Government of West Bengal
Finance Department
Medical Cell, Writers 'Building

No. 127-F (MED) WB Dated: 26.11.2021

ORDER

Sub: Introduction of online reimbursement claim processing through WBHS Portal in revised Claim Forms under West Bengal Health Scheme.

At present, beneficiaries under the WBHS submit their claims manually to their respective Head of Offices in the prescribed claim Forms C1, C2, C3 and C4 as per Finance Order No. 78-F (MED) WB, dated-22/10/2019, attaching necessary annexure (where applicable) and other treatment documents against each of their individual claim for reimbursing the costs incurred in connection with medical treatment under this Scheme.

Online processing of such reimbursement claims through WBHS Portal and making payments thereof under WBIFMS in integrated web mode was under active consideration for some time past. And, in order to make the **ONLINE** processing of these claim more comprehensively, the existing claim Forms mentioned herein above also required further modification and expansion to meet the need of the purpose.

Now, after careful consideration, the Governor is pleased to implement the online processing of reimbursement claim under West Bengal Health Scheme as per process flows detailed below:

Sl. No.	Contents of Attachment	Appendix No.
1	Process flow for online reimbursement claim through WBHS Portal.	I
2	Process flow for preparation of Bill to disburse reimbursement claim from Treasury/PAO through payment integration between WBHS and WBIFMS Portal.	II

Similarly, the Governor is further pleased to introduce the following Forms and Essentiality Certificates to ensure the online claim processing more comprehensive and purposeful by replacing the existing Claim Forms and Essentiality Certificates circulated earlier vide Order No.78-F(MED)WB, dated-22/10/2019:

Sl. No.	Contents of Attachment		Appendix No.
1	Revised Reimbursement Claim Forms:		III
	Form No.	Heading of Forms	
	Form-C1	Reimbursement of cost for Out-Patient Department (OPD) treatment in Recognised / Empanelled / Enlisted Hospital.	
	Form-C2	Reimbursement of cost for In-Patient Department (IPD) treatment in Non-Empanelled/Hospital.	
	Form-C3	Reimbursement of cost for Cashless In-Patient Department (IPD) treatment in Empanelled Private Hospital.	
	Form-C4	Reimbursement of cost for Non-Cashless In-Patient Department (IPD) treatment in Recognised / Empanelled / Enlisted Hospital.	
2	Essentiality Certificates:		IV
	Annexure No.	Heading of Annexure	
	Annexure-I	Certification of Treating Consultant/Specialist of a Recognized /Empanelled/ Enlisted Hospital for claiming reimbursement of "Out Patient Department" treatment of all notified diseases/ illnesses except *Selected Investigations [Vide Clause 10 of Order No. 797-F(MED), dated 31.01.2011] and Prosthesis & Special Devices* under WBHS.	
	Annexure-II	Certification of Medical Superintendent or Administrative Officer of the Non-Empanelled Hospital to claim reimbursement for "In-Patient Department" treatment only under WBHS.	

Online processing of reimbursement claim through the new functionality added to WBHSP is mandatory for all treatments on and from the date of effect of this order.

This has the approval of Principal Secretary, Finance Department, Government of West Bengal.

This order shall come into effect from date of issue.

Enclosures: As stated

26.11.2021

OSD & EO Joint Secretary
Finance Department
Govt. of West Bengal

ALOKE KUMAR MUKHERJEE, WBA & AS
Joint Secretary, Finance Department
Government of West Bengal

Appendix-I

(As per Order No. 127-F(MED)WB, dated 26.11.2021)

(Process flow for online reimbursementclaimthroughWBHS Portal)

1. All enrolled employees/pensioners (including family pensioners) will have to create his/her login in WBHS Portal. The followings guidelines are to be followed while creating login in WBHS Portal:
   a) Employees, who have HRMS ID / Unique ID, shall have to use HRMS ID/Unique ID as **User ID**. For creationof user ID with HRMS ID/Unique ID, the employee has to assure that his/her HRMS/Unique ID has already been incorporated and approved by the competent authority.
   b) Employees, who do not have HRMS ID / Unique ID (not created in HRMS of WBIFMS till now), will have to use enrollment ID *(WB/EMP/XX/XXXXXXXXX)* as **User ID.**
   c) Pensioners will have to use enrollment ID *(WB/PEN/XX/XXXXXXXXX)* as **User ID.**
2. After creation of **User ID** as per option stated above, employee/pensioner has to change his/her system generated password received over mobile no. and e-mail address immediately for further login in WBHS Portal.
3. Further creation of login ID is not needed where employees/pensioners who have already created their login earlier in WBHS Portal. If anyone forgets earlier saved password, s/he can retrieve it by accessing **"Forget Password"** option available in **Government Employee/Pensioner Tab** in the home page of WBHS Portal.
4. Head of Office (HoO)/ Pension Sanctioning Authority (PSA) shall have to take appropriate measures well in advance for incorporation & subsequent approval of bank details of all enrolled employees/pensioners in Certificate Generation section in WBHS Portal for releasing admissible claim amount electronically.
5. HoO shall make necessary arrangement of tagging **Payment Head of Account** against all enrolled employees. Tagging of **Payment Head of Account** is not required for any enrolled pensioners. In case of missing **Payment Head of Account,** HoO shall inform Medical Cell, Finance Department as per instruction mentioned in Order No. 74(7500)-F(MED)WB dated 09.06.2021.
6. Mapping of all enrolled employees/pensioners with Operator (Reimbursement) is mandatory and it has to be completed immediately. Claimant can't submit claims if it is not done. Moreover, every office shall have to map his/her all sub ordinates offices with Operator (Reimbursement) for forwarding of claims of those sub ordinate offices when requires.
7. Claiming reimbursement through WBHS Portal is **purely incorporation of financial and non-financial input** against an eligible treatment availed under this scheme. There is no provision of uploading scan documents in the portal at the time incorporation of input against a treatment.
8. It is mandatory for all enrolled employees to prepare and submit his/her reimbursement claimelectronically (online) using his/her personal login in WBHS Portal by providing the details of treatment availed.

9. Online claim preparation using WBHS Portal is optional for pensioner. If pensioner desires, she can claim using WBHS Portal. When a pensioner is unable to prepare and submit claim through online, s/he submits his/her reimbursement claim in **applicable Manual Application Form** attaching all enclosures mentioned in the last part of each manual reimbursement claim form. PSA shall make necessary arrangement for making online incorporation of such claim from the **Operator (Reimbursement)** to whom the concerned pensioner is mapped. This facility will run simultaneously for a limited period of time. Instruction regarding discontinuation of such facility, intimation will be made in due course by circulating a notification.
10. Scope for editing of financial and non-financial earlier incorporated information against a prepared reimbursement claim in web page is possible before final submission it to the office of the HoO/PSA.
11. After online submission, employee/pensioner shall have to take a print out of system generated form of claim submitted. Then s/he signs in the appropriate space in form. After signing in form, s/he will attach all necessary enclosures chronologically mentioned in last part of the claim form. When physical copy of claim form is ready for submission, s/he will submit signed copy of such claim form physically to the office of the HoO/PSA within 15 days after online submission. If employee/pensioner fails to submit physical copy of claim, s/he has to attach an application stating the cause of such delay.
12. Clauses of delay condonation as stated in Order No. 2618-F(MED)WB dated 05.04.2011 read with Order No.1040-F(MED)WB dated 01.12.2016 and 72-F(MED)WB dated 14.08.2018 shall also be applicable in online functionality of reimbursement claim processing. Date of physical submission ofa claimat the office of the HoO/PSA shall be the yardstick for assessing applicability of condonation.
13. On receiving physical copy of reimbursement claim enclosed with all essential documents, respective Operator shall carefully scrutinize the claim physically and electronically and determines the admissibility based on submitted documents and the guidelines of WBHS. After determining admissibility, **Operator** will forward the claim physically as well as electronically by selecting the level of same or immediate higher authority for further scrutiny incorporating his/her mandatory notes. If there is any discrepancy, Operator may raise objection for compliance of it from the end of the claimant.
14. After getting the claim electronically and physically from a same or subordinate level, intermediary level (i.e. Recommending Authority or Delegated Approver if created) will check and verify it again. After satisfying himself/herself, s/he will forward it with mandatory notes to another user of same or next level of user i.e. , HoO/PSA. As like Operator, user of this level may also raise objection if s/he finds any discrepancy while checking for getting necessary compliance it from the end of the claimant.
15. Registration of **Digital Signature Certificate (DSC)** is required mandatorily for the users like HoO/PSA/Delegated Approver (Reimbursement) in WBHS Portal for generation of sanction order against a claim approved by competent authority.
16. After getting a claim electronically and physically from immediate sub-ordinate user like Recommending Authority or Delegated Approver, HoO/PSA shall verify the claim again. S/he may approve/raise objection/send back or will have to forward it to

Higher/Controlling Authority. Order No. 9-F(MED)WB, dated 25.02.2019 and 47-F(MED)WB, dated 20.03.2020 issued by Finance Department, Government of West Bengal shall be followed strictly by HoO/PSA while approving a reimbursement claim.

At final stage, the processing for a claim from the end of HoO/PSA or his/her Delegated Approver has to do in two phases i.e. approval of claim with or without registered **DSC** and generation of sanction order with registered **DSC**. Scope of use of DSC by the HoO/PSA/Delegated Approver (Reimbursement) is given below stating the occurrence/incidence.

