### 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:

SI. 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:

SI. No.		Contents of Attachment	Appendix No.						
1	Revised Rein	nbursement Claim Forms:							
	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.	III						
	Form-C3	Form-C3  Reimbursement of cost for Cashless In-Patient Department (IPD) treatment in Empanelled Private Hospital.  Reimbursement of cost for Non-Cashless In-							
	Form-C4								
2	Essentiality C	Certificates:							
	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.	IV						
	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

26.11.2001 OSD & EO Joint Secretary
Finance Department

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/XXXXXXXX) as User ID.
  - c) Pensioners will have to use enrollment ID (WB/PEN/XX/XXXXXXXX) as User ID.
- 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.

- 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 of a 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.

SI. 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)

<sup>\*\*</sup>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 <u>preview and print</u> 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 inTR 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.

To 11-204

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-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 submodule 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:-

- 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.
- 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.

26.4.2021

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

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



To

# 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)

	(Design (Name (Offic	e of the Office)	)			
imbursem	m submitting a claim of Rs ent of cost of Out-Patient Departm Bengal Health Scheme as per details s	ent (OPD) trea	tment at i			
1. [	Details of Employee/Pensioner/Fa				AND PRINTED BY BY	
Full Nam			HRMS ID	/ PPO	No.	
•	ent ID No.		*	led at i	the time of m the end	
2. [	Details of Patient, Treating Hospita	al and Condon	ation Req	uirem	ent, if any.	
2.1	Name of Patient					
2.2	Name of recognised/empanelled/en where treatment was availed.	listed hospital				
2.3	Requirement of approval of delay if any(Tick mark in appropriate box)		Yes 🗆		No□	
	Details of Claimant (Applicable in c	The second secon	employe	e or pe		ioner
Sl.No. 3.1	Name of claima	nt			Relation	
4. F	Permission Details, If any		sent Tra	al V		By
SI. No.	Permission sought	Deta	ils of peri	mission	n approval	
4.1	For treatment availed in enlisted hospital outside West Bengal (see clause 14 of order no.7287, dated 19.09.2008).	st Date:				
	Part-II [Details of Expe	enditure State	ment of O	PD tre	atment]	
NT-ST-U-1	Details of OPD Treatment			Dot	aile	
<b>SI. No.</b> 5.1	Particulars  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 OPD List	7(1) of	Det	As per clause 7(2) of OPD List	

Manual Application Form

5.2	Name Disea medi treat	se/Illness or follow- cal attendance a	PD up nd					
5.3	consu	of OPD/Follow up ultation						
6.	Expend	liture Statement of OPD	/Follo	ow Up trea	tment			
Sl.No.	Name of Components						Amount Claimed (Rs.)	
6.1	Procedure Charges							
	Sl. No. Name of Procedure		Procedure Code Amor		Amou	nt Admissible (Rs)		
6.2	Consu							
6.3	Cost o							
	SI. No.	Name of Investigation		ded / Non- Code of Coded Investiga		code of Amount Admissible (Rs)		
6.4	Cost							
	Period of post consultation medicine consumption			From		To		
6.5	Cost	of Implant / Prosthesis 8	Spec					
	SI. No.	Name of Implant / Prostl & Special Device	nesis	Code of Implant / Prosthesis & Special Device			Amount dmissible (Rs)	
6.6	Misce	llaneous (specify)						
						N.	o. of Vouchers	
						IN	o. or vouchers	

Part-III [Medical Advance]

	22000000000	if any	Terrent	Transcent	Amount
Name of PAO/Treasury	DDO	Designation of	Treasury	Treasury	Amount
from where it was	Code	DDO	Voucher No.	Voucher Date	(Rs.)
Hom where it was	Couc	550	Toucher Hor		1
drawn					

Part-IV [Refund of Medical Advance]

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

SI. No.	Name/Particulars of enclosures to be attached	Enclose	ed 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	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 □

13	-	-	
D			

Signature of the Employee/Pensioner/Claimant:

