANSACTION ID- WBCTR#041341408032018509429 HAS BEEN SUCCESSFULLY SUBMITTED.PLEASE PROCEED WITH FURTHER PROCESS.

PLEASE READ THE MESSAGE CAREFULLY

OK

CLICK HERE TO CLOSE WINDOW

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GOVERNMENT OF WEST BENGAL
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support.cmt-wb@nic.in

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BILLING DETAILS ENTRY : (SELECTED DATE-03/08/2018)

PACKAGE,IMPLANTS

BED RENT,DOCTOR FEES,MEDICINE

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BILL SUBMISSION

PERMISSION DETAILS

TOTAL TREATMENT COST (₹) => 90000

AMOUNT RECEIVED FROM PATIENT (₹) => 5200

TOTAL BILLING AMOUNT (₹) => 90000

TOTAL BILLING AMOUNT RECEIVED FROM PATIENT (₹) => 5200

COMPONENTWISE BREAKUP AMOUNT NOT FURNISHED (₹) => 0

COMPONENTWISE BREAKUP AMOUNT NOT FURNISHED(FROM PATIENT) (₹) => 0

INSURANCE APPROVAL AMOUNT (₹) => 4200

SUBMIT

GENERATE CLAUSE3

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GENERATE CLAUSE5

EXIT

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- ONLINE BILLING ▶

FOR ANY KIND OF TECHNICAL ISSUES AT THE TIME OF ADMISSION AND DISCHARGE PLEASE MAIL TO :
support.cmt-wb@nic.in

ONLINE BILLING

PLEASE SELECT YOUR CHOICE:

BENEFICIARY ID NUMBER PRESENT IN THE ENROLLMENT CERTIFICATE

PROCEED WITH EMPLOYEE NO.(HRMS ID) FROM PAYSリップ OF EMPLOYEE

ENTER BENEFICIARY ID NUMBER PRESENT IN THE ENROLLMENT CERTIFICATE:

ENROLLMENT ID: **WB/EMP/01/000272464**

GPF/PPO NUMBER: **NPR/WB/43421**

ADMISSION DATE: **02 Aug 2018 11:46:00**

DISCHARGE DATE: **03/08/2018**

WARD ASSIGNED: **PRIVATE**

BILLING TYPE: **DEFERRED**

TOTAL TREATMENT COST: **90000**

ADMISSION DATE AND DISCHARGE DATE SHOULD BE EXACTLY SAME IN FORM-H AND FORM-D4 WITH HCO'S ORIGINAL BILL AND DISCHARGE SUMMARY. IF DIFFERS PLEASE MAIL US AT support.cmt-wb@nic.in WITH SUPPORTING DOCUMENTS FOR NECESSARY UPDATION BEFORE HARD COPY SUBMISSION AT MEDICAL CELL, FINANCE DEPTT.

TRANSACTION ID: **WBCTR#041341408032018509429**

SELECT DAY:

**CLICK HERE TO GENERATE
ONLINE BILL**



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**FROM REPORT WINDOW YOU CAN DOWN LOAD
REPORT IN ".PDF" FORMAT**

1 of 2 ?

**DETAIL BILL UNDER WEST BENGAL HEALTH FOR ALL EMPLOYEES AND PENSIONER'S CASHLESS MEDICAL TREATMENT
SCHEME, 2014**

HCO NAME:- NIC MEDICAL CENTRE (TESTING) BILL NUMBER & DATE:- BILL-9874/2018,Dated-03/08/2018

ADMISSION DATE:- Aug 2 2018 11:46:00:000AM DISCHARGE DATE:- Aug 3 2018 11:53:39:523AM

PATIENT DETAILS:- NIRUPOM ROY (NPR/WB/43421/1/2) TRANSACTION ID:- WBCTR#041341408032018509429

PACKAGE TREATMENT DETAILS:-

SLNO	PACKAGE CODE	PACKAGE DESCRIPTION	DATE	PACKAGE MAX RATE(₹)	ADMISSIBLE AMOUNT(₹)
1	01013001	DRAINAGE OF ABSCESS	02/08/2018	2000	1400
2	01013003	ASPIRATION OF COLD ABSCESSOF LYMPHNODE	02/08/2018	3100	1302
3	01013002	DRESSING UNDER G.A.	02/08/2018	2400	1008
TOTAL-					3710

