

WEST BENGAL HEALTH SCHEME For Grant-in-Aid Colleges & Universities



For

'Reimbursement Claim Procedure'







Content Provided by the Finance Department, Government of West Bengal.

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Claim For Out-Door Patient (OPD) treatment in Empanelled/Enlisted Hospital (FORM D1)









Finance Department WEST BENGAL HEALTH SCHEME PORTAL **Government of West Bengal** FOR BENEFICIARIES OF GRANT-IN-AID COLLEGES OF WEST BENGAL Logged in as - G190000002 Select OPD Consultation Date Collapse All / Expand All **From Date Picker** ■ My Account **General Information** OPD Home **View Registration** Claim Application ID: C20211000108 **Change Password Update Bank Details** ■ My Request Date of OPD consultation* dd/mm/yyyy Seek Permission **Permission Response** ■ My Claim Select type of OPD Disease* Select Your Disease Type V Advance Claim Claim Reimbursement Inbox / Saved claims Select name of OPD Disease* Submitted claims Nature of Consultation : Occassional Continuous My Treatment History Doctor Name* Reimbursement Identical Codes Procedures **Doctor's Degree*** Select Doctor Degree V Investigation □ Rate List dical Center, Rajarhat Consultation Fees (₹)* Pay Bed / Clinic Of Govt. Hospital

Finance Department Government of West Bengal	WEST BENGAL HEALTH	SCHEME PORTAL
	FOR BENEFICIARIES OF GRAN	-IN-AID COLLEGES
Logged in as - G190000002 Collapse All / Expand All	General Information OPD	LOGOUT Select Disease Type From
My Account Home View Registration Change Password	Claim Application ID: C20191000055	Drop-Down List
My Request Inclusion/Exclusion Of Beneficiary Change Photo/Sign/Blood Group	Date of OPD consultation* Select type of OPD Disease*	28/10/2019 Select Your Disease Type
Update Personal Information Transfer Request Exit Scheme	Select name of OPD Disease* Nature of Consultation :	Select Your Disease Type As per clause 7(1) of 7287–F, dated : 19-09-2008 As per clause 7(2) of 7287–F, dated : 19-09-2008
My Claim Claim Reimbursement Inbox / Saved claims Submitted claims	Doctor Name* Doctor's Degree*	Select Doctor Degree
 My Treatment History Non Cashless Treatment 	Consultation Fees (₹)*	
	Investigation details	
	Search by investigation code/name OR	Enter investigation code/name
	Investigation Type (Coded)	Select Investigation Type
	Investigation Name	ADD NEW One or more Investigation(s) can be added by clicking the add new butto
	Select Investigation Centre Name :	Select Investigation center

WEST BENGAL HEALTH SCHEME PORTAL **Finance Department Government of West Bengal** FOR BENEFICIARIES OF GRANT-IN-AID COLLEGES Logged in as - G190000002 LOGOUT Collapse All / Expand All **General Information** OPD ■ My Account **Select Disease Name From** Home Claim Application ID: C20191000055 **Drop-Down List View Registration Change Password** Ø Date of OPD consultation* 28/10/2019 ■ My Request Inclusion/Exclusion Of Beneficiary Select type of OPD Disease* As per clause 7(1) of 7287-F, dated : 19-0 ~ Change Photo/Sign/Blood Group **Update Personal Information** Select name of OPD Disease* **Transfer Request** Select Disease Name Nature of Consultation : **Exit Scheme** Select Disease Name My Claim Doctor Name* Malignant Diseases **Claim Reimbursement** Tuberculosis Inbox / Saved claims **Doctor's Degree*** Hepatitis B/C and Other Liver Diseases Submitted claims My Treatment History Insulin Dependent Diabetes (Type-2 Diabetic Melitas is not considered as Insulin Dependent Diabetes) **Consultation Fees (₹)* Non Cashless Treatment** Heart Diseases **Investigation details** Crohn's Disease Neurological Disorder/ Cerebrovascular Disorders Search by investigation code/name Malignant Malaria **Renal Failure** OR Thallasaemia/ Bleeding orders/ Platelet Disorders Investigation Type (Coded) Injuries Caused by Accident (including Animal Bite) **Investigation Name** Rheumatoid Arthritis Systematic Lupus Erytthematous (LUPUS) **Select Investigation Centre Name :** Endodontic Treatment (Root Canal Treatment)