Name in Block Letters

Designation/Last Designation

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

# 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)

	(Designation) (Name of the Control o	the Office)		
nburser	nm submitting a claim of Rs ment for cost of Out-Patient Department t Bengal Health Scheme as per details state	(OPD) treatr		
		neral Inform	ation]	
	Details of Employee/Pensioner/Family Pe		101 10 10 10 10 11 11 11 11 11 11 11 11	
ull Nan			HRMS ID / PPO No.	
	ent ID No.		Claim Application ID.  Date of Enrolment	8
	itlement			
	Name of Patient  Name of Patient	ondonation	Requirement, it any	
2.1	ivame of Patient			
	Beneficiary ID	Beneficiary ID		
	Relationship with Employee/Pensioner/R			
2.2	Name of recognised/empanelled/enliste where treatment was availed.			
	Code of hospital			
	Class of entitlement of hospital			
	Address of hospital			
2.3	Requirement of approval of delay Condo	onation, if	Yes 🗆	No 🗆 .
3.	Detail of Claimant (Applicable in case of de	eath of emplo	oyee or pensioner or	family pensioner )
Sl.No.	Name of claimant			Relation
3.1				
4.	Permission Details, If any	AUBIO E I		
SI. No.	Permission sought	Det	ails of permission ap	proval
4.1	For treatment availed in enlisted	Memo No.		•
	hospital outside West Bengal(see	Date		1
	clause 14 of order no.7287, dated	And the second s	/ Authority	1
	19.09.2008).	U.O. No. an		200
		Finance Dep	ott.West Bengal, if ar	ny:

SI. No.	Particulars		Deta	ails	
31. 140.			1000	T. M. T	
5.1	Category of OPD Claim (Tick mark in appropriate box) [See list of	70 98 87		As per clause 7(2) of OPD List	

Online Application Form diseases/illness mentioned clause 7(1) and 7(2)] 5.2 Name and Nature of OPD Disease/Illness or follow-up medical attendance and treatment Date of OPD/Follow up 5.3 consultation **Expenditure Statement of OPD/Follow Up treatment** Name of Components Amount SI. No. Claimed (Rs.) 6.1 **Procedure Charges** Name of Procedure Procedure Code Amount Admissible (Rs) SI. No. 6.2 **Consultation Fees** Cost of Pathological and Radiological Investigations 6.3 SI. No. Name of Coded / Code of Amount Non-Coded Investigation Investigation Admissible (Rs) Cost of Medicines 6.4 To From Period of post consultation medicine consumption 6.5 Cost of Implant / Prosthesis & Special Device Code of Implant / Name of Implant / Amount SI. No. Prosthesis & Special Prosthesis & Special Device Admissible (Rs) Device

#### Part-III [Medical Advance]

Total

No. of vouchers

6.6

Miscellaneous (specify)

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

Part-IV [Refund of Medical Advance]

8. Details of Refund o	f 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

### Online Application Form

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.	o. Name/Particulars of enclosures to be attached		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  Yes	No   No
9	Any other instruments (Specify)	Yes 🗆	No □

Date:

Signature of the Employee/Pensioner/Claimant:

Name in Block Letters

Designation/Last Designation

•

OSD & EO Joint Secretinance 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)

The ...... (Designation of HoO)

To

/Madam	1,				
	am submitting a claim of cost of Ir		7.1		
	th care organisation under V				ica nospital/naisii
m + 2 -		Part-I[General Ir		<u>on]</u>	TOTAL TOTAL AND
Full Na	Details of Employee/Pen	sioner/Family Pension		ID / PPO No.	
	ck letters)		Tittivis	ID/ITONO.	
•	ent ID No.		Claim	Application ID	
				filled at the time of	
			online	entry from end the	
				of Office)	
2.	<b>Detail of Patient, Treating</b>	g Hospital and Cond	onation F	Requirement, if any	
2.1	Name of Patient				
2.2	Name of hospital where t	reatment wasavailed	d.		
2.3	Requirement of approval		n, if	Yes□	No □
	Any(Tick markin appropriat				SAN TO SERVE TOWN
3.	Detail of Claimant (Applic		n of emplo		
Sl.No.	Name	of claimant	_	Relation	on
3.1					
	Part-II [Detai	ls and Expenditure S	Statemen	t of IPD treatment]	
4. F	Period of treatment				
Admiss	ion Date		Discha	rge Date	
5.1	ype of Discharge				
SI. No	. Type of Discharge	Tick markin appropriate box	SI. 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 Treatn	nent		Tick mark in appropriate box
6.1	Package Treatment				
6.2	Non-Package Treatmen	nt			