CLICK HERE CLOSE REPORT →

OK

GENERATE BILL

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DETAIL BILL UNDER WEST BENGAL HEALTH FOR ALL EMPLOYEES AND PENSIONER'S CASHLESS MEDICAL TREATMENT SCHEME, 2014

HCO NAME:- NJC MEDICAL CENTRE (TESTING) BILL NUMBER & DATE:- BILL-9874/2018,Dated-03/08/2018
 ADMISSION DATE:- Aug 2 2018 11:46:00:000AM DISCHARGE DATE:- Aug 3 2018 11:53:39:523AM
 PATIENT DETAILS:- NIRUPOM ROY (NPR/WB/43421/1/2) TRANSACTION ID:- WBCTR#041341408032018509429

**SYSTEM
GENERATED
BILL (PAGE 1)**

PACKAGE TREATMENT DETAILS:-					
SLNO	PACKAGE CODE	PACKAGE DESCRIPTION	DATE	PACKAGE MAX RATE(₹)	ADMISSIBLE AMOUNT(₹)
1	01013001	DRAINAGE OF ABSCESS	02/08/2018	2000	1400
2	01013003	ASPIRATION OF COLD ABSCESSOF LYMPHNODE	02/08/2018	3100	1300
3	01013002	DRESSING UNDER G.A.	02/08/2018	2400	1008
TOTAL-					3710

CODED IMPLANT DETAILS:-					
SLNO	IMPLANT CODE	IMPLANT DESCRIPTION	DATE	IMPLANT MAX RATE(₹)	ADMISSIBLE AMOUNT(₹)
1	03006001	PROLENE MESH SIZE 6□ × 6□ ,6□ × 3□ ,11.81□ × 11.81□ (30CM × 30CM)	02/08/2018	3,145/- 1,650/- 5,341/-	1290
TOTAL-					1290
WHETHER ORIGINAL TAX INVOICE OF IMPLANTS ATTACHED?(Y/N)					YES

NON PACKAGE TREATMENT DETAILS:-					
BED RENT					
SLNO	DAY	BED CATEGORY	WBHS CODE	RATE(₹)	ADMISSIBLE AMOUNT(₹)
1	02/08/2018	PRIVATE	01036003	1800	1260
2	03/08/2018	ICU/ITU/ICCU/CCU/N ICU/PCU	01009001	2400	1680
TOTAL-					2940

CONSULTANCY FEES						
SLNO	DAY	DOC NAME	DEGREE	WBHS CODE	RATE(₹)	ADMISSIBLE AMOUNT(₹)
1	02/08/2018	DR. PRADEEPTA KUMAR SETHY	DM	01001005	250	175
2	03/08/2018	DR. SANDIP SARDAR	DM	01001005	250	175
3	03/08/2018	DR. ASHOK MITTAL	MBBS	01001003	200	140
TOTAL-					490	

MEDICINE								
SLNO	DAY	WHETHER ANTIBIOTICS USED PER DOSE OVER 1000?	Attach Clause-3 Certificate as per Order No-11253 (80)-F (MED) dt.16/12/2011?	WHETHER TOTAL PHARMACEUTICALS COST EXCEEDING PER DAY MORE THAN 10000?	Attach Clause-4 Certificate as per Order No-11253 (80)-F (MED) dt.16/12/2011?	WHETHER CHEMO USED OVER 5000?	Attach Clause-5 Certificate as per Order No-11253 (80)-F(MED) dt.16/12/2011?	AMOUNT CLAIMED(₹)
1	02/08/2018	YES	YES	NO	NO	YES	YES	12500
2	03/08/2018	NO	NO	YES	YES	NO	NO	12500
TOTAL-								25000

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**DETAIL BILL UNDER WEST BENGAL HEALTH FOR ALL EMPLOYEES AND PENSIONER'S CASHLESS MEDICAL TREATMENT
SCHEME, 2014**

**SYSTEM
GENERATED
BILL (PAGE 2)**

INVESTIGATION(CODED)					
SLNO	CODE	NAME	DATE	QUANTITY	ADMISSIBLE AMOUNT(₹)
1	02001010	STERNAL PUNCTURE	02/08/2018	1	560
TOTAL-					560
WHETHER REPORTS OF INVESTIGATION ATTACHED?(Y/N)					YES

INVESTIGATION(NON CODED)			
SLNO	INVESTIGATION NAME	INVESTIGATION DATE	NONCOD AMOUNT CLAIMED(₹)
1	PARENTHYSIS	03/08/2018	9440
TOTAL-			9440
WHETHER REPORTS OF INVESTIGATION ATTACHED?(Y/N)			YES