Sl. No.	Occurrence/Incidence	User of DSC
1	Approval of reimbursement claim by the HoO/PSA without using DSC. **	No one.
2	Generation of sanction order by any Delegated Approver (Reimbursement) in same hierarchy against a claim approved by the HoO/PSA without DSC.	Delegated Approver (Reimbursement).
3	Approval and subsequent generation of sanction order a of reimbursement claim by the HoO/PSA.	HoO/PSA
4	Approval and subsequent generation of sanction order of reimbursement claim by the Delegated Approver (Reimbursement) ***.	Delegated Approver (Reimbursement)

Head of the Office/ Pension Sanctioning Authority has to create user like Delegated Approver (Reimbursement) mandatorily for generation of sanction order.

**** Applicable for Administrative Department only.***

17. Delegated Approver (Reimbursement) created by the office of the HoO/PSA having HOO Code starts with other than **1** (one) can't approve any reimbursement claim. But s/he can generate sanction order using his/her registered DSC against a claim approved by the HoO/PSA without DSC.

18. As like enrollment certificate, no one can approve his/her own claim except Departmental Secretary of the Administrative Department. In case of own claim of HoO other than the Departmental Secretary of Administrative Department, it has to be sent mandatorily to immediate Controlling/Higher Authority for approval.

19. When admissible amount of a claim exceeds the power of ceiling as stated in Order No. 9-F(MED)WB, dated 25.02.2019 and 47-F(MED)WB, dated 20.03.2020 issued by Finance Department, Government of West Bengal, HoO/PSA other than Administrative Department shall forward the claim through WBHS Portal to next Controlling/Higher Authority for its approval. No one should forward any claim to Controlling/Higher Authority without assessing the admissibility of the claim accurately. After getting final amount of admissibility, s/he will take decision of forwarding it to next Controlling/Higher Authority for approval.

20. It is not mandatory to forward physical copy of a claim by the HoO/PSA to his/her Controlling/Higher Authority. But s/he (HoO/PSA) is bound to forward it if Controlling/Higher Authority requires it. Controlling/Higher Authority shall consider treatment type & nature, duration of treatment, claim amount, treating hospital etc before requisition of hard copy of claim.

21. Once approval of a claim is given by an authority to do so, sanction order can be generated by any user like Delegated Approver created by approving authority or Sub Ordinate HoO/PSA or Delegated Approver created by Sub Ordinate HoO/PSA using his/her registered DSC. Stamp of DSC will be enfaced on sanction order as per designation of the user who generates it.
22. Once sanction order is generated in WBHS Portal, it shall be available for **preview and print** in the login of all stakeholders like employee/pensioner, Operator (Reimbursement), HoO/PSA, Drawing and Disbursing Officer (DDO) and Pay & Accounts Officer/Treasury Officer.
23. In case of any error or discrepancy detected at any level after generation of sanction order and modification necessitates in sanction order, HoO/PSA/Delegated Approver (Reimbursement) may cancel it for further processing it in WBHS Portal.
24. Henceforth generation of Cashless Admissible Reimbursement Certificate (CARC) will not be available at the login of DDO in WBHS Portal. It will be available at the login of HoO/PSA/Delegated Approver (Reimbursement). Now it is the responsibility of signing CARC lies with the authority that generates it.
25. Old reimbursement claims submitted by employee/pensioner before issuance of this order and under processing at different level of government offices, shall be disposed as per existing office procedure. Payment of such claim to be released to claimant by presenting bill in**TR Form-68 Form** torespective Pay & Accounts Office / Treasury Office within 31.03.2023 positively.
26. DDO of respective HoO/PSA shall not present any reimbursement claim in **TR Form 68** where treatment is done on or from the date of issuance of this order.S/he presents such reimbursement claim in **TR Form-68C** for payment to respective Pay and Accounts Office/Treasury Office adopting the functionality of Payment Integration between WBHS Portal and WBIFMS.
27. When an employee/pensioner transfers from one office to another, all pending claims submitted by the concerned employee/pensioner has to be transferred to new office at the time of transferring enrollment certificate. HoO/PSA/Delegated Approver (Certificate Generation and Reimbursement) will transfer all pending reimbursement claims by selecting DDO & HoO code details and name Operator (Reimbursement) of the new office. Certification for Non-Drawl from government account shall be given by transferring authority on hard copy of submitted pending claim before dispatching to new office.

6.11.2024

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Joint Secretary, Finance Department
Government of West Bengal
OSD & EO Joint Secretary
Finance Department
Govt. of West Bengal

Appendix-II

(As per Order No.127-F(MED)WB dated26.11.2021)

(Process flow for Treasury/PAO Bill preparation and disbursement of reimbursement claim through Payment Integration between WBHS Portal and WBIFMS)

Disbursement of reimbursement claim of WBHS against sanction order generated in WBHS Portal will be released in web based payment integration between WBHS and WBIFMS Portal. Newly introduced TR Form-68C shall be used for submission of bill to PAO/TO for payment. It will be prepared by any Operator (Reimbursement) in WBHS Portal. Then s/he forwards it to Drawing and Disbursing Officer (DDO) in WBHS Portal. When bill is ready for submission to PAO/TO, DDO will submit it to **E-Billing sub-module of WBIFMS** electronically. Finally DDO submits the bill to PAO/TO using his/her DSC from there for payment to claimant. Detailed process flow of such mechanism is stated below:-

1. Once a sanction order is generated by the HoO/PSA/Delegated Approver against a reimbursement claim, it will be available for **Treasury/PAO Bill** preparation at the login of Operator (Reimbursement) in WBHS Portal. A **Treasury/PAO Bill** consists of TR Form-68C and Beneficiary List.

2. First Operator (Reimbursement) will take print 2 (two) copies of DSC stamped sanction order against each claim from **Sanctioned Case** menu available in his/her Login.

3. After taking print of such sanction order, Operator (Reimbursement) will arrange both **Treasury/PAO Set** and **Office Set** of such claim and tag one sanction order at the front of each set. S/he sorts all sets according to **Payment Head of Account** for preparation of **Treasury/PAO Bill** in WBHS Portal.

4. Then s/he generates a **Treasury/PAO Bill** in TR Form-68C incorporating Bill No. & Bill Date from **Bill Transit Register (BTR)** by selecting a particular **Payment Head of Account** using **Prepare TR 68C** sub menu under **E-Billing** menu available in his/her login in WBHS Portal. A unique **15 digits Departmental Reference No. (DRN)** will be generated when a **Treasury/PAO Bill** is prepared in WBHS Portal. Operator can choose maximum 8 (Eight) sanction orders of same or different claimant of a particular **Payment Head of Account** while preparing a **Treasury/PAO Bill**. Modification like inclusion or exclusion of sanction order against a prepared **Treasury/PAO Bill** is possible before forwarding it to DDO in WBHS Portal. DRN will be used for future reference.

5. After generation of a **Treasury/PAO Bill**, Operator (Reimbursement) will forward both physical copy and soft version of **Treasury/PAO Bill** to DDO for checking. Here s/he

may take print out of Beneficiary List and TR Form-68C such **Treasury/PAO Bill** from WBHS Portal for scrutiny and other purposes.

6. DSC registration is not required for DDO in WBHS Portal. After getting **Treasury/PAO Bill** physically as well as electronically from Operator (Reimbursement), DDO will check it carefully. When DDO satisfies himself/herself that the **Treasury/PAO Bill** is ready for submission to PAO/TO, s/he will submit it to WBIFMS through web service from WBHS Portal.

7. All submitted **Treasury/PAO Bills** from WBHS Portal may or may not reach to WBIFMS. On successful web service from WBHS Portal to WBIFMS, **Treasury/PAO Bill** will show at **Task List of E-Billing Module** at the login of DDO in WBIFMS with auto generated **Reference No**. Displaying of **Treasury/PAO Bill** with **Reference No.** at **Task List of E-Billing Module** of WBIFMS shall not happen in real time. It will display in WBIFMS within one hour after forwarding it from WBHS Portal and show at 11.00am, 12.00 Noon, 1.00pm, 2.00pm, 3.00pm, 4.00pm, 5.00pm and 6.00pm. In E-Billing Module of WBIFMS, DDO can't make any alteration in **TR Form-68C** and **Beneficiary List**. S/he can add only comments by selecting "**Addl. Certificate**". In case of any major mistakes detected in E-Billing Module, DDO can reject the respective **Treasury/PAO Bill** in WBIFMS for reprocessing the attached sanction orders again in WBHS Portal.

8. On unsuccessful web service, **Treasury/PAO Bill** will not reach to WBIFMS from WBHS Portal. Use of duplicate Bill No., shortage of Allotment (if applicable), invalid Payment Head of Account etc are the cause of such unsuccessful web service. DDO shall have to take additional care while forwarding bill to WBIFMS. DDO will check the report of unsuccessful event of web service and take action for reprocessing of such sanction orders.

9. When a **Treasury/PAO Bill** ready for submission to PAO/TO in WBIFMS, DDO will submit it using his/her registered DSC. DDO will make necessary arrangement of taking print out (if missed out earlier) of mandatory attachments that is required for before sending hard copy of such **Treasury/PAO Bill** to PAO/TO. Operator of E-Billing in WBIFMS has no obligatory role for bill preparation with TR Form-68C.