Finance Department	West Bengal Health S	SCHEME PORTAL
Government of West Bengal	For Beneficiaries of Grant	IN-AID COLLEGES
Logged in as - G190000002 Collapse All / Expand All	General Information OPD	LOGOUT
I MY ACCOUNT Home View Registration Change Password	Claim Application ID: C20191000055	and Select Doctor's Degree
My Request Inclusion/Exclusion Of Beneficiary Change Photo/Sign/Blood Group Update Personal Information	Date of OPD consultation* Select type of OPD Disease*	28 / 10 / 2019
Transfer Request Exit Scheme	Select name of OPD Disease* Nature of Consultation :	Crohn's Disease
Claim Reimbursement Inbox / Saved claims Submitted claims	Doctor's Degree*	FRCS
My Treatment History Non Cashless Treatment	Consultation Fees (₹)*	200
	Search by investigation code/name	Enter investigation code/name
	OR Investigation Type (Coded)	Select Investigation Type
	Investigation Name Select Investigation Centre Name :	ADD NEW One or more Investigation(s) can be added by clicking the add net Select Investigation center

WEST BENGAL HEALTH SCHEME PORTAL

<u>ollapse All / Expand All</u>			
My Account	General Information OPD		
View Registration Change Password Update Bank Details	Claim Application ID: C20211000086		Applicant can search Investigation Name
My Request Seek Permission	Date of OPD consultation*	01-05-2021	with it's code (ii know)
Advance Claim	Select type of OPD Disease*	As per clause 7(1) of 7287-F. dated : 19-1 🗸	
Claim Reimbursement Inbox / Saved claims	Select name of OPD Disease*	Rheumatoid Arthritis	
Submitted claims My Treatment History Reimbursement	Doctor Name*	MRN-89564:- SAUMITRA DUTTA	
dentical Codes Procedures	Doctor's Degree*	DM	
Rate List Tata Medical Center,Rajarhat	Consultation Fees (₹)*	250	
Pay Bed / Clinic Of Govt. Hospital Other Private Empanelled Hospitals	Coded Investigation details		
	Search by investigation code/name	Enter investigation code/name	ᠠ᠊᠊᠊᠆
	OR		
	Investigation Type (Coded)	Select Investigation Type 🗸 🗸	
	Investigation Name	~	ADD NEW
	Select Investigation Centre Name :	PARAMOUNT HOSPITAL PVT. LTD.	
←	Class of Centre:	Class 1 🗸	

Finance Department Government of West Bengal	WEST BENGAL HEALT FOR BENEFICIARIES OF GRANT-IN-AI	H SCHEME PORTAL
ged in as - G190000002 Ilapse All / Expand All Iy Account	General Information OPD	Applicant can Pick Investigation Type from Drop-Down List
Home View Registration Change Password Update Bank Details / Request	Claim Application ID: C20211000086	
Seek Permission Permission Response y Claim Advance Claim	Select type of OPD Disease*	Select Investigation Type GENERAL E.N.T
Inbox / Saved claims Submitted claims y Treatment History Reimbursement	Select name of OPD Disease* Nature of Consultation : Doctor Name*	EYE PHYSIOTHERAPY DENTAL GENETICS X-RAY(DIGITAL X RAY)
entical Codes Procedures Investigation ate List	Doctor's Degree* Consultation Fees (₹)*	CONVENTIONAL X-RAY (70 PERCENT OF DIGITAL X-RAY RATES) UITRASOUND INVESTIGATIONS CLINICAL PATHOLOGY HAEMATOLOGY BLOOD BANK
Pay Bed / Clinic Of Govt. Hospital Other Private Empanelled Hospitals	Coded Investigation details	BIO-CHEMISTRY HISTOPATHOLOGY BACTERIOLOGY AND SEROLOGY OBSTETRIC CASES
	OR	HEAD AND NECK CANCER CARDIO RESPIRATORY PROCEDURES
	Investigation Type (Coded) Investigation Name	Select Investigation Type ADD NEW
	Select Investigation Centre Name :	PARAMOUNT HOSPITAL PVT. LTD.
	Class of Centre:	Class 1