CONSUMABLES					
SLNO	CONSUMABLE NAME	DATE	CONSUMABLE QUANTITY	AMOUNT PER ITEM	CONSUMABLE AMOUNT(₹)
1	GLOVES(ALL TYPES INCLUDED)	02/08/2018	10	1250	12500
2	SYRINGES(ALL CAPACITIES INCLUDED)	03/08/2018	10	2157	21570
3	GLOVES(ALL TYPES INCLUDED)	03/08/2018	10	1250	12500
TOTAL-					46570

AMOUNT RECIEVED FROM PATIENT PARTY(IF ANY):-						
SLNO	DATE	IMPLANT(₹)	MEDICINE(₹)	CONSUMABLES(₹)	BED PATIENT	TOTAL(₹)
1	02/08/2018	1000	2000	0	200	3200
2	03/08/2018	0	0	2000	0	2000
TOTAL-						5200

TOTAL TREATMENT COST(₹):- 90000 INSURANCE APPROVAL AMOUNT(IF ANY)(₹):- 4200

AMOUNT RECEIVED FROM GOVT. EMP/PEN(FOR TREATMENT COST UPTO RS. 1 LAKH(₹)):- 5200

AMOUNT CLAIMED TO STATE GOVT(₹):- 80600

AMOUNT RECEIVED FROM GOVT. EMP/PEN(FOR TREATMENT COST EXCEEDING RS. 1 LAKH(₹)):- NOT APPLICABLE

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WEST BENGAL HEALTH FOR ALL EMPLOYEES AND PENSIONERS CASHLESS MEDICAL TREATMENT SCHEME, 2014



GOVERNMENT OF WEST BENGAL
MEDICAL CELL, FINANCE DEPARTMENT

LOGOUT

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- HOME
- ADMIT PATIENT
- DISCHARGE PATIENT
- EXPENDITURE STATEMENT
- MIS & REPORTS
- QUERY RESPONSE
- UPDATE DETAILS
- SEEK PERMISSION
- RESPOND TO PERMISSION
- MASTER DATA ENTRY
- ONLINE BILLING

- DAY WISE BILLING
- UPDATE ONLINE BILLING
- BILL SUBMISSION PENDING**

LIST OF BILLS YET TO BE SUBMIT

	TRANSACTION ID	PATIENT NAME	ADMISSION DATE	DISCHARGE DATE
SUBMIT	WBCTR#041341408032018509429	NIRUPOM ROY (NPR/WB/43421/1/2)	02/08/2018	03/08/2018

IF ONLINE BILL SUBMISSION IS NOT DONE FROM DAY WISE BILLING SECTION THEN THE TRANSACTION ID WILL APPEAR UNDER THIS MENU.

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WEST BENGAL HEALTH FOR ALL EMPLOYEES AND PENSIONERS CASHLESS MEDICAL TREATMENT SCHEME, 2014



GOVERNMENT OF WEST BENGAL
MEDICAL CELL, FINANCE DEPARTMENT

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LOGOUT

- HOME
- ADMIT PATIENT
- DISCHARGE PATIENT
- EXPENDITURE
- MIS & REP
- QUERY RE
- UPDATE D
- SEEK PERI
- RESPOND
- MASTER D
- ONLINE B

Details

BILLING DETAILS:

TRANSACTION ID :	WBCTR#041341408032018509429
TOTAL TREATMENT COST(₹):	90000 → A
TOTAL AMOUNT RECEIVED FROM PATIENT(₹):	5200 → B
TOTAL BILLING AMOUNT(₹):	90000 → C
TOTAL BILLING AMOUNT RECEIVED FROM PATIENT(₹):	5200 → D
COMPONENTWISE BREAKUP AMOUNT NOT FURNISHED(₹):	0
COMPONENTWISE BREAKUP AMOUNT NOT FURNISHED (PATIENT)(₹):	0
INSURANCE AMOUNT(₹):	4200

SUBMIT

Exit

A → TOTAL BILLING COST

B → TOTAL AMOUNT RECEIVED FROM PATIENT (UPTO TREATMENT COST Rs. ONE LAKH)

C → TOTAL TREATMENT COST AND TOTAL BILLING AMOUNT MUST BE EQUAL, OTHERWISE BILL CAN NOT BE SUBMITTED ONLINE

D → TOTAL AMOUNT RECEIVED FROM PATIENT AND TOTAL BILLING AMOUNT RECEIVED FROM PATIENT MUST BE EQUAL, OTHERWISE BILL CAN NOT BE SUBMITTED ONLINE

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wbhealthscheme.gov.in says

ARE YOU SURE YOU WANT TO SUBMIT THE BILL.AFTER SUBMISSION YOU WILL NOT BE ABLE TO MODIFY YOUR BILLING DATA?