10. As like other bills, Pay & Accounts Officer / Treasury Officer shall process the bill complying guidelines issued by Finance Department, Government of West Bengal. In **Treasury/PAO Bill**, codes and admissibility of a particular reimbursement bill shall not be shown. If Pay & Accounts Officer / Treasury Officer want to see detail, s/he has to check it using his/her login in WBHS Portal. Pass or Objection of the bill is the final outcome at PAO/TO.

11. On successful transaction (having correct IFSC Code and Account No.) from Reserve Bank of India (RBI) against payment mandate given from PAO/TO of a passed bill, amount of the bill will be credited to tagged account of respective claimant.

Disbursement details along with UTR No. generated from RBI will be shown automatically in the login of different stakeholders in due course.

12. In case of unsuccessful transaction (having wrong IFSC Code and Account No.) from Reserve Bank of India against payment mandate given from PAO/TO of a passed bill, it will come under **Failed Transaction** and the same will show at the login of DDO in **E-Billing** module of WBIFMS. Details of such failed transaction will appear when **Integrated Type** is selected with **West Bengal Health Scheme (WBHS)** with sub type **Failed Correction/Cancellation by DDO.** S/he will make necessary communication to HoO/PSA about such failed transaction. DDO will modify wrong account after getting correct account details from HoO/PSA for making transaction successful. It is the responsibility of HoO/PSA to make correction of bank details in Certificate Generation section of that employee/pensioner for stopping further failed transaction.
13. When bill is objected from PAO/TO owing missing attachment, signature & other reasons. Gross amount and net amount does not require any modification. After generation of Return Memo from PAO/TO, the bill will show at **Task List of E-Billing Module** at the login of DDO in WBIFMS. DDO shall resubmit the bill again complying with the objection raised from PAO/TO. No action is required at WBHS Portal.
14. If any sanction order requires modification in admissibility on the basis of objection raised from PAO/TO, DDO first reject the concerned **Treasury/PAO Bill** from the **Task List of E-Billing Module** in WBIFMS. After rejection, all tagged sanction orders in rejected **Treasury/PAO Bill** will be available at the login of HoO/Delegated Approver (Reimbursement) within one hour as like mentioned above in Sl. No. 7 for cancellation and subsequent further processing. After cancellation of concerned sanction order by HoO/Delegated Approver (Reimbursement), it will reach to Operator (Reimbursement) who started processing at first level for reprocessing in WBHS Portal.

15. Validity of a sanction order generated in WBHS Portal will be expired at the end of financial year in which it is generated. Cancellation and reprocessing of expired sanction order is required for fresh **Treasury/PAO Bill** submission to respective PAO/TO.

26.11.2021

SRI ALOKE KUMAR MUKHERJEE, WBA & AS
Joint Secretary, Finance Department
Government of West Bengal

OSD & EO Joint Secretary
Finance Department
Govt. of West Bengal

Appendix-III

Manual Application Form

Form -C1

Reimbursement for cost of Out-Door Patient (OPD) treatment in Recognised/Empanelled/Enlisted Hospital under West Bengal Health Scheme

(As per Order No.-127-F(MED)WB, dated 26.11.2021)

(Applicable for those who are not able to claim through online by himself/herself and online entry shall have to be done by the office of Head of Office where Employee/Pensioner/Family Pensioner attached)

To
The ..... (Designation of HoO)
..... (Name of the Office)
..... (Office Address of HoO)

Sir/Madam,

I am submitting a claim of Rs..... (Rupees.....) towards reimbursement of cost of Out-Patient Department (OPD) treatment at recognised/empanelled/enlisted hospital under West Bengal Health Scheme as per details stated below:

Part-I[General Information]

1. Details of Employee/Pensioner/Family Pensioner.			
Full Name (in Block letters)		HRMS ID / PPO No.	
Enrolment ID No.		Claim Application ID. *(To be filled at the time of online entry from the end of Head of Office)*	

2. Details of Patient, Treating Hospital and Condonation Requirement, if any.		
2.1	Name of Patient	
2.2	Name of recognised/empanelled/enlisted hospital where treatment was availed.	
2.3	Requirement of approval of delay condonation, if any(Tick mark in appropriate box)	Yes ☐ No ☐

3. Details of Claimant *(Applicable in case of death of employee or pensioner or family pensioner)*		
Sl.No.	Name of claimant	Relation
3.1		

4. Permission Details, If any		
Sl. No.	Permission sought	Details of permission approval
4.1	For treatment availed in enlisted hospital outside West Bengal*(see clause 14 of order no.7287, dated 19.09.2008)*.	Memo No. : Date: Designation / Authority : U.O. No. and dateof Finance Deptt. West Bengal, if any:

Part-II [Details of Expenditure Statement of OPD treatment]

5. Details of OPD Treatment					
Sl. No.	**Particulars**	**Details**			
5.1	Category of OPD Claim (Tick mark in appropriate box)*[See list of diseases/illness mentioned in clause 7(1) and 7(2)]*	As per clause 7(1) of OPD List	☐	As per clause 7(2) of OPD List	☐

5.2	Name and Nature of OPD Disease/Illness or follow-up medical attendance and treatment	
5.3	Date of OPD/Follow up consultation	

6. Expenditure Statement of OPD/Follow Up treatment

Sl.No.	Name of Components					Amount Claimed (Rs.)
6.1	**Procedure Charges**					
	Sl. No.	Name of Procedure	Procedure Code	Amount Admissible (Rs)		
6.2	**Consultation Fees**					
6.3	Cost of Pathological and Radiological Investigations					
	Sl. No.	Name of Investigation	Coded / Non-Coded	Code of Investigation	Amount Admissible (Rs)	
6.4	**Cost of Medicines**					
	Period of post consultation medicine consumption		From		To	
6.5	**Cost of Implant / Prosthesis & Special Device**					
	Sl. No.	Name of Implant / Prosthesis & Special Device	Code of Implant / Prosthesis & Special Device	Amount Admissible (Rs)		
6.6	**Miscellaneous (specify)**					
					Total	
					No. of Vouchers	

Part-III [Medical Advance]

7. Details of Medical Advance, if any

Name of PAO/Treasury from where it was drawn	DDO Code	Designation of DDO	Treasury Voucher No.	Treasury Voucher Date	Amount (Rs.)

Part-IV [Refund of Medical Advance]

8. Details of Refund of Medical Advance, if any

Name of PAO/Treasury from where it was drawn	DDO Code	Designation of DDO	Treasury Challan No.	Treasury Challan Date	Amount (Rs.)

Net Claim: *[Part-II minus Part III] or [Part-II minus Part-III plus Part IV]*	
Rs. :	In words: Rupees

Part-V [Declaration of Employee/Pensioner/Family Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrolment certificate at the time treatment. I will be held responsible and liable to face any disciplinary action taken against me in terms of WBS (CCA) Rules 1971 if the claim is found false and mala fide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

Sl. No.	Name/Particulars of enclosures to be attached	Enclosed or not	
1	**Annexure-I** duly signed with proper stamp in by Treating Consultant/Specialist of a recognised/empanelled/enlisted hospital or copy of duly signed and stamped **Annexure-I** (***See Notes of Annexure-I carefully***).	Yes ☐	No ☐
2	Enrolment Certificate of beneficiary	Yes ☐	No ☐
3	Original Vouchers (Money Receipts) in chronological dates	Yes ☐	No ☐
4	Copy of OPD Prescription	Yes ☐	No ☐
5	Copy of permission granted if any	Yes ☐	No ☐
6	Original copy of Voucher/ Tax Invoice of Implants purchased	Yes ☐	No ☐
7	Copy of all investigation/ test reports in sequentially.	Yes ☐	No ☐
8	Essentiality supported with prescription and audiometric report from treating recognised/empanelled/enlisted hospital ***(Applicable only for claiming reimbursement of Prosthesis and Special Devices).***	Yes ☐	No ☐
9	In case of death of Employee, Pensioner and Family Pensioner; a. An, affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate	 Yes ☐ Yes ☐ Yes ☐	 No ☐ No ☐ No ☐
10	Filled ECS mandate form in case of those, whose bank details is not available in WBHS Portal (in case of first claim only)	Yes ☐	No ☐
11	Any other instruments (Specify)	Yes ☐	No ☐

Date:

26.11.2021

OSD & EO Joint Secy.
Finance Department
Govt. of West Bengal

Signature of the Employee/Pensioner/Claimant:

Name in Block Letters :

Designation/Last Designation :

Online Application Form

Form -C1

Reimbursement for cost of Out-Door Patient (OPD) treatment in Recognised/Empanelled/Enlisted Hospital under West Bengal Health Scheme

(As per Order No.127-F(MED)WB, dated 26.11.2021)

(Generated by Employee/Pensioner/Family Pensioner from WBHS Portal)

To
The ..... (Designation of HoO)
..... (Name of the Office)
..... (Office Address of HoO)

Sir/Madam,

I am submitting a claim of Rs..... (Rupees.....) towards reimbursement for cost of Out-Patient Department (OPD) treatment at recognised/empanelled /enlisted hospital under West Bengal Health Scheme as per details stated below:

Part-I[General Information]

1. Details of Employee/Pensioner/Family Pensioner.			
Full Name		HRMS ID / PPO No.	
Enrolment ID No.		Claim Application ID.	
Bed Entitlement		Date of Enrolment	