WEST BENGAL HEALTH SCHEME PORTAL



WEST BENGAL HEALTH SCHEME PORTAL



Logged in as - 61900000002		LOGOUT
Collapse All / Expand All		
■ My Account Home	General Information OPD	
View Registration Change Password Update Bank Details	Claim Application ID: C20211000086	
My Request Seek Permission	Date of OPD consultation*	01-05-2021
■ My Claim Advance Claim	Select type of OPD Disease*	As per clause 7(1) of 7287-F, dated : 19-1 V
Claim Reimbursement Inbox / Saved claims Submitted claims	Select name of OPD Disease* Nature of Consultation :	Rheumatoid Arthritis
My Treatment History Reimbursement	Doctor Name*	MRN-89564:- SAUMITRA DUTTA
Identical Codes Procedures Investigation	Doctor's Degree*	Click on 'ADD NEW'
Rate List Tata Medical Center,Rajarhat	Consultation Fees (₹)*	button to add it's
Pay Bed / Clinic Of Govt. Hospital Other Private Empanelled Hospitals	Coded Investigation details	Date and Amount
	Search by investigation code/name	Enter investigation code/name
	OR	
	Investigation Type (Coded)	HAEMATOLOGY V
	Investigation Name	CLOT RETRACTION TIME V ADD NEW
	Select Investigation Centre Name :	PARAMOUNT HOSPITAL PVT. LTD.
	Class of Centre:	Class 1 🗸

Logged in as - G190000002 LOGOUT Collapse All / Expand All My Account OPD General Information Home View Registration Claim Application ID: C20211000086 Change Password **Update Bank Details** My Request Date of OPD consultation* 01-05-2021 Seek Permission Permission Response **Select Investigation** My Claim Select type of OPD Disease* As per clause 7(1) of 7287-F, dated : 19-1 🗸 Advance Claim **Date from Date-Picker** Claim Reimbursement Select name of OPD Disease* Rheumatoid Arthritis Inbox / Saved claims Future Date is Not Submitted claims Nature of Consultation : Occassional Continuous My Treatment History **Applicable** Doctor Name* MRN-89564:- SAUMITRA DUTTA Reimbursement Identical Codes Procedures Doctor's Degree* DM \sim Investigation Rate List Consultation Fees (₹)* 250 Tata Medical Center, Rajarhat Pay Bed / Clinic Of Govt. Hospital Other Private Empanelled Hospitals **Coded Investigation details Applicant can add** more than one **Click on** Search by investigation code/name Enter investigation code/name Investigation "Delete" to OR delete Investigation Type (Coded) Select Investigation Type ~ Investigation Investigation Name ~ ADD NEW details Select Investigation Centre Name : PARAMOUNT HOSPITAL PVT. LTD. ~ **Class of Centre:** \sim Class 1 MAXIMUM APPROVED AMOUNT SL CODE DELETE NAME DATE CENTRE NAME NO RATE(₹) ADMISSIBLE(₹) EUSTACHIAN TUBE 01-11-2021 Delete 02002013 PARAMOUNT HOSPITAL PVT. LTD. 100 100 FUNC 02010014 SMEAR ANALYSIS <u>Delete</u> PARAMOUNT HOSPITAL PVT. LTD. 03-11-2021 100 100 Total -200



WEST BENGAL HEALTH SCHEME PORTAL

For Beneficiaries of Grant-in-Aid Colleges of West Bengal



LOGOUT **List of Saved Reimbursment Claims Click on this icon** to edit Claim • Pending for submission(37) Objected(3) **Relation with Claim Generation** Patient Edit Submit View Delete Patient Claim ID **Claim Type** Applicant Name **Beneficiary ID** Claim Claim Claim Claim Date INDOOR & KRISHNENDU Jul 05, 2020 C20203000021 INDOOR G190000002/1 SELF Submit View Delete PAUL RELATED OPD KRISHNENDU Submit View Delete Jul 06, 2020 C20201000006 OPD G190000002/1 SELF PAUL KRISHNENDU Jul 08, 2020 OPD G190000002/1 SELF Submit View Delete C20201000007 PAUL INDOOR & KRISHNENDU INDOOR G190000002/1 SELF Submit View Delete Jul 08, 2020 C20203000022 PAUL RELATED OPD INDOOR & KRISHNENDU Submit View Delete Jul 08, 2020 INDOOR G190000002/1 SELF C20203000023 PAUL RELATED OPD