Manual Application Form

6.3	Both Package and Non-Package	Treatment			-		
6.1 De	tails of Package Treatment		E What			1000	
Period o	of Package Treatment		From	1		То	
Sl. No	Nam	e of Package	es			Amou	int Claimed (Rs.)
6.1.1							
6.1.2							
6.1.3							
6.1.4							
6.1.5							
					Total		
6.2 De	tails of Implants Used						
Sl. No.							int Claimed (Rs.)
6.2.1							
6.2.2							
6.2.3							
6.2.4							
					Total		
	ails of Package Treatment						
	f Package Treatment			om		То	
Sl. No.	Name	of Components					nt Claimed (Rs.)
6.3.1	Room/ Bed Rent			y			
	ICCU/ITU/ICU/NICU/PICU	From		То			
	HDU/SDU	From		То			
	Burn Unit	From		То			
	CRIB	From		То			
	General/Semi-Private/Private	From		То			
6.3.2	Consultation Fees						
6.3.3	Pathological and Radiological Inv	estigations					
6.3.4	Medicines						
6.3.5	Consumables						
6.3.6	Special Nursing/Aya Charges						
6.3.7	Miscellaneous. (If Any Specify)						
					Total		
		Total T	reatment	Cost [6.	1+ 6.2+6.3]	100	
				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		10,000,000,000	
2	Insurance Coverage			

Net Claim:(Part-II m	inus 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]

SI. No.	Name/Particulars of enclosures to be attached	En	Enclosed		d 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.	Ye	s 🗆	N	lo 🗆	
2	Enrolment Certificate of beneficiary	Yes		1	Vo□	
3	Bill Summary	Ye	s 🗆	N	lo 🗆	
4	Original Vouchers (Money Receipts) in chronological dates	Ye	s 🗆	N	lo 🗆	
5	Copy of Discharge Summary (case summary and copy of death certificate in case of death) and OT note	Ye	s 🗆	N	lo 🗆	
6	Detailed Bill	Ye	s 🗆	N	lo 🗆	
7	Original copy of Voucher/ Tax Invoice of Implants used	Ye	s 🗆	N	lo 🗆	
8	Copy of all investigation/ test reports in sequentially	Ye	s 🗆	N	lo 🗆	
9	Copy of OT Note in case of package treatment and treatment summary or bed head ticket in case of package treatment	Ye	s 🗆	N	lo 🗆	
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)	Ye	s 🗆	N	lo 🗆	

D	2	+	0	
U	d	r	C	٠

Mar. 11. 2021

oint Secreta

OSD & EO Joint Secret: Finance Department Govt. of West Bengal Signature of the Employee/Pensioner/Claimant:

Name in Block Letters

Designation/Last Designation

3

## 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

		(Name of the Offi	ice)		
		(Office Address of	or HOO)		
/Madar					
	am submitting a claim of				
	reimbursement for cost of				lled hospital/nursir
ne/nea	alth care organisation under N	Part-I[General I			
1	Details of Employee/Pen				
Full Na		sioner, running rens	The second second	SID / PPO No.	
	nent ID			Application ID	
	ntitlement			of Enrolment	
BASE SAME DESCRIPTION	Details of Patient, Treati	ng Hospital and Con	THE CARE DE	Party California Company of Party (Party)	
2.1	Name of Patient	ng mospital and con	·	nequirement, it diff	
	Beneficiary ID				
	Relationship with Employ	ee/Pensioner/Famil	v		
	Pensioner	,,	-		
2.2	Name of the hospital who	ere treatment was a	vailed.		
	Bed Capacity of the hospi				
	CE Licence No.				
	CE Licence valid up to				
	Address of the hospital				
2.3	Requirement of approval	of delay Condonation	on, if	Yes□	No □
	any (Tick mark in appropr	Planta and the second for the second second second second	8.340.		
3.	Details of Claimant (Appl	icable in case of dea	th of emp	loyee or pensioner or fa	mily pensioner)
Sl.No.		of claimant		Relati	
3.1					
	Part-II [Deta	ils of Expenditure S	tatement	of IPD treatment]	
4.	Period of treatment				
Antimistic Area	sion Date		Dischai	rge date	
	Type of Discharge				
Sl. No	. Type of Discharge	Tick markin appropriate box	SI. 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 Treatn	nent		Tick mark in appropriate box
	D 1 7				
6.1	Package Treatment				
6.1	Package Treatment Package Treatment				