2. Details of Patient, Treating Hospital and Condonation Requirement, if any.		
2.1	Name of Patient	
	Beneficiary ID	
	Relationship with Employee/Pensioner/Family Pensioner	
2.2	Name of recognised/empanelled/enlisted hospital where treatment was availed.	
	Code of hospital	
	Class of entitlement of hospital	
	Address of hospital	
2.3	Requirement of approval of delay Condonation, if any(Tick mark in appropriate box)	Yes ☐ No ☐

3. Detail of Claimant *(Applicable in case of death of employee or pensioner or family pensioner)*		
Sl.No.	Name of claimant	Relation
3.1		

4. Permission Details, If any		
Sl. No.	Permission sought	Details of permission approval
4.1	For treatment availed in enlisted hospital outside West Bengal*(see clause 14 of order no.7287, dated 19.09.2008)*.	Memo No. : Date : Designation / Authority : U.O. No. and date of Finance Deptt.West Bengal, if any:

Part-II [Details of Expenditure Statement of OPD treatment]

5. Details of OPD Treatment					
Sl. No.	**Particulars**	**Details**			
5.1	Category of OPD Claim (Tick mark in appropriate box) *[See list of*	As per clause 7(1) of OPD List	☐	As per clause 7(2) of OPD List	☐

	diseases/illness mentioned in clause 7(1) and 7(2)]				
5.2	Name and Nature of OPD Disease/Illness or follow-up medical attendance and treatment				
5.3	Date of OPD/Follow up consultation				

6. Expenditure Statement of OPD/Follow Up treatment

Sl. No.	Name of Components	Amount Claimed (Rs.)
6.1	**Procedure Charges**	
	Sl. No. | Name of Procedure | Procedure Code | Amount Admissible (Rs)	
6.2	**Consultation Fees**	
6.3	Cost of Pathological and Radiological Investigations	
	Sl. No. | Name of Investigation | Coded / Non-Coded | Code of Investigation | Amount Admissible (Rs)	
6.4	**Cost of Medicines**	
	Period of post consultation medicine consumption | From | To	
6.5	**Cost of Implant / Prosthesis & Special Device**	
	Sl. No. | Name of Implant / Prosthesis & Special Device | Code of Implant / Prosthesis & Special Device | Amount Admissible (Rs)	
6.6	**Miscellaneous (specify)**	
	Total	
	No. of vouchers	

Part-III [Medical Advance]

7. Details of Medical Advance, if any

Name of PAO/Treasury from where it was drawn	DDO Code	Designation of DDO	Treasury Voucher No.	Treasury Voucher Date	Amount (Rs.)

Part-IV [Refund of Medical Advance]

8. Details of Refund of Medical Advance, if any

Name of PAO/Treasury from where it was drawn	DDO Code	Designation of DDO	Treasury Challan No.	Treasury Challan Date	Amount (Rs.)

Net Claim: *[Part-II minus Part III] or [Part-II minus Part-III plus Part IV]*	
Rs. ;	In words; Rupees

Part-V [Declaration of Employee/Pensioner/Family Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses are incurred, is a beneficiary

of West Bengal Health Scheme and possessed a valid enrolment certificate at the time treatment. I will be held responsible and liable to face any disciplinary action taken against me in terms of WBS (CCA) Rules 1971 if the claim is found false and malafide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

Sl. No.	Name/Particulars of enclosures to be attached	Enclosed or not	
1	**Annexure-I** duly signed with proper stamp by Treating Consultant/Specialist of a Recognised/Empanelled/Enlisted Hospital or copy of duly signed and stamped **Annexure-I(*See Noteof annexure-I carefully*).**	Yes ☐	No ☐
2	Original Vouchers (Money Receipts) in chronological dates	Yes ☐	No ☐
3	Copy of OPD Prescription	Yes ☐	No ☐
4	Copy of permission granted if any	Yes ☐	No ☐
5	Original copy of Voucher/ Tax Invoice of Implants purchased	Yes ☐	No ☐
6	Copy of all investigation/ test reports in sequentially.	Yes ☐	No ☐
7	Essentiality supported with prescription and audiometric report from treating recognised/empanelled/enlisted hospital. ***(Applicable only for claiming reimbursement of Prosthesis and Special Devices).***	Yes ☐	No ☐
8	In case of death of Employee, Pensioner and Family Pensioner; a. An, affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate	Yes ☐ Yes ☐ Yes ☐	No ☐ No ☐ No ☐
9	Any other instruments (Specify)	Yes ☐	No ☐

Date:

Signature of the Employee/Pensioner/Claimant:

Name in Block Letters :

Designation/Last Designation :

10.11.2021

OSD & EO Joint Secy
Finance Department
Govt. of West Bengal

Form –C2

Reimbursement for cost of In-Patient Department (IPD) treatment in Non-Empanelled Hospital/Nursing Home/Health Care Organisation under West Bengal Health Scheme

(As per Order No.127-F(MED)WB, dated 26.11.2021)

(Applicable for those who are not able to claim through online by himself/herself and online entry shall have to be done by the office of Head of Office where Employee/Pensioner/Family Pensioner attached)

To
The ..... (Designation of HoO)
..... (Name of the Office)
..... (Office Address of HoO)

Sir/Madam,

I am submitting a claim of Rs..... (Rupees.....) towards reimbursement of cost of In-Patient Department (IPD) treatment at non-empanelled hospital/nursing home/health care organisation under West Bengal Health Scheme as per details stated below:

Part-I[General Information]

1. Details of Employee/Pensioner/Family Pensioner.			
Full Name (in Block letters)		HRMS ID / PPO No.	
Enrolment ID No.		Claim Application ID *(To be filled at the time of online entry from end the Head of Office)*	

2. Detail of Patient, Treating Hospital and Condonation Requirement, if any			
2.1	Name of Patient		
2.2	Name of hospital where treatment wasavailed.		
2.3	Requirement of approval of delay Condonation, if Any(Tick markin appropriate box)	Yes☐	No ☐

3. Detail of Claimant *(Applicable in case of death of employee or pensioner or family pensioner)*		
Sl.No.	Name of claimant	Relation
3.1		

Part-II [Details and Expenditure Statement of IPD treatment]

4. Period of treatment					
Admission Date			Discharge Date		
5. Type of Discharge					
Sl. No.	Type of Discharge	Tick markin appropriate box	Sl. No.	Type of Discharge	Tick mark in appropriate box
5.1	Normal	☐	5.3	Referral	☐
5.2	Risk Bond	☐	5.4	Death	☐

6. Amount Claimed for		
Sl. No.	Type of Treatment	Tick mark in appropriate box
6.1	Package Treatment	☐
6.2	Non-Package Treatment	☐

6.3	Both Package and Non-Package Treatment	☐

6.1 Details of Package Treatment

Period of Package Treatment	From		To	

Sl. No	Name of Packages	Amount Claimed (Rs.)
6.1.1		
6.1.2		
6.1.3		
6.1.4		
6.1.5		
	Total	

6.2 Details of Implants Used

Sl. No.	Name of Implants	Amount Claimed (Rs.)
6.2.1		
6.2.2		
6.2.3		
6.2.4		
	Total	

6.3 Details of Package Treatment

Period of Package Treatment	From		To	

Sl. No.	Name of Components					Amount Claimed (Rs.)
6.3.1	Room/ Bed Rent					
	ICCU/ITU/ICU/NICU/PICU	From		To		
	HDU/SDU	From		To		
	Burn Unit	From		To		
	CRIB	From		To		
	General/Semi-Private/Private	From		To		
6.3.2	Consultation Fees					
6.3.3	Pathological and Radiological Investigations					
6.3.4	Medicines					
6.3.5	Consumables					
6.3.6	Special Nursing/Aya Charges					
6.3.7	Miscellaneous. (If Any Specify)					
	Total					
	Total Treatment Cost [6.1+ 6.2+6.3]					
	Nos. of Vouchers					

Part-III [Details of Discount and Insurance Coverage]

11. Details of Discount and Insurance Coverage, if any

Sl. No.	Particulars	Amount (Rs.)	Remarks
1	Discount		
2	Insurance Coverage		

Net Claim: *(Part-II minus Part-III)*	
Rs. ;	In words; Rupees

Part-IV [Declaration of Employee / Pensioner/Family Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrolment certificate at the time treatment. I will be held responsible and liable to face any disciplinary action taken againstme in terms of WBS (CCA) Rules 1971 if the claim is found false and mala fide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

Sl. No.	Name/Particulars of enclosures to be attached	Enclosed or not	
1	**Annexure-II** duly signed with proper stamp by the Medical Superintendent or Administrative Officer of the Non-Empanelled Hospital/Nursing Home/Health Care Organisation where treatment availed.	Yes ☐	No ☐
2	Enrolment Certificate of beneficiary	Yes ☐	No ☐
3	Bill Summary	Yes ☐	No ☐
4	Original Vouchers (Money Receipts) in chronological dates	Yes ☐	No ☐
5	Copy of Discharge Summary (case summary and copy of death certificate in case of death) and OT note	Yes ☐	No ☐
6	Detailed Bill	Yes ☐	No ☐
7	Original copy of Voucher/ Tax Invoice of Implants used	Yes ☐	No ☐
8	Copy of all investigation/ test reports in sequentially	Yes ☐	No ☐
9	Copy of OT Note in case of package treatment and treatment summary or bed head ticket in case of package treatment	Yes ☐	No ☐
10	In case of death of Employee, Pensioner and Family Pensioner; a. An affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate	 Yes ☐ Yes ☐ Yes ☐	 No ☐ No ☐ No ☐
11	Filled ECS mandate form in case of those, whose bank details is not available in WBHS Portal (in case of first claim only)	Yes ☐	No ☐
12	Any other instruments (Specify)	Yes ☐	No ☐