12345678

Logged in as - G1900000002

Collapse All / Expand All

■ My Account

Home View Registration Change Password

Update Bank Details

My Request

Seek Permission

Permission Response

B My Claim

Claim Reimbursement

Inbox / Saved claims

Submitted claims

S My Treatment History

Reimbursement

Identical Codes

Procedures

Investigation

■ Rate List

Tata Medical Center, Rajarhat Pay Bed / Clinic Of Govt. Hospital Other Private Empanelled Hospitals



OPD

WEST BENGAL HEALTH SCHEME PORTAL

FOR BENEFICIARIES OF GRANT-IN-AID COLLEGES

Collapse Al My Accour Home View Reg Change F My Reque Inclusion Change I Update Po Transfer **Exit Sche** My Claim **Claim Rei** Inbox / Sa Submittee My Treatm Non Cash

Claim Application ID: C20201000033

Category of Empanelled Hospital : Private Empanelled Hospital

Beneficiary Name KRISHNENDU PAUL

Relation with Applicant SELF

Applicant Beneficiary Id G190000002/1

College Name HERAMBA CHANDRA COLLEGE

Applicant Designation ASSISTANT PROFESSOR

<

Date of OPD consultation*

Select type of OPD Disease*

Hospital Name DESUN HOSPITAL & HEART INSTITUTE

Beneficiary ID of Patient G190000002/1

Applicant Name KRISHNENDU PAUL

Applicant Residence Address KOLKATA

College Address 23/49, GARIAHAT ROAD, KOLKATA - 700 029

Basic Pay 51000

29/12/2019 😵

As per clause 7(1) of 7287-F, dated : 19-0 ~









WEST BENGAL HEALTH SCHEME PORTAL



West Bengal Health Scheme Portal

FOR BENEFICIARIES OF GRANT-IN-AID COLLEGES

Logged in as - G1900000002

Collapse All / Expand All

My Account

Home

View Registration

Change Password

My Request

Inclusion/Exclusion Of Beneficiary Change Photo/Sign/Blood Group Update Personal Information

Transfer Request

Exit Scheme

My Claim

Claim Reimbursement Inbox / Saved claims Submitted claims

My Treatment History Non Cashless Treatment

List of Saved Reimbursment Claims

	<u>Type</u>	of claim :		• Pending for sul	omission Obje	cted			
im Generation Date	Claim ID	🐠 Warning '	!	tient iciary ID	Relation with	Edit	Submit Claim	View Claim	Delete Claim
Jan 09, 2020	C20202000012	Are you Sure	you want to submit this cl	aim 000002/1	SELF		Submit	View	Delete
Jan 09, 2020	C20201000031		?	000002/1	SELF		Submit	View	Delete
Jan 11, 2020	C20201000032	6		000002/2	WIDOWED SISTER		Submit	View	Delete
Jan 11, 2020	C20201000033		res	000002/1	SELF	2	Submit	View	Delete
Jan 11, 2020	C20203000004	INDDOR & INDOOR REL Click	KRISHNENDU PAUL	G190000002/1	SELF		Submit	View	Delete
Jan 13, 2020	C20202000015	Sub	mit Claim	G190000002/1	SELF		Submit	View	Delete
Jan 13, 2020	C20202000016	INDOOR	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete
		la la	12	34			н. — — — — — — — — — — — — — — — — — — —		







West Bengal Health Scheme Portal

FOR BENEFICIARIES OF GRANT-IN-AID COLLEGES



LOGOU

Logged in as - G1900000002

Collapse All / Expand All

- My Account
 - Home
 - View Registration
 - Change Password
- B My Request
- Inclusion/Exclusion Of Beneficiary Change Photo/Sign/Blood Group Update Personal Information Transfer Request
- Exit Scheme
- My Claim Claim Reimbursement Inbox / Saved claims Submitted claims
- = My Treatment History

List of Saved Reimbursment Claims







WEST BENGAL HEALTH SCHEME PORTAL



Form - D1

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

(Generated by GM College Teachers from Health Portei)

PDF view of claim

To

The PRINCIPAL

KHANDRA COLLEGE

Sir / Madam, :

I am submitting a claim of Rs. 9600 (Ruppen, Nine Thousand Six Hundted, Only) towards reimbursement for cost of Out-Patient Department (OPD) treatment at empanelled / enlated hospital under West Bengal Health Scheme as per details stated below:

Part-HGeneral Information]