Online Application Form

	Details of Package Treatment						
	Period of Package Treatment		From			То	
SI. No	Nam	e of Package	S			Amo	unt Claimed (Rs.)
6.1.1							
6.1.2							
6.1.3							
6.1.4							
6.1.5							
					Total		
	Details of Implants Used						
Sl. No.	Nam	ne of Implant	S			Amo	unt Claimed (Rs.)
6.2.1							
6.2.2							
6.2.3							
6.2.4							
Black Union III					Total		
	Details of Non-Package Treatment						
	f Non- Package Treatment			om		То	
Sl. No.	Name	of Componer	nts			Amo	unt Claimed (Rs.)
6.3.1	Room/ Bed Rent						
	ICCU/ITU/ICU/NICU/PICU	From		То			
	HDU/SDU	From		То			
	Burn Unit	From		То			
	CRIB	From		То			
	CRIB  General/Semi-Private/Private	From		То			
6.3.2	General/Semi-Private/Private	NO CONTRACTOR OF THE PARTY OF T					
6.3.2 6.3.3	General/Semi-Private/Private  Consultation Fees	From					
6.3.3	General/Semi-Private/Private  Consultation Fees  Pathological and Radiological Inv	From					
6.3.3 6.3.4	General/Semi-Private/Private  Consultation Fees	From					
6.3.3	General/Semi-Private/Private  Consultation Fees Pathological and Radiological Inv Medicines Consumables	From					
6.3.3 6.3.4 6.3.5	General/Semi-Private/Private  Consultation Fees Pathological and Radiological Inv Medicines Consumables Special Nursing/Aya Charges	From					
6.3.3 6.3.4 6.3.5 6.3.6	General/Semi-Private/Private  Consultation Fees Pathological and Radiological Inv Medicines Consumables	From			Total		
6.3.3 6.3.4 6.3.5 6.3.6	General/Semi-Private/Private  Consultation Fees Pathological and Radiological Inv Medicines Consumables Special Nursing/Aya Charges	From	reatment		Total - 6.2+6.3]		

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			

Yes

Yes

Yes

Yes

No

No

No

No

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.

SI. No.	Name/Particulars of enclosures to be attached	Enclose	ed or not
1	Annexure-IIduly 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 🗆

Date:		
	Signature of the Employee/Pensioner/Cla	aimant :
16	Name in Block Letters	:
	Designation/Last Designation	:

In case of death of Employee, Pensioner and Family Pensioner;

b. No objection from other legal heirs on stamp papers

a. An affidavit on stamp paper by claimant

c. Copy of death certificate

Any other instruments (Specify)

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

[List of Enclosures]

9

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### 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)

ards	am sub	mitting a claim of Rs					
/ards ognise						ment (IPD)	treatment
OBITISE		oursement of cost nelled/enlisted hospital		of In-Patie		A IN INCOME TO A STATE OF THE PARTY OF THE P	
	.u/ cmpa	nenea, emisted marpha					
			Part-I[Genera		onl		
		of Employee/Pensione	er/Family Pensi	oner	LIDNASI	D / PPO No.	
Full N	lame ck letters)				LIVINI	D/FFO No.	
	ment ID	) No				pplication ID.	
	mene ie	, 110.				ed at the time of	
					Head of C	ry from the end of Office)	
2. D	Details o	of Patient, Treating Ho	ospital and Con	donation Re	The second secon	And the second s	
2.1		of Patient	•		Tipe		
2.2	Name						
	recog	nised/empanelled/en	listed				
	hospi	tal where treatment v	vas availed				
2.3	Requi	rement of approval of	f delay	Yes □ No □			
	box)	onation, if any(Mark in					
3. [	Details o	of Claimant (applicabl			yee or pensi	oner or family p	ensioner)
SI.No	0.	N	lame of claimar	it		Rel	ation
3.1	1						
4. 1	Permiss	ion Details (If any)					Name of the last
SI.No	0.	Permission sough	nt			of permission ap	proval
4.1		treatment availed		.iicu	ssion ID	: d fax:	
		vate hospital within		Tacc	ssion approv	ed for:	
		use 14 of Order No. 01.2011, 11253-F(MED),					
		78-F(MED) dated;04.09.20		unu			
		Part-II [	Expenditure Sta	atement of	IPD treatme	nt]	
5. 1	Details	of Treatment in Cash	less Mode				
SI. I	No.	Particulars				Details	
5.		ransaction ID of Cash					
		See Form- D4 supplied by f reatment Period	hospital at the time Admission				
5.				Data	F	ischarge Date	

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 Sta	tement of Ind	oor related OPD trea	tment]
6. Ir	ndoor related OPD treatment			
[0	o you want to claim Indoor related OPD cost of OPD treatment of 30 days pricospitalisation]?		Yes□	No□
7. De	etails of Indoor related OPD Consultation	on		
	Dates		Name of Cons	sultant
8. Do	etails ExpenditureofIndoor related OPD	Components		Amount
No.	Name of	components		Claimed (Rs.)
8.1	Consultation Fees			
8.2	Cost of Pathological and Radiological I	nvestigations		
8.3	Cost of Medicines			
	Period of post discharge medicine consumption	From	То	
8.4	Cost of Special Devices			
8.5	Miscellaneous (specify)			
		Total claim	of indoor related OP	D(Rs.)
			Nos. of Vou	ichers