Date:

Signature of the Employee/Pensioner/Claimant :

Name in Block Letters :

Designation/Last Designation :

14.11.2021

OSD & EO Joint Secretary
Finance Department
Govt. of West Bengal

Form –C2

Reimbursement for cost of In-Patient Department (IPD) treatment in Non-Empanelled Hospital/Nursing Home/Health Care Organisation under West Bengal Health Scheme

(As per Order No.127-F(MED)WB, dated 26.11.2021)

(Generated by Employee/Pensioner/Family Pensioner from WBHS Portal)

To
The ..... (Designation of HoO)
..... (Name of the Office)
..... (Office Address of HoO)

Sir/Madam,

I am submitting a claim of Rs..... (Rupees.....) towards reimbursement for cost of In-Patient Department (IPD) treatment at non-empanelled hospital/nursing home/health care organisation under West Bengal Health Scheme as per details stated below:

Part-I[General Information]

1. Details of Employee/Pensioner/Family Pensioner.			
Full Name		HRMS ID / PPO No.	
Enrolment ID		Claim Application ID	
Bed Entitlement		Date of Enrolment	

2. Details of Patient, Treating Hospital and Condonation Requirement, if any			
2.1	Name of Patient		
	Beneficiary ID		
	Relationship with Employee/Pensioner/Family Pensioner		
2.2	Name of the hospital where treatment was availed.		
	Bed Capacity of the hospital		
	CE Licence No.		
	CE Licence valid up to		
	Address of the hospital		
2.3	Requirement of approval of delay Condonation, if any (Tick mark in appropriate box)	Yes☐	No ☐

3. Details of Claimant *(Applicable in case of death of employee or pensioner or family pensioner)*		
Sl.No.	Name of claimant	Relation
3.1		

Part-II [Details of Expenditure Statement of IPD treatment]

4. Period of treatment					
Admission Date			Discharge date		
5. Type of Discharge					
Sl. No.	Type of Discharge	Tick markin appropriate box	Sl. No.	Type of Discharge	Tick mark in appropriate box
5.1	Normal	☐	5.3	Referral	☐
5.2	Risk Bond	☐	5.4	Death	☐

6. Amount Claimed for		
Sl. No.	Type of Treatment	Tick mark in appropriate box
6.1	Package Treatment	☐
6.2	Package Treatment	☐
6.3	Both Package and Non-Package Treatment	☐

6.1 Details of Package Treatment					
Period of Package Treatment		From		To	
Sl. No	Name of Packages				Amount Claimed (Rs.)
6.1.1					
6.1.2					
6.1.3					
6.1.4					
6.1.5					
				Total	

6.2 Details of Implants Used		
Sl. No.	Name of Implants	Amount Claimed (Rs.)
6.2.1		
6.2.2		
6.2.3		
6.2.4		
	Total	

6.3 Details of Non-Package Treatment						
Period of Non- Package Treatment		From		To		
Sl. No.	Name of Components					Amount Claimed (Rs.)
6.3.1	Room/ Bed Rent					
	ICCU/ITU/ICU/NICU/PICU	From		To		
	HDU/SDU	From		To		
	Burn Unit	From		To		
	CRIB	From		To		
	General/Semi-Private/Private	From		To		
6.3.2	Consultation Fees					
6.3.3	Pathological and Radiological Investigations					
6.3.4	Medicines					
6.3.5	Consumables					
6.3.6	Special Nursing/Aya Charges					
6.3.7	Miscellaneous. (If Any Specify)					
					Total	
					Total Treatment Cost [6.1+ 6.2+6.3]	
					Nos. of Vouchers	

Part-III [Details of Discount and Insurance Coverage]

11. Details of Discount and Insurance Coverage, if any			
Sl. No.	Particulars	Amount (Rs.)	Remarks
1	Discount		
2	Insurance Coverage		

Net Claim: *(Part-II minus Part-III)*	
Rs. ;	In words; Rupees

Part-IV [Declaration of Employee/Pensioner/Family Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses are incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrolment certificate at the time treatment. I will be held responsible and liable to face any disciplinary action taken against me in terms of WBS (CCA) Rules 1971 if the claim is found false and mala fide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

Sl. No.	Name/Particulars of enclosures to be attached	Enclosed or not	
1	**Annexure-II**duly signed with proper stamp by the Medical Superintendent or Administrative Officer of the Non-Empanelled Hospital/Nursing Home/Health Care Organisation where treatment availed.	Yes ☐	No ☐
2	Bill Summary	Yes ☐	No ☐
3	Original Vouchers (Money Receipts) in chronological dates	Yes ☐	No ☐
4	Copy of Discharge Summary (case summary and copy of death certificate in case of death) and OT note	Yes ☐	No ☐
5	Detailed Bill	Yes ☐	No ☐
6	Original copy of Voucher/ Tax Invoice of Implants used	Yes ☐	No ☐
7	Copy of all investigation/ test reports in sequentially	Yes ☐	No ☐
8	Copy of OT Note in case of package treatment and treatment summary or bed head ticket in case of package treatment	Yes ☐	No ☐
9	In case of death of Employee, Pensioner and Family Pensioner; a. An affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate	 Yes ☐ Yes ☐ Yes ☐	 No ☐ No ☐ No ☐
10	Any other instruments (Specify)	Yes ☐	No ☐

Date:

Signature of the Employee/Pensioner/Claimant :

Name in Block Letters :

Designation/Last Designation :

12.11.2021

OSD & EO Joint Secretary
Finance Department
Govt. of West Bengal

Form –C3

Reimbursement for cost of Cashless In-Patient Department (IPD) treatment in Recognised/Empanelled/Enlisted Hospital/Nursing Home/Health Care Organisation under West Bengal Health Scheme

(As per Order No.127-F(MED)WB, dated 26.11.2021)

(Applicable for those who are not able to claim through online by himself/herself and online entry shall have to be done by the office of Head of Office where employee/pensioner/family pensioner attached)

To
The ..... (Designation of HoO)
..... (Name of the Office)
..... (Office Address of HoO)

Sir/Madam,

I am submitting a claim of Rs..... (Rupees.....) towards reimbursement of cost cashless of In-Patient Department (IPD) treatment in recognised/empanelled/enlisted hospital under West Bengal Health Scheme as per details stated below:

Part-I[General Information]

1. Details of Employee/Pensioner/Family Pensioner			
Full Name *(in Block letters)*		HRMS ID / PPO No.	
Enrolment ID No.		Claim Application ID. *(To be filled at the time of online entry from the end of Head of Office)*	

2. Details of Patient, Treating Hospital and Condonation Requirement, if any			
2.1	Name of Patient		
2.2	Name of recognised/empanelled/enlisted hospital where treatment was availed		
2.3	Requirement of approval of delay Condonation, if any(Mark in appropriate box)	Yes ☐	No ☐

3. Details of Claimant *(applicable in case of death of employee or pensioner or family pensioner)*		
Sl.No.	Name of claimant	Relation
3.1		

4. Permission Details (If any)		
Sl.No.	Permission sought	Details of permission approval
4.1	For treatment availed in empanelled private hospital within West Bengal[*see clause 14 of Order No. 796 and 797, dated 31.01.2011, 11253-F(MED), dated; 16.12.2011 and 7578-F(MED) dated;04.09.2012]*	Permission ID : Permission approved for:

Part-II [Expenditure Statement of IPD treatment]

5. Details of Treatment in Cashless Mode					
Sl. No.	Particulars			Details	
5.1	Transaction ID of Cashless Treatment *(See Form- D4 supplied by hospital at the time of discharge)*				
5.2	Treatment Period	Admission Date		Discharge Date	
5.3	Total Treatment Cost (Rs.)				

5.4	Cashless Admissible Reimbursement Certificate (CARC)No. *(Not mandatory to put at the time of online claiming. Put if CARC generated)*	
5.5	Amount paid to hospital (Rs.)	
5.6	Amount admissible for reimbursement against CARC(Rs.) *(Not mandatory to put at the time of claiming. Put the figure if CARC generated)*	
	Total Claim of Indoor Cashless Treatment(Rs.) *(amount mentioned in 5.6)*	
	Nos. of Vouchers	

Part-III [Details of Expenditure Statement of Indoor related OPD treatment]

6. Indoor related OPD treatment		
Do you want to claim Indoor related OPD expenditure [cost of OPD treatment of 30 days prior and post hospitalisation]**?**	**Yes** ☐	**No**☐

7. Details of Indoor related OPD Consultation	
Dates	Name of Consultant

8. Details ExpenditureofIndoor related OPD treatment						
Sl. No.	Name of Components					Amount Claimed (Rs.)
8.1	Consultation Fees					
8.2	Cost of Pathological and Radiological Investigations					
8.3	Cost of Medicines					
	Period of post discharge medicine consumption	From		To		
8.4	Cost of Special Devices					
8.5	Miscellaneous (specify)					
	Total claim of indoor related OPD(Rs.)					
	Nos. of Vouchers					

Part-IV [Medical Advance]

9. Details of Medical Advance, if any					
Name of PAO/Treasury from where it was drawn	DDO Code	Designation of DDO	Treasury Voucher No.	Treasury Voucher Date	Amount (Rs.)