1. Detai	h of Empl	Cyde.					
Full Name	1000	KREHNENDU PAUL		HRMS ID	G 1900000002		
Engliment (D No.	G190000000226101955	_	Claim Application	10 C20201000023		
Red Extitle	the of C	PRIMATE	Date of Enrolment 01/00/2019				
2. Detai	is of Patie	nt, Treating Hospital and Condon	ation Re	equivoment, if any.			
2.1. Name of Patient				KRISHNENDU PAU	L		
		Sensiticary ID		G1900000002/1			
		Relationship with Employee		SELF			
32	æ	Name of Empanete d/Enlated hospital where treatment is a	ated	PARK CLINIC PAR WELFARE SOCIET	K MEDICAL RESEARCH &		
	Code of Hospital			0413074			
	Class of Entitlement of Hospital			Class-1			
		Address of Hospital		4 GORKY TERRACE KOLKATA 700017			
- 2	3	Requirement of approval of du Continuation, if any	elay .	N/A			
3.Detaile	of Claims	ant (Applicools in coss of death of .	rmaley	61			
SL No	n. (Name of Claiman	1. C		Relation		
3.1		N/A			N/A		
4.Permin	sion Deta	Di, If any	a na	10			
SL No.		Permission sought for	1	Details of patr	mission approval		
4.1	For tax	tment solided in enlated hospital	Memo No. :				
order no		nder no. 7287, dated 19.08.2008).		Date :			
				Designation / Authority :			
				U.O. No. and date of Higher Education Deptt. West Gengal, if any : N/A			

Form - D1

Reimbursement for cost of Out-Door Patient (OPD) treatment in Empanelled /Enlisted Hospitel

Under West Bengal Health Scheme

(Generated by GM College Teachers from Wealth Partol)

7. Details of Medical Advance, If any						
Name of Transity from where it was drawn	Code	Orsignation of DOO	Treasury Visiocher No.	Treasury Voucher Date	Amount(Rs.)	
hựća.	N/A	NVA.	N/A	N/A	N/A	

Part-IV (Returns) of Medical Advance)

8. Details of Refund of Media	art Adver	sca, if any			
Name of Treasury from where it was drawn	DDO Code	Designation of DOO	Treasury Challen No.	Treasury Challen Date	Amount(8s.)
M/A	N/A	N/A	N/A	N/A	N/A
Net Claim: (Port-R minus Port B)	or (Part-B	Centrals Port-Wiphs	a Plate Nil	n	
9600		Rupses I	line Those and	Six Hundred Cini	¥72

Part-V [Declaration of Employee]

I hereby declare that the statements made in the application for claim are 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 encolment cartificate at the time beatment. I will be personally responsible and liable for taking disciplinary action in terms of WBS (CCA) Rules 1971 if the claim finds false and malafide due to any suppression of facts. I am enclosing the following instrument to substantiate my claims in sequential manner.

[List of Endosures]

SL Mo.	Name/Particulars of endlosures to be attached		Endlosed or not (Plea Tick)		
. 1,	Assessment duly signed with proper stomp by Teasting Specialist of an Emparatiled/Enlisted Hospital	Yes	-	No	-
- Z.	Money Receipts in sequence manner (in chronological order)	Yes		Piles .	
3.	Copy of OPD preactiption	Yest		Ne	0
4.	Copy of Permasion grant if any	Yes	0	Net	
5.	Original copy of Voucher/Tax Invoice/ Chailan of Implants	Year .	. C	Pies -	
*	Copy of all investigation/ test reports in sequence manner (in chronological order)	Yes	•	No	
×.	In case of death of Employee, a. An afficiant on stamp paper by claimant b. No objection from other legal beins on stamp papers c. Copy of death certificate	Yes Yes Yes	000	222	000
38.	Filled ECS mandate form in case of those, whose bank details is not available in IFMS(In case of first claim only)	(Wassi)	•	(No	-01
28.	Any other instruments (Specify)	West 1	0	Prigs	-0

	Form - D1
Reimbu	rsement for cost of Out-Door Patient (OPD) treatment in Empanelled /Enlisted Hospital
	Under West Bengal Health Scheme
	(Generated by GM Callege Teacters from Realth Portol)
Nation:	Signature of the Employee/Claimant:

Part-II (Details and Expenditure Statement of OPD treatment)

Norme in Black Letters :

Claim For Indoor Related OPD (IROPD) treatment in Empanelled/Enlisted Hospital (FORM-D3)