Part-IV [Medical Advance]

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]

		lvance, if any	T 0.00002-000 (0.000 0.1)	Tunnatum	Amount
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: [Par minus Part VI]	t-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
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	Enclos	ed 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 🗆
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:

TA11. 2029

Signature of the Employee/Pensioner/Claimant:

Name in Block Letters

Designation/Last Designation

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)

	(Designation of Ho	00)		
	(Name of the Office			
	. Indine of the offi	ce)		
	(Office Address o	f HoO)		
	/5			
		Charles and the second		treatment
empanened/emisted nospital ur	ider west bengai	Health Sch	ieme as per details stated b	pelow:
	Part-Il General Ir	aformation	7	
ails of Employee/Pensioner/				
e			HRMS ID / PPO No.	
nt ID No.				
lement			Date of Enrolment	
ils of Patient, Treating Hospita	l and Condonatio	n Requiren	ment, if any	
ame of Patient				
eneficiary ID				
elationship with				
mployee/Pensioner/Family Pens	sioner			
ame of hospital where treatment vailed.	nt was			
ode of Hospital				
ass of Entitlement of Hospital				
ddress of Hospital				
den special discourse of Gibbarra on special difference program (2007) figures (2007) or silver a comparable m	0000000		No [	
ils of Claimant (applicable in ca	se of death of em	ployee or p	ensioner or family pension	er)
				lation
nission Details (If any)				
Permission sought			Details of permission app	roval
For treatment availed in	n empanelled	Permissio	in ID :	
private hospital within W	est Bengal[see	Permissio	n approved for:	
[HE 47] [20] [HE 27]	; 16.12.2011 and			
7578-F(MED) dated;04.09.2012]				
	reimbursement ofcost of empanelled/enlisted hospital under the property of the ID No. Idement of Patient eneficiary ID elationship with employee/Pensioner/Family Pensioner/Family Pensioner of Hospital where treatment and of Hospital equirement of Approval of delay ondonation, if any (Mark in approx.)  ils of Claimant (applicable in can be in the property of the pr	Part-I[General Interpretation of Cashless empanelled/enlisted hospital under West Bengal Part-I[General Interpretation of Cashless empanelled/enlisted hospital under West Bengal Part-I[General Interpretation of Cashless of Employee/Pensioner/Family Pensioner are of Patient eneficiary ID elationship with employee/Pensioner/Family Pensioner are of hospital where treatment was vailed. Onde of Hospital eass of Entitlement of Hospital equirement of approval of delay ondonation, if any(Mark in appropriate example of Cashless of Hospital equirement (applicable in case of death of empanelled or treatment availed in empanelled private hospital within West Bengal[see Calause 14 of Order No. 796 and 797, dated 25.78-F(MED) dated;04.09.2012]	Part-I[General Information Part Information Pa	Part-I[General Information]  ails of Employee/Pensioner/Family Pensioner  e

	rait-ii [Experiulture Stater	ient of iPD treatment]
. Detai	ils of Treatment in Cashless Mode	
SI. 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 Certifica	te (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]

	ndoor related OPD treatment					
[0	o you want to claim Indoor related OPD except of OPD treatment of 30 days prior ospitalisation]?	penditure and post	Yes 🗆	No□		
7. De	etails of Indoor related OPD Consultation					
	Dates		Name of Consu	ıltant		
8. D	etails Expenditure of Indoor related OPD			Amount		
SI. No.	Name of Co	Name of Components				
8.1	Consultation Fees					
8.2	Cost of Pathological and Radiological Inv	estigations				
8.3	Cost of Medicines					
	Period of post discharge medicine consumption	From	То			
8.4	Cost of Special Devices					
8.5	Miscellaneous (specify)					
		Total clain	n of indoor related OPD			
7.			Nos. of Vouc	chers		

Part-IV [Medical Advance]

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

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

Net Claim:[Part minus Part VI]	-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
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]

SI. No.	Name/Particulars of Enclosures to be attached	Enclose	ed 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 🗆
7	Any other instruments (Specify)	Yes □	No □

Date:

Signature of the Employee/Pensioner/Claimant:

Name in Block Letters

Designation/Last Designation

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)