Part-V [Refund of Medical Advance]

10. Details of Refund of Medical Advance, if any					
Name of PAO/Treasury from where it wasdrawn	DDO Code	Designation of DDO	Treasury Challan No.	Treasury Challan Date	Amount (Rs.)

Part-VI [Details of Discount and Insurance Coverage]

11. Details of Discount and Insurance Coverage, if any			
Sl. No.	Particulars	Amount (Rs.)	Remarks
1	Discount		
2	Insurance Coverage		

Net Claim: *[Part-II plus Part-III minus Part IV plus Part V minus Part VI] or [Part-II plus Part-III minus Part IV plus Part-V minus Part VI]*	
Rs. ;	In words; Rupees

Part-VII [Declaration of Employee/Pensioner/Family Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrolment certificate at the time treatment. I will be held responsible and liable to face any disciplinary action taken against me in terms of WBS (CCA) Rules 1971 if the claim is found false and mala fide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

Sl. No.	Name/Particulars of enclosures to be attached	Enclosed or not	
1	Enrolment Certificate of beneficiary	Yes ☐	No ☐
2	Bill Summary of Indoor Treatment and OPD treatment sequentially	Yes ☐	No ☐
3	Original Vouchers (Money Receipts) of both Indoor and OPD treatment in chronological dates	Yes ☐	No ☐
4	Copy of related OPD Prescriptions sequentially (if claimed)	Yes ☐	No ☐
5	Copy of Discharge Summary or Case Summary (in case of death)	Yes ☐	No ☐
6	Signed or unsigned copy of Form-D4 supplied by the treating hospital.	Yes ☐	No ☐
7	Copy of all investigations/ tests report of Indoor related OPD treatment sequentially	Yes ☐	No ☐
8	In case of death of Employee, Pensioner and Family Pensioner; a. An, affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate	 Yes ☐ Yes ☐ Yes ☐	 No ☐ No ☐ No ☐
9	Filled ECS mandate form in case of those, whose bank details is not available in WBHS Portal (in case of first claim only)	Yes ☐	No ☐
10	Any other instruments (Specify)	Yes ☐	No ☐

Date:

7.11.2024

OSD & EO Joint Secretary
Finance Department
Govt. of West Bengal

Signature of the Employee/Pensioner/Claimant :

Name in Block Letters :

Designation/Last Designation :

Form –C3

Reimbursement for cost of Cashless In-Patient Department (IPD) treatment in Recognised/Empanelled/Enlisted Hospital/Nursing Home/Health Care Organisation under West Bengal Health Scheme

(As per Order No.127-F(MED)WB, dated 26.11.2021)

(Generated by employee/pensioner from WBHS Portal)

To
The ..... (Designation of HoO)
..... (Name of the Office)
..... (Office Address of HoO)

Sir/Madam,

I am submitting a claim of Rs..... (Rupees.....) towards reimbursement ofcost of cashless In-Patient Department (IPD) treatment in recognised/empanelled/enlisted hospital under West Bengal Health Scheme as per details stated below:

Part-I[General Information]

1. Details of Employee/Pensioner/Family Pensioner			
Full Name		HRMS ID / PPO No.	
Enrolment ID No.		Claim Application ID.	
Bed Entitlement		Date of Enrolment	

2. Details of Patient, Treating Hospital and Condonation Requirement, if any		
2.1	Name of Patient	
	Beneficiary ID	
	Relationship with Employee/Pensioner/Family Pensioner	
2.2	Name of hospital where treatment was availed.	
	Code of Hospital	
	Class of Entitlement of Hospital	
	Address of Hospital	
2.3	Requirement of approval of delay Condonation, if any(Mark in appropriate box)	Yes ☐ No ☐

3. Details of Claimant *(applicable in case of death of employee or pensioner or family pensioner)*		
Sl. No.	Name of claimant	Relation
3.1		

4. Permission Details (If any)		
Sl. No.	Permission sought	Details of permission approval
4.1	For treatment availed in empanelled private hospital within West Bengal[*see clause 14 of Order No. 796 and 797, dated 31.01.2011, 11253-F(MED), dated; 16.12.2011 and 7578-F(MED) dated;04.09.2012]*	Permission ID : Permission approved for:

Part-II [Expenditure Statement of IPD treatment]

5. Details of Treatment in Cashless Mode					
Sl. No.	Particulars			Details	
5.1	Transaction ID of Cashless Treatment				
5.2	Treatment Period	Admission Date		Discharge Date	
5.3	Total Treatment Cost (Rs.)				
5.4	Cashless Admissible Reimbursement Certificate (CARC)No.				

	(Not mandatory to put at the time of online claiming. Put if CARC generated)	
5.5	Amount paid to hospital (Rs.)	
5.6	Amount admissible for reimbursement against CARC (Rs.) *(Not mandatory to put at the time of online claiming. Put the figure if CARC generated)*	
	Total Claim of Indoor Cashless Treatment(Rs.)	
	Nos. of Vouchers	

Part-III [Details of Expenditure Statement of Indoor related OPD treatment]

6. Indoor related OPD treatment		
Do you want to claim Indoor related OPD expenditure [cost of OPD treatment of 30 days prior and post hospitalisation]**?**	**Yes** ☐	**No** ☐

7. Details of Indoor related OPD Consultation	
Dates	Name of Consultant

8. Details Expenditure of Indoor related OPD treatment						
Sl. No.	Name of Components					Amount Claimed (Rs.)
8.1	Consultation Fees					
8.2	Cost of Pathological and Radiological Investigations					
8.3	Cost of Medicines					
	Period of post discharge medicine consumption	From		To		
8.4	Cost of Special Devices					
8.5	Miscellaneous (specify)					
	Total claim of indoor related OPD(Rs.)					
	Nos. of Vouchers					

Part-IV [Medical Advance]

9. Details of Medical Advance, if any					
Name of PAO/Treasury from where it was drawn	DDO Code	Designation of DDO	Treasury Voucher No.	Treasury Voucher Date	Amount (Rs.)

Part-V [Refund of Medical Advance]

10. Details of Refund of Medical Advance, if any					
Name of PAO/Treasury from where it was drawn	DDO Code	Designation of DDO	Treasury Challan No.	Treasury Challan Date	Amount (Rs.)

Part-VI [Details of Discount and Insurance Coverage]

11. Details of Discount and Insurance Coverage, if any			
Sl. No.	Particulars	Amount (Rs.)	Remarks
1	Discount		
2	Insurance Coverage		

Net Claim: *[Part-II plus Part-III minus Part IV plus Part V minus Part VI] or [Part-II plus Part-III minus Part IV plus Part-V minus Part VI]*	
Rs. ;	In words; Rupees

Part-VII [Declaration of Employee/Pensioner/Family Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrolment certificate at the time treatment. I will be held responsible and liable to face any disciplinary action taken against me in terms of WBS (CCA) Rules 1971 if the claim is found false and mala fide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

Sl. No.	Name/Particulars of Enclosures to be attached	Enclosed or not	
1	Bill Summary of Indoor Treatment and OPD treatment sequentially	Yes ☐	No ☐
2	Original Vouchers (Money Receipts) of both Indoor and OPD treatment in chronological dates	Yes ☐	No ☐
3	Copy of related OPD Prescriptions sequentially (if claimed)	Yes ☐	No ☐
4	Copy of Discharge Summary or Case Summary (in case of death)	Yes ☐	No ☐
5	Copy of all investigations/ tests report of Indoor related OPD treatment sequentially	Yes ☐	No ☐
6	In case of death of Employee, Pensioner and Family Pensioner; a. An, affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate	 Yes ☐ Yes ☐ Yes ☐	 No ☐ No ☐ No ☐
7	Any other instruments (Specify)	Yes ☐	No ☐

Date:

Signature of the Employee/Pensioner/Claimant :

Name in Block Letters :

Designation/Last Designation :

6/11/2024
OSD & EO Joint Secretary
Finance Department
Govt. of West Bengal

Form –C4

Reimbursement for cost of Non-Cashless In-Patient Department (IPD) treatment in Recognised/Empanelled/Enlisted Hospital under West Bengal Health Scheme

(As per Order No.127 -F(MED)WB, dated 26.11.2021)

(Applicable for those who are not able to claim through online by himself/herself and online entry shall have to be done by the office of Head of Office where Employee/Pensioner/Family Pensioner attached)

To
The ..... (Designation of HoO)
..... (Name of the Office)
..... (Office Address of HoO)

Sir/Madam,

I am submitting a claim of Rs..... (Rupees.....) towards reimbursement of cost of non-cashless In-Patient Department (IPD) treatment at recognised/empanelled/ enlisted hospital under West Bengal Health Scheme as per details stated below:

Part-I[General Information]

1. Details of Employee/Pensioner/Family Pensioner			
Full Name *(in Block letters)*		HRMS ID / PPO No.	
Enrolment ID No.		Claim Application ID. *(To be filled at the time of online entry from the end of Head of Office)*	