Finance Department	West Bengal Health S		
Government of West Bengal	For Beneficiaries of Grant-E	N-AID COLLEGES	
Logged in as - G190000002 Collapse All / Expand All My Account Home View Registration	General Information Indoor & Indoor related OPD		LOGOUT
Change Password Update Bank Details My Request Seek Permission Permission Response My Claim Advance Claim Claim Reimbursement Inbox / Saved claims Submitted claims My Treatment History Reimbursement Identical Codes Procedures Investigation Rate List Tata Medical Center,Rajarhat Pay Bed / Clinic Of Govt. Hospital Other Private Empanelled Hospitals	Claim Application ID: C20193000018For Indoor Treatment:Addmission Date*25/11/2019Select Type of Discharge :*Select Type of Treatment :*Do you have any Indoor related OPD treatment?*:	Discharge Date* 18/12/2019 Normal discharge Package Non-Package Yes No	Click 'YES' (if Applicant have Indoor related OPD Treatment)

.

Collapse All / Expand All	General Information Indoor & Indoor related OPD	
My Account		
Home View Registration	Claim Application ID: C20193000018	Click 'ADD NEW'
Change Password Update Bank Details	For Indoor Treatment:	button
My Request Seek Permission	Addmission Date*	Discharge Date*
Permission Response	25/11/2019	18/12/2019
Imy Claim Advance Claim Claim Reimbursement	Select Type of Discharge :*	Normal discharge ~
Inbox / Saved claims Submitted claims ■ My Treatment History	Select Type of Treatment :*	O Package O Non-Package 💿 Both(Package & Non-Package)
Reimbursement ■ Identical Codes	Do you have any Indoor related OPD treatment?*:	• Yes O No
Investigation	A. For Package Treatment:	
Rate List Tata Medical Center Bajarbat	Treatment From Date*	Treatment To Date*
Pay Bed / Clinic Of Govt. Hospital	25/11/2019	10/12/2019
Other Private Empanelled Hospitals	Package details	
	Search by code:	Type any three letter of package code / nan
	OR	
	Type of Package:*	GENERAL SURGERY
	Package Name:*	DRAINAGE OF ISCHIORECTALABSCESS ADD NEW
	Coded Implant details	
	Search by implant name/code:	Search by implant code
	OR	
iavascript: doPostBack('ctl00\$ContentPlaceHolder1\$TabCo	Type of Implants (Coded)- ntainer1\$Tab OPD\$GridVw opd invest nonCode". Delete\$0")	Select Implant Type

Collapse All / Expand All	General Information Indoor & Indoor related OPD	
■ My Account		
Home	Claim Application ID: C20193000018	
View Registration	chain application ib. 620170000010	
Change Password	For Indoor Treatmont	
Update Bank Details	For Indoor Treatment:	
B My Request		
Seek Permission	Addmission Date*	Discharge Date*
Permission Response	25/11/2019	18/12/2019
Advance Claim	Select Type of Discharge :*	Normal discharge ~
Claim Reimpursement		
Submitted elsing	Select Type of Treatment :*	
Wy Treatment History	Server a spectra and a server a ser	O Package O Non-Package South (Package & Non-Package)
Reimbursement		
E Identical Codes	Do you have any Indoor related OPD treatment?*:	• Yes O No
Procedures		
Investigation	A. For Package Treatment:	
Rate List	B	
Tata Medical Center, Rajarhat	Treatment From Date*	Treatment To Date* Delete option is also
Pay Bed / Clinic Of Govt. Hospital	25/11/2019	10/12/2019 (If Required)
Other Private Empanelled Hospitals		
	Package details Applicant can add One/More	
	Package(s) by selecting Package	
	Search by code: Name from Drop-Down List then	Type any three letter of package code / nan
	OR click 'ADD NEW' button	
	Type of Package.*	GENERAL SURGERY
	Type of Luchage.	
	Package Name:*	OPEN DRAINAGE OFPERINEPHERIC ABSC ADD NEW
	SL NO CODE PROCEDURE M	AXIMUM APPROVED RATE(*) AMOUNT ADMISSIBLE(*) Tel FTE
	2 01013008 DRAINAGE OF ISCHIORECTALABSCESS 8000	0 8400 Delete
		TOTAL- 16400
	Coded Implant details	
Javascript:doPostBack(cti00\$ContentPlaceHolder1\$ labContair	her i \$ iab_OPD\$GridVW_opd_invest_nonCode; Delete\$U)	Search by implant code