			(4 () 1954			
			Control of the Contro	The state of the s		
50-1000			(Office Addi	C33 01 1100)		
/Mada	m,					
1	am submittin	g a claim of Rs	i	(Rupees		******************
					nt (IPD) treatment at recogn	nised/empanell
isted h	ospital under V	Vest Bengal Health	n Scheme as p	er details state	ed below:	
			D- + 1/C-		**	
1. D	ataile of Fund	aves /Dansis was		ral Informatio	<u>onj</u>	
Full N		oyee/Pensioner	/Family Pens	sioner	LIDAG ID ADDO N	
	k letters)				HRMS ID / PPO No.	
Access to the second se	ment ID No.				Claim Application ID.	
					(To be filled at the time of	
				online entry from the Head of Office)		
2. D	etails of Patie	nt, Treating Hos	pital and Co	ndonation Re	quirement, if any	THE RESERVE
2.1	Name of Pati	Control of the Contro	######################################			
2.2	Name of the	ne of the hospital where treatment				
	was availed					
2.3	Requirement	of approval	of delay	Yes 🗆	N	0 🗆
	Condonation,	if any(Tick	mark in			
	appropriate be	ox)				
2 0	stails of Claim	ant (annliamble	of do		6 7	
Sl.No			n case of aed ne of claimai		ee or pensioner or family	
3.1	•	INar	ne of claimai	ıt	K	elation .
	ermission Det	ails (If any)			CHANGE OF THE OWNER OF THE OWNER.	
SI.No.		mission sought			Details of permission app	roval
4.1		nent availed in	empanelled	Permission II		rovai
7.1	20 00 00	pital within We		180 Lawrence and the province of the control of the		
		Order No. 796 a				
		11253-F(MED), date				
4.2		AED) dated;04.09.20				
4.2	N. Sam Carachan	ment availed		Memo No.	4	
		outside West	0 ,	Date:	/ Authority	
	19.09.2008	of Order No.7	287, aatea	U.O. No. an	Authority:	
	19.09.2008	7).		The state of the s	ott. West Bengal, if any:	
				Trinance De	ott. west bengal, il any:	

Part-II [Expenditure Statement of IPD treatment]

	ntin ReimbursementMode(If No	7 is selected iii si. NO sj	
Period of treatment	Admission Date	Discharge date	

# Manual Application Form

SI. No.	Type of Discharge	(Tick marking		SI. No.	Т	ype of Disc	harge			nark in iate box)
		appropriate b	JUN]	6.3	1	Referr	al			
6.1	Normal			6.4		Deat	h			
6.2	Risk Bond			0.1	M					
Amount	Claimed for	Type of Trea	tma	nt					(Tick m	
SI. No.		Type of Trea	une	110				a		ate box)
	. T									
	Package Treatment	.+								
7.2	Non-Package Treatmer	Dackago Treatr	ment						[	
7.3	Both Package and Non	-Package Treati	Herre			4				
.1 Deta	ails of Package Treatm	ent		Fron	n				То	
eriod of	Package Treatment	duros / Pack:	ages	1.0.		Procedu	re	Ar	mount	Claimed
Sl.No.	Name of Pro	ocedures/ Packa	ages		-	Code			(Rs	5.)
7.1.1					+					
7.1.2					-					
7.1.3					-					
7.1.4					-					
7.1.5							Total			
						Entire				
7.2 De	tails of Implants Used		C-4	ed or Nor	2-	Implant	S	Amo	unt Cla	imed (Rs.)
Sl.No.	Name of Imp	lants		coded	17	Code, i	§			
7.2.1	y									
7.2.2										
7.2.3										
7.2.4							-			
7.2.5						L	- \			
1.2.3						Total (	Rs.)		7,110	
7.3 De	etails of Non-Package	Treatment.							r.,	
Pariod	of Non -Package Treat	ment.				From			0	nt Claimed
Sl. No.	Of Non-Facility	Name of C	omp	onent					Amou	(Rs.)
7.3.1	Room/ Bed Rent					-		-		
7.0	ICCU/ITU/ICU/NICU	/PICU	_	From		To				
	HDU/SDU			From		То				
	Burn Unit			From		То				
	CRIB			From		То				
	General/Semi-Priva	te/Private		From		То				
7.3.2	Consultation Fees.									
		adiological Inve	stigat	tions.						
7.3.3	The second was the second	Ü							751	
7.3.4										
7.3.5		a Charges								
7.3.6	1.5	any specify)								
1 4	IVIINCE II dile Cous. (III									