2. Details of Patient, Treating Hospital and Condonation Requirement, if any			
2.1	Name of Patient		
2.2	Name of the hospital where treatment was availed		
2.3	Requirement of approval of delay Condonation, if any(Tick mark in appropriate box)	Yes ☐	No ☐

3. Details of Claimant *(applicable in case of death of employee or pensioner or family pensioner)*		
Sl.No.	Name of claimant	Relation
3.1		

4. Permission Details (If any)		
Sl.No.	Permission sought	Details of permission approval
4.1	For treatment availed in empanelled private hospital within West Bengal*[see clause 14 of Order No. 796 and 797, dated 31.01.2011, 11253-F(MED), dated; 16.12.2011 and 7578-F(MED) dated;04.09.2012]*	Permission ID : Permission approved for:
4.2	For treatment availed in enlisted hospital outside West Bengal*(see clause 14 of Order No.7287, dated 19.09.2008*).	Memo No. : Date: Designation / Authority : U.O. No. and dateof Finance Deptt. West Bengal, if any:

Part-II [Expenditure Statement of IPD treatment]

5. Details of Treatmentin ReimbursementMode(If No is selected in Sl. No 3)				
Period of treatment	Admission Date		Discharge date	
6. Type of Discharge				

Sl. No.	Type of Discharge	(Tick markin appropriate box)	Sl. No.	Type of Discharge	(Tick mark in appropriate box)
6.1	Normal	☐	6.3	Referral	☐
6.2	Risk Bond	☐	6.4	Death	☐

7.Amount Claimed for

Sl. No.	Type of Treatment	(Tick mark in appropriate box)
7.1	Package Treatment	☐
7.2	Non-Package Treatment	☐
7.3	Both Package and Non-Package Treatment	☐

7.1 Details of Package Treatment

Period of Package Treatment From To

Sl.No.	Name of Procedures/ Packages	Procedure Code	Amount Claimed (Rs.)
7.1.1			
7.1.2			
7.1.3			
7.1.4			
7.1.5			
		Total	

7.2 Details of Implants Used

Sl.No.	Name of Implants	Coded or Non-coded	Implants Code, if coded	Amount Claimed (Rs.)
7.2.1				
7.2.2				
7.2.3				
7.2.4				
7.2.5				
			Total (Rs.)	

7.3 Details of Non-Package Treatment.

Period of Non -Package Treatment. From To

Sl. No.	Name of Component					Amount Claimed (Rs.)
7.3.1	Room/ Bed Rent					
	ICCU/ITU/ICU/NICU/PICU	From		To		
	HDU/SDU	From		To		
	Burn Unit	From		To		
	CRIB	From		To		
	General/Semi-Private/Private	From		To		
7.3.2	Consultation Fees.					
7.3.3	Pathological and Radiological Investigations.					
7.3.4	Medicines.					
7.3.5	Consumables					
7.3.6	Special Nursing/Aya Charges					
7.3.7	Miscellaneous. (If any specify)					

Total Claim of Reimbursement Mode of Treatment(Rs.) (amount mentioned in 7.1+ 7.2+7.3)	
Nos. of vouchers	

Part-III [Details of Expenditure Statement of Indoor related OPD treatment]

8. Indoor related OPD treatment		
Do you want to claim Indoor related OPD expenditure [cost of OPD treatment of 30 days prior and post hospitalisation]?	**Yes** ☐	**No** ☐

9. Details of Indoor related OPD Consultation	
Dates	Name of Consultant

10. Details Expenditure of Indoor related OPD treatment						
Sl. No.	Name of Components					Amount Claimed (Rs.)
10.1	Consultation Fees					
10.2	Cost of Pathological and Radiological Investigations					
10.3	Cost of Medicines					
	Period of post discharge medicine consumption	From		To		
10.4	Cost of Special Device					
10.5	Miscellaneous (specify)					
	Total claim of indoor related OPD(Rs.)					
	Nos. of vouchers					

Part-IV [Medical Advance]

11. Details of Medical Advance, if any					
Name of PAO/Treasury from where it was drawn	DDO Code	Designation of DDO	Treasury Voucher No.	Treasury Voucher Date	Amount (Rs.)

Part-V [Refund of Medical Advance]

12. Details of Refund of Medical Advance, if any					
Name of PAO/Treasury from where it was drawn	DDO Code	Designation of DDO	Treasury Challan No.	Treasury Challan Date	Amount (Rs.)

Part-VI [Details of Discount and Insurance Coverage]

13. Details of Discount and Insurance Coverage, if any			
Sl. No.	Particulars	Amount (Rs.)	Remarks
1	Discount		
2	Insurance Coverage		

Net Claim: *[Part-II plus Part-III minus Part IV minus Part VI] or [Part-II plus Part-III minus Part IV plus V minus Part VI]*	
Rs. ;	In words; Rupees

Part-VII [Declaration of Employee/Pensioner/Family Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrolment certificate at the time treatment. I will be held responsible and liable to face any disciplinary action taken against me in terms of WBS (CCA) Rules 1971 if the claim is found false and mala fide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

Sl. No.	Name/Particulars of enclosures to be attached	Enclosed or not	
1	Enrolment Certificate of beneficiary	Yes ☐	No ☐
2	Bill Summary of Indoor Treatment and OPD treatment	Yes ☐	No ☐
3	Original Vouchers (Money Receipts)of both Indoor and OPD treatment in chronological dates	Yes ☐	No ☐
4	Copy of related OPD Prescriptions (if claimed)	Yes ☐	No ☐
5	Copy of Discharge Summary (Case Summary and copy of death certificate in case of death) and OT note	Yes ☐	No ☐
5	Copy of permission granted, if any	Yes ☐	No ☐
7	Copy of compliance of clause (3) and or (4) or (5) as per Order No. 11253(80)-F(MED), dated 16/12/2011,from treating hospital (If required).	Yes ☐	No ☐
8	Copy of Detailed Bill of Indoor Treatment	Yes ☐	No ☐
9	Original copy of Voucher/ Tax Invoice of Implants used	Yes ☐	No ☐
10	Copy of all investigations/ tests report of Indoor and Indoor related OPD treatment sequentially	Yes ☐	No ☐
11	In case of death of Employee, Pensioner and Family Pensioner; a. An, affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate	Yes ☐ Yes ☐ Yes ☐	No ☐ No ☐ No ☐
12	Filled ECS mandate form in case of those, whose bank details is not available in WBHS Portal (in case of first claim only)	Yes ☐	No ☐
13	Any other instruments (Specify)	Yes ☐	No ☐

Date:

Signature of the Employee/Pensioner/Claimant :

Name in Block Letters :

Designation/Last Designation :

16.11.2024

OSD & EO Joint Secretary
Finance Department
Govt. of West Bengal

Form –C4

Reimbursement for cost of Non-Cashless In-Patient Department (IPD) treatment in Recognised/Empanelled/Enlisted Hospital under West Bengal Health Scheme

(As per Order No.127-F(MED)WB, dated 26.11.2021)

(Generated by Employee/Pensioner/Family Pensioner from WBHS Portal)

To
The ..... (Designation of HoO)
..... (Name of the Office)
..... (Office Address of HoO)

Sir/Madam,

I am submitting a claim of Rs..... (Rupees.....) towards reimbursement for cost of non-cashless In-Patient Department (IPD) treatment at recognised/empanelled/ enlisted hospital under West Bengal Health Scheme as per details stated below:

Part-I[General Information]

1. Details of Employee/Pensioner/Family Pensioner			
Full Name		HRMS ID / PPO No.	
Enrolment ID No.		Claim Application ID.	
Bed Entitlement		Date of Enrolment	

2. Details of Patient, Treating Hospital and Condonation Requirement, if any			
2.1	Name of Patient		
	Beneficiary ID		
	Relationship with Employee/Pensioner/Family Pensioner		
2.2	Name of the hospital where treatment was availed.		
	Code of the hospital		
	Class of entitlement of the hospital		
	Address of Hospital		
2.3	Requirement of approval of delay Condonation, if any(Tick mark in appropriate box)	Yes ☐	No ☐

3. Details of Claimant *(applicable in case of death of employee or pensioner or family pensioner)*		
Sl. No.	Name of claimant	Relation
3.1		

4. Permission Details (If any)		
Sl. No.	Permission sought	Details of permission approval
4.1	For treatment availed in empanelled private hospital within West Bengal*[see clause 14 of Order No. 796 and 797, dated 31.01.2011, 11253-F(MED), dated; 16.12.2011 and 7578-F(MED) dated;04.09.2012]*	Permission ID : Permission approved for:
4.2	For treatment availed in enlisted hospital outside West Bengal *(see clause 14 of Order No.7287, dated 19.09.2008).*	Memo No. : Date : Designation / Authority : U.O. No. and date of Finance Deptt. West Bengal, if any:

Part-II [Details of Expenditure Statement of IPD treatment]

5. Details of Treatment in Reimbursement Mode			
Period of treatment	Admission Date		Discharge date	

6. Type of Discharge					
Sl. No.	Type of Discharge	(Tick mark in appropriate box)	Sl. No.	Type of Discharge	(Tick mark in appropriate box)
6.1	Normal	☐	6.3	Referral	☐
6.2	Risk Bond	☐	6.4	Death	☐

7. Amount Claimed for		
Sl. No.	Type of Treatment	(Tick mark in appropriate box)
7.1	Package Treatment	☐
7.2	Non-Package Treatment	☐
7.3	Both Package and Non-Package Treatment	☐

7.1 Details of Package Treatment				
Period of Package Treatment		From		To
Sl. No.	Name of Procedures/ Packages		Procedure Code	Amount Claimed(Rs.)
7.1.1				
7.1.2				
7.1.3				
7.1.4				
7.1.5				
			Total	

7.2 Details of Implants Used				
Sl. No.	Name of Implants	Coded or Non-coded	Implants Code, if coded	Amount Claimed (Rs.)
7.2.1				
7.2.2				
7.2.3				
7.2.4				
7.2.5				
			Total (Rs.)	