PLEASE READ THE MESSAGE CAREFULLY

CLICK HERE TO PROCEED

OK Cancel

LOGGED IN AS - NIC-0413414

- HOME
- ADMIT PATIENT
- DISCHARGE PATIENT
- EXPENDITURE
- MIS & REPORT
- QUERY REGISTER
- UPDATE DATA
- SEEK PERMISSION
- RESPOND
- MASTER DATA
- ONLINE BILLING

Details

BILLING DETAILS:

TRANSACTION ID :	WBCTR#041341408032018509429
TOTAL TREATMENT COST(₹):	90000
TOTAL AMOUNT RECEIVED FROM PATIENT(₹):	5200
TOTAL BILLING AMOUNT(₹):	90000
TOTAL BILLING AMOUNT RECEIVED FROM PATIENT(₹):	5200
COMPONENTWISE BREAKUP AMOUNT NOT FURNISHED(₹):	0
COMPONENTWISE BREAKUP AMOUNT NOT FURNISHED (PATIENT)(₹):	0
INSURANCE AMOUNT(₹):	4200

SUBMIT Exit

CLICK HERE TO SUBMIT ONLINE BILL. IF YOU ARE NOT SUBMIT THE BILL THEN THIS BILL IS NOT RECEIVED FROM MEDICAL CELL

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LOGOUT



wbhealthscheme.gov.in says

BILL WITH TRANSACTION ID- WBCTR#041341408032018509429 HAS BEEN SUCCESSFULLY SUBMITTED.PLEASE PROCEED WITH FURTHER PROCESS.

PLEASE READ THE MESSAGE CAREFULLY

OK

CLICK HERE TO CLOSE WINDOW

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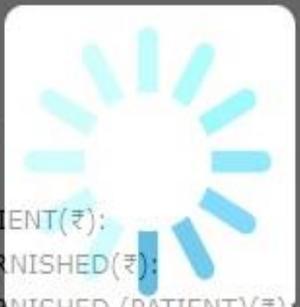
LOGOUT

- HOME
- ADMIT PATIENT
- DISCHARGE PATIENT
- EXPENDITURE
- MIS & REPORT
- QUERY RESOLUTION
- UPDATE DATES
- SEEK PERMISSION
- RESPOND TO REQUEST
- MASTER DATA
- ONLINE BILLING

Details

BILLING DETAILS:

TRANSACTION ID :	WBCTR#041341408032018509429
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TOTAL AMOUNT RECEIVED FROM PATIENT(₹):	5200
TOTAL BILLING AMOUNT(₹):	90000
TOTAL BILLING AMOUNT RECEIVED FROM PATIENT(₹):	5200
COMPONENTWISE BREAKUP AMOUNT NOT FURNISHED(₹):	0
COMPONENTWISE BREAKUP AMOUNT NOT FURNISHED (PATIENT)(₹):	0
INSURANCE AMOUNT(₹):	4200



SUBMIT Exit

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SUMMARISATION OF TOTAL PRESENTATION:-

- ❖ **ADMIT THE PATIENT WITH PROPER CREDENTIALS (BENEFICIARY ID NUMBER PRESENT IN THE ENROLLMENT CERTIFICATE).**
- ❖ **DISCHARGE THE PATIENT WITH PROPER BILLING AMOUNT AND GENERATE FORM-H.**
- ❖ **FILLUP THE EXPENDITURE STATEMENT WITH PROPER BREAKUP OF THE BILLING AMOUNT AND GENERATE FORM-D4.**
- ❖ **RELEASE THE PATIENT AFTER SIGNING THE FORM-H & D4 BY THE GOVERNMENT EMPLOYEE/PENSIONER.**
- ❖ **FILLUP THE DAY WISE ONLINE BILLING.**
- ❖ **SUBMIT THE BILL ONLINE AFTER COMPLETION OF DAY WISE BILLING.**

END

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