Claim Reimbursement	01-11-2021	14-11-2021
Inbox / Saved claims Submitted claims My Treatment History	Select Type of Discharge :*	Normal discharge
Reimbursement Identical Codes Procedures	Select Type of Treatment :*	Package Non-Package Both(Package & Non-Package)
Investigation Rate List Tata Medical Center, Rajarhat Pay Bed / Clinic Of Goyt Hospital	Do you have any Indoor related OPD treatment?*:	• Yes O No
Other Private Empanelled Hospitals	A. For Package Treatment:	
	Treatment From Date* 01-11-2021	O7-11-2021
	Package details	
	Search by code:	Type any three letter of package code / nan
	UK	
	Type of Package:*	Select Package Type 🗸
	Package Name:*	ADD NEW
	SL NO CODE PROCEDURE MA	XIMUM APPROVED RATE(₹) AMOUNT ADMISSIBLE(₹) DELETE
	1 01003015 MASTOIDECTOMY 15600	7488 Delete
		T JTA Select Implant Type 7488
		CARDIOLOGICAL IMPLANTATION DEVICES
	Coded Impl Select Coded Implant Type from	E.N.T
	Drop-Down List (If Applicant do	NEURO IMPLANTS ORTHOPAEDIC IMPLANTS
	not know the Code)	SURGICAL IMPLANTS
	OR	ODONTOLOGY
	Type of Implants:	CARDIOLOGICAL IMPLANTATION DEVICE
	Implant Name:	Select Implant Name ADD NEW
	Non-coded Implant details	
	Non-Coded Implants :	ADD NEW
4		

	1.01-11-2021	111	14-11-2021	
Claim Reimbursement	01-11-2021		14-11-2021	
Inbox / Saved claims				
Submitted claims	Select Type of Discharge :*		Normal discharge	*
B My Treatment History				
Reimbursement				
	Select Type of Treatment :*		Package O Non-Package	Both(Package & Non-Package)
Procedures				
Investigation				
E Rate List	Do you have any Indoor rela	ated OPD treatment?*:	Yes O No	
Tata Medical Center, Rajarnat				
Pay Bed / Clinic Of Govt. Hospital				
Other Private Empanelieu Hospitais	A. For Package Treat	tment:		
	Treatment From Date*		Treatment To Date*	
	01-11-2021		07-11-2021	
	De else go detaile			
	Package details			
	Search by code:		Type any three letter of package code / r	20
	Search by code.	Colort Implant Name	Type any three letter of package code / I	
	OR	PACEMAKER (SINGLE CHAMBER), ORDINARY (SSI AUTOCA	PTURE)	
	Trune of Deckara.*	PACEMAKER (SINGLE CHAMBER)- WITH RATE MODULATIC		
	Type of Package:*	PACEMAKER (DUAL CHAMBER) (DDD/DDDR/VDDR)	(0011)	
	Package Name:*	CRT (CARDIAC RESYNCHRONIZATION THERAPY)		ADD NEW
	Ŭ	AICD (AUTOMATIC IMPLANTABLE CARDIOVERTER DEFIBRI	ILLATER)	
		CRT PLUS AICD COMBINATION	,	
	SL NU CODE	BMS (BARE METAL STENT)(MADE OF STEEL)		NTADMISSIBLE(X) DELETE
	1 01003015 1	I BMS (BARE METAL STENT) (MADE OF ALLOY E.G. COBALT, C	HROMIUM, ETC.)	Delete
		DES (DRUG ELUTING STENT)- SIROLIMUS-ELUTING E.G. CY	PHER, ETC.	7488
Select Implant Name from Drop-		DES (DRUG ELUTING STENT)- HIGHER SIROLIMUS DERIVA	TIVES E.G. ENDEAVOUR, PROMUS, XCIENCE, E	TC.
Down List (If Applicant do not		DES (DRUG ELUTING STENT)- PACLITAXEL-ELUTING E.G. 17	AXUS, ETC.	
know the Code)	oded Implant deta	PDA- CLOSURE DEVICE		
know the code)		MITRAL BALOON EG INOUE BALOON		
	Search by implant name/	PULMONARY VALVOPLASTY BALOON		
	OR	MITRAL/ AORTIC HEART VALVE		
	OK	TTK CHITRA (MITRAL/ AORTIC HEART VALVE)		
	Type of Implants:	HEART VALVES- ANNULOPLASTY RING		
	Investment Names		Select Implant Name	
	Implant Name:		Select Implant Name	ADD NEW
	Non-coded Implant	details		
×	Non-Coded Implants :		ADD NEW	