7.3 Details of Non-Package Treatment.						
Period of Non-Package Treatment.			From		To	
Sl. No.	Name of Components					Amount Claimed (Rs.)
7.3.1	Room/ Bed Rent					
	ICCU/ITU/ICU/NICU/PICU	From		To		
	HDU/SDU	From		To		
	Burn Unit	From		To		
	CRIB	From		To		
	General/Semi-Private/Private	From		To		
7.3.2	Consultation Fees.					
7.3.3	Pathological and Radiological Investigations.					
7.3.4	Medicines.					

7.3.5	Consumables	
7.3.6	Special Nursing/Aya Charges	
7.3.7	Miscellaneous. (If any specify)	
	Total Claim of Reimbursement Mode of Treatment(Rs.) (amount mentioned in 7.1+ 7.2+7.3)	
	Nos. of vouchers	

Part-III [Details of Expenditure Statement of Indoor related OPD treatment]

8. Indoor related OPD treatment		
Do you want to claim Indoor related OPD expenditure [cost of OPD treatment of 30 days prior and post hospitalisation]**?**	**Yes** ☐	**No**☐

9. Details of Indoor related OPD Consultation

Dates	Name of Consultant

10. Details Expenditure of Indoor related OPD treatment

Sl. No.	Name of Components					Amount Claimed (Rs.)
10.1	Consultation Fees					
10.2	Cost of Pathological and Radiological Investigations					
10.3	Cost of Medicines					
	Period of post discharge medicine consumption	From		To		
10.4	Cost of Special Device					
10.5	Miscellaneous (specify)					
	Total claim of indoor related OPD(Rs.)					
	Nos. of vouchers					

Part-IV [Medical Advance]

11. Details of Medical Advance, if any					
Name of PAO/Treasury from where it was drawn	DDO Code	Designation of DDO	Treasury Voucher No.	Treasury Voucher Date	Amount (Rs.)

Part-V [Refund of Medical Advance]

12. Details of Refund of Medical Advance, if any					
Name of PAO/Treasury from where it was drawn	DDO Code	Designation of DDO	Treasury Challan No.	Treasury Challan Date	Amount (Rs.)

Part-VI [Details of Discount and Insurance Coverage]

13. Details of Discount and Insurance Coverage, if any

Sl. No.	Particulars	Amount (Rs.)	Remarks
1	Discount		
2	Insurance Coverage		

Net Claim: *[Part-II plus Part-III minus Part IV minus Part VI] or [Part-II plus Part-III minus Part IV plus V minus Part VI]*	
Rs. ;	In words; Rupees

Part-VII [Declaration of Employee/Pensioner/Family Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses are incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrolment certificate at the time treatment. I will be held responsible and liable to face any disciplinary action taken against me in terms of WBS (CCA) Rules 1971 if the claim is found false and mala fide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

Sl. No.	Name/Particulars of enclosures to be attached	Enclosed or not	
1	Bill Summary of Indoor Treatment and OPD treatment sequentially	Yes ☐	No ☐
2	Money Receipts of both Indoor and OPD treatment sequentially	Yes ☐	No ☐
3	Original Vouchers (Money Receipts)of both Indoor and OPD treatment in chronological dates	Yes ☐	No ☐
4	Copy of Discharge Summary (Case Summary and copy of death certificate in case of death) and OT note	Yes ☐	No ☐
5	Copy of permission granted if any.	Yes ☐	No ☐
6	Copy of compliance of clause (3) and or (4) or (5) as per Order No. 11253(80)-F(MED), dated 16/12/2011, from treating hospital (If required).	Yes ☐	No ☐
7	Copy of Detailed Bill of Indoor Treatment	Yes ☐	No ☐
8	Original copy of Voucher/ Tax Invoice of Implants used	Yes ☐	No ☐
9	Copy of all investigations/ tests report of Indoor and Indoor related OPD treatment in sequence manner (In chronological order)	Yes ☐	No ☐
10	In case of death of Employee, Pensioner and Family Pensioner; a. An affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate	 Yes ☐ Yes ☐ Yes ☐	 No ☐ No ☐ No ☐
11	Any other instruments (Specify)	Yes ☐	No ☐

Date:

Signature of the Employee/Pensioner/Claimant :

Name in Block Letters :

Designation/Last Designation :

24.11.2021

OSD & EO Joint Secretary
Finance Department
Govt. of West Bengal

Appendix-IV

For Employee/Pensioner/ Family Pensioner of Govt. of West Bengal

Annexure-I

(As per Order No. 127-F(MED)W, dated 26.11.2021)

Certification of Treating Consultant/Specialist of a Recognised/Empanelled/Enlisted Hospital for claiming reimbursement of "Out Patient Department" treatment for all notified diseases/ illnesses except *Selected Investigations [Vide Clause 10 of Order No. 797-F(MED), dated 31.01.2011]* and *Prosthesis & Special Devices* under WBHS.

1. Certified that the Patient, Sri/Smt._____, having Beneficiary ID _____, is a beneficiary of West Bengal Health Scheme.
2. S/he has been suffering from/undergoing follow up _____ (specify name of disease) as listed in Sl. No. _____ of the OPD list as per 7(1) / 7(2) clause as mentioned below*.
3. Date of consultation is _____.

Date:

Signature of the Treating Consultant/Specialist :
Name of the Hospital :
Official Seal of the Hospital :

***List of Out-Patient Department (OPD) diseases and Follow-up Medical Attendance under West Bengal Health Scheme.**

As per Clause 7(1) of Order No. 7287–F, dated 19-09-2008				As per Clause 7(2) of Order No. 7287–F, dated 19-09-2008	
Sl. No.	Name of Disease	Sl. No.	Name of Disease	Sl. No.	Name of Disease
1	Malignant Diseases.	2	Tuberculosis.	1	Neuro Surgery.
3	Hepatitis B/C and Other Liver Diseases.	4	Type 1 Insulin Dependent Diabetes	2	Cardiac Surgery (Including Coronary Angioplasty and implants).
5	Heart Diseases.	6	Neurological Disorder/ Cerebra Vascular Disorders.	3	Cancer Surgery/ Chemotherapy/ Radiotherapy.
7	Malignant Malaria.	8	Renal Failure.	4	Renal Transplant.
9	Thallasaemia/ Bleeding orders/ Platelet Disorders.	10	Injuries Caused by Accident (including Animal Bite).	5	Hip/ Knee replacement Surgery.
11	Rheumatoid Arthritis.	12	Systematic Lupus Erytthematous (LUPUS).	6	Accident cases.
13	Crohn's Disease.	14	Endodontic Treatment (Root Canal Treatment).		
15	COPD (Chronic Obstructive Pulmonary Disease).	16	Ankylosing Spondylitis		
17	Selected Investigations [Vide Clause 10 of Order No. 797-F(MED), dated 31.01.2011]	18	Prosthesis and Special Devices.		

Note:

1. In case of **occasional OPD consultation**, employee/pensioner/family pensioner can claim reimbursement under WBHS **only once** with original copy of Annexure-I.
2. In case of **continuous OPD consultation**, employee/pensioner/family pensioner can claim maximum 2 (Two times reimbursement under WBHS. S/he can submit his/her successive reimbursement claim with photo copy of signed Annexure-I **only once**. Consultation with treating specialist is mandatory after every six months from the date of previous consultation for getting further reimbursement under WBHS.

26.11.2021

OSD & EO Joint Secretary
Finance Department
Govt. of West Bengal

For Employee/ Pensioner/
Family Pensioner of Govt. of West Bengal

Annexure-II

(As per Order No.127-F(MED)WB, dated 26.11.2021)

Certification of Medical Superintendent(MS) or Administrative Officer (AO)of the Non-Empanelled Hospital for claiming reimbursement of only "In-Patient Department" treatment under WBHS.

1. Certified that the patient, Sri/Smt._____, having the Beneficiary ID _____, is a beneficiary of West Bengal Health Scheme.

2. S/he availed an indoor treatment in our institution from _____ to _____.

3. Certified that our institution obtained a Clinical Establishment Licence from Health and Family Welfare Department, Govt. of West Bengal bearing No. _____ and the Licence is valid up to _____.

4. Certified that the Nos. of Beds in our institution is _____ ( ) as per processed CE Licence issued by Health and Family Welfare Department, Govt. of West Bengal.

Date:

Signature of MS/AO :

Name of Hospital :

Official Seal of the Hospital :

24.11.2021
OSD & EO Joint Secre
Finance Department
Govt. of West Bengal

Note: Medical Superintendent or Administrative Officer of concerned treating hospital shall certify the above in official letter head of the organization.