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. In	Part-III [Details of Expenditure State	tement or me	OUT TELLET OF D STORE	
D [c	o you want to claim Indoor related OPD e cost of OPD treatment of 30 days prior ospitalisation]?		Yes 🗆	No□
	etails of Indoor related OPD Consultatio	n		
	Dates		Name of Cons	ultant
10. E	Details Expenditure of Indoor related OP			
SI. No.	Name of C	Components		Amount Claimed (Rs.)
10.1	Consultation Fees			
10.2	Cost of Pathological and Radiological Ir	nvestigations		
10.3	Cost of Medicines			
	Period of post discharge medicine consumption	From	То	
10.4	Cost of Special Device			
10.5	Miscellaneous (specify)		No. of the second	
	· · · · · · · · · · · · · · · · · · ·	Total alaim	of indoor rolated ODI	3/Dc \
		TOTAL CIAITI	of indoor related OPI Nos. of vou	

### Part-IV [Medical Advance]

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

Part-V [Refund of Medical Advance]

12. Details of Refund of N	America concer		Tabassies	Transurv	Amount
Name of PAO/Treasury	DDO	Designation of DDO	Treasury	Treasury	
from where it was	Code		Challan No.	Challan Date	(Rs.)
Allegania representa managa					
drawn					

Part-VI [Details of Discount and Insurance Coverage]

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

Net Claim: [Pa	rt-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]

	Name/Particulars of enclosures to be attached	Er	close	d or r	not
SI. No.		Yes		No	
1	Enrolment Certificate of beneficiary	Ye	5 🗆	No	
3	Bill Summary of Indoor Treatment and OPD treatment Original Vouchers (Money Receipts)of both Indoor and OPD treatment in chronological dates	The state of the s	s 🗆	No	
4	Copy of related OPD Prescriptions (if claimed)	Ye	s 🗆	No	
5	Copy of Discharge Summary (Case Summary and copy of death certificate in case of death) and OT note	Ye	s□		No 🗆
5	Copy of permission granted, if any		s 🗆		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).	Ye	s 🗆		No□
8	Copy of Detailed Bill of Indoor Treatment	Ye	es 🗆		No 🗆
9	Original copy of Voucher/ Tax Invoice of Implants used	Ye	es 🗆		No 🗆
10	Copy of all investigations/ tests report of Indoor and Indoor related OPD treatment sequentially	Ye	es 🗆		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	Y	es 🗆 es 🗆 (es 🗆		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)	1	es 🗆		No □
13	Any other instruments (Specify)	Y	es 🗆		No□

Date:

Signature of the Employee/Pensioner/Claimant :

Name in Block Letters

Designation/Last Designation

m. 20.11.2021

OSD & EO Joint Secretar 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)

e		******************************	(Designation	of HoO)		
			(Name of th	e Office)		
/Mada	ım,					
					nt (IPD) treatment at rec	cognised/empanelled
listed l	hospital under	West Bengal Healt	th Scheme as p	er details state	d below:	
			Part-I[Gene	ral Information	1]	
1. 0	Details of Emp	loyee/Pensioner/F	amily Pension	er		
Full N	ame				HRMS ID / PPO No.	
Enrol	ment ID No.				Claim Application ID.	
Bed E	ntitlement				Date of Enrolment	
2.	Details of Patie	ent, Treating Hospi	tal and Condo	nation Require	ment, if any	
2.1	Name of Pat					
	Beneficiary I					
	Relationship					
		ensioner/Family Pe				
2.2	Name of the availed.	hospital where tre	eatment was			
	Code of the	hospital				
	Class of enti	tlement of the hos	pital			
	Address of H	lospital				
2.3	Requiremen	5/0	2 1	Yes	1	No 🗆
	Condonation	200	mark in			2
-	appropriate					
F-1014 - 1117	7				ee or pensioner or fam	The state of the s
SI. No		Na	me of claima	nt		Relation
3.1						
4. F	Permission D	etails (If any)				
SI. No	o. P	ermission sought			Details of permission	approval
4.1	For trea	tment availed in	n empanelle			
	The state of the s	nospital within W			approved for:	
		of Order No. 796				
	200 C C C C C C C C C C C C C C C C C C	1, 11253-F(MED), do	맛요! [ 일일하다. 그 50 50 = 1.45 50 51 51 51 51	1		
12		F(MED) dated;04.09.2 atment availed		d Memo No.		
4.2				70.52		
		outside West			n / Authority	
		14 of Order No	zor, aute	U.O. No. a	n / Authority	*
	19.09.20	00).		NAME AND ADDRESS OF THE OWNER, AND THE PARTY OF THE PARTY		n
				Finance De	eptt. West Bengal, if ar	ıy.