Claim Reimbursement	01-11-2021	14-11-2021
Inbox / Saved claims		
Submitted claims	Select Type of Discharge :*	Normal discharge 🖌
My Treatment History		
Reimbursement		
	Select Type of Treatment :*	🔿 Package 👘 🔘 Non-Package 💿 Both(Package & Non-Package)
Procedures		
B Rate List	Do you have one Indoor related OPD treatment 24	
Tata Medical Center, Rajarhat	Do you have any indoor related OPD treatment?":	Yes O No
Pay Bed / Clinic Of Govt. Hospital		
Other Private Empanelled Hospitals	A. For Package Treatment:	
	8	
	Treatment From Date*	Treatment To Date*
	01+11-2021	07-11-2021
		07-11-2021
	Package details	
	Search by code:	Turn new three letter of parkage code / pap
	Search by code:	Type any three letter of package code / han
	OR	
	Type of Package.*	Select Package Type
	Type of Lackage.	
	Package Name:*	ADD NEW
	SL NO CODE PROCEDURE MAXIM	UM APPROVED RATE(₹) AMOUNT ADMISSIBLE(₹) DELETE
	1 01003015 MASTOIDECTOMY 15600	7488
		Click ADD NEW button
		to Enter Amount
	Coded Implant details	
	Search by implant name/code:	Search by implant code
	OR	
	Type of Implants:	CARDIOLOGICAL IMPLANTATION DEVICE
	Implant Name:	ASD/ VSD- CLOSURE DEVICE V ADD NEW
	Non-coded Implant details	
	Non-Coded Implants :	ADD NEW

Procedures Investigation Rate List Tata Medical Center,Rajarhat Pay Bed / Clinic Of Govt. Hospital	Do you have any Indoor related OPD treatment?*:	● Yes ○ No	5.A
Other Private Empanelled Hospitals	A. For Package Treatment: Treatment From Date*	Treatment To Date*	Enter Coded Implant Amount
	Package details	07-11-2021	
	Search by code: OR Type of Package:*	Type any three letter of package code / nan Select Package Type	
	Package Name:*	ADD NEW	D DELETE
	1 01003015 MASTOIDECTOMY 15	TOTAL- 7488	Delete
	Coded Implant details Search by implant name/code:	Search by implant code	
	OR Type of Implants:	Select Implant Type	
	Implant Name: SL NO CODE NAME	ADD NEW MAXIMUM APPROVED RATE(₹) CLAIMED AMOU	JNT(₹) DELETE
	ASD/VSD-CLOSORE DEVICE	TOTAL- 0	, resette
	Non-coded Implant details	ADD NEW	
	Total Number of Vouchers for Package Treatment :*		

Procedures			· 전화 · · · · · · · · · · · · · · · · · ·	3 A A	10000
■ Rate List Tata Medical Center,Rajarhat	Do you have any Ind	loor related OPD treatment?*:	Yes O No		
Pay Bed / Clinic Of Govt. Hospital Other Private Empanelled Hospitals	A. For Package	Treatment:			
	Treatment From Da	te*	Treatment To Date*		
	01-11-2021		07-11-2021		
	Package detai	ls			
	Search by code:		Type any three letter of package	code / nan	
	OR				
	Type of Package:*		Select Package Type	~	
	Package Name:*			ADD NEW	
	SL NO COD	E PROCEDURE	MAXIMUM APPROVED RATE(3) 5600 7488	AMOUNT ADMISSIBLE	() DELETE
	1 0100301	, MASTOIDECTOMT 1	TOTAL-	7488 A	pplicant can add
					more than One
	Coded Implan	t details		\	Implants
	Search by implant	name/code:	Search by implant code		
	OR		1.0 .		
	Type of Implants:		Select Implant Type	~	
	Implant Name:			ADD NEW	
	SL NO CODE	ASD / VSD, CLOSURE DEVICE	MAXIMUM APPROVED RATE(3)	CLAIMED AMO	UNT(3) DELETE
	2 03002001	HYDROPHOBIC FOI DABLE IOI	5000	1500	Delete
	2 00001001		TOTAL-	72500	Berete
	Non-coded Im	plant details			
	Non-Coded Implan	