5. Deta	ails of Treatme	ent in Rein	nbursement M	lode			THE NE			
Period o	f treatment	Adm	ission Date			Disc	charge da	te		
<ol> <li>Typ</li> </ol>	e of Discharge				EETH					
Sl. No.	Type of Dis	charge	(Tick mark appropriate		Sl. No.	Type	of Discha	rge	100	ck mark in opriate box)
6.1	Norm	al			6.3		Referral			
6.2	Risk Bo	ind			6.4		Death			
7. Am	ount Claimed	for								
Sl. No.			Type of Trea	atmen	t					k mark in priate box)
7.1	Package Trea	tment								
7.2	Non-Package		t							
7.3			Package Treatr	ment						
7.1 De	tails of Packag									
	of Package Trea				From				То	
Sl. No.			cedures/ Packa	ages	1	15.509	ocedure Code	Α	mount (	Claimed(Rs.)
7.1.1										
7.1.2										
7.1.3					-			_		
7.1.4										
7.1.5								1		
							Tota	d		
7.2 De	etails of Impla	nts Used								
Sl. No.	Nam	e of Impla	ints		or Non- oded	Co	olants de, if oded	An	nount C	laimed (Rs.)
7.2.1										
7.2.2										
7.2.3										
7.2.4										
7.2.5										
15.00=0.00						То	tal (Rs.)			
7.3 De	etails of Non-P	ackage Tr	eatment.	1000				310		
	riod of Non-Pa					Fror	n		То	
SI. No.			Name of Cor	npone	ents				Amou	unt Claimed (Rs.)
7.3.1	Room/ Bed F	Rent								
	ICCU/ITU/ICI		CU	Fro	m	7	О			
	HDU/SDU	,		Fro	m	7	o			
	Burn Unit			Fro	m		Го			
	CRIB			Fro	m		Го			
	General/Sen	ni-Private/	Private	Fro	om		Го			
7.3.2	Consultation	Fees.								
7.3.3	Pathological	and Radio	ological Investig	gation	S.					
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]

	1 100001		oor related OPD treat	
7.0	door related OPD treatment			
[co	o you want to claim Indoor related OPD open of OPD treatment of 30 days prior oppitalisation]?	A STATE OF THE PARTY OF THE PAR	Yes □	No□
9. De	tails of Indoor related OPD Consultatio	n		T-T-MANUAL TO
	Dates		Name of Cons	ultant
<b>10. D</b> Sl. No.	etails Expenditure of Indoor related OF	PD treatment Components		Amount
31. 110.	Name of v	components		runounc
				Claimed (Rs.)
10.1	Consultation Fees			Claimed (Rs.)
10.1	Consultation Fees Cost of Pathological and Radiological	Investigations		Claimed (Rs.)
2012		Investigations		Claimed (Rs.)
10.2	Cost of Pathological and Radiological	Investigations From	То	Claimed (Rs.)
10.2	Cost of Pathological and Radiological Cost of Medicines Period of post discharge medicine			Claimed (Rs.)
10.2	Cost of Pathological and Radiological Cost of Medicines Period of post discharge medicine consumption			Claimed (Rs.)
10.2 10.3	Cost of Pathological and Radiological Cost of Medicines Period of post discharge medicine consumption Cost of Special Device	From		

### Part-IV [Medical Advance]

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

Part-V [Refund of Medical Advance]

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

services and appropriate

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

Net Claim:[Pai	rt-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 🗆	

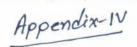
Date:

Signature of the Employee/Pensioner/Claimant:

Name in Block Letters

Designation/Last Designation

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



### 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 <u>Selected Investigations [Vide Clause 10 of Order No. 797-F(MED), dated 31.01.2011]</u> and <u>Prosthesis & Special Devices under WBHS.</u>

1	Certified that the Patient, Sri/Smt	, having	Beneficiary II
1.	, is a beneficiary of West Bengal Healt	th Scheme.	
2	S/he has been suffering from/undergoing follow up		(specif
	name of disease) as listed in Sl. No of the OPD list as per 7(1) / 7(2) clause as	mentioned be	low*.
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 Benga

He	alth Scheme.				Clause 7/2) of Order No	
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		
SI. No.	Name of Disease	SI. No.	Name of Disease	SI. 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:

 In case of occasional OPD consultation, employee/pensioner/family pensioner can claim reimbursement unde WBHS only once with original copy of Annexure-I.

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 th
date of previous consultation for getting further reimbursement under WBHS.

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

26.11-2021

# 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-

	panelled Hospital for claiming tment under WBHS.	reimbursement of onl	
1.	Certified that the patient, Sri/Smt 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 Welfare Department, Govt. of West Bois valid up to		
4.	Certified that the Nos. of Beds in our processed CE Licence issued by Health		
	Date:	Signature of MS/AO	į
		Name of Hospital	:
		Official Seal of the Hospita	al:

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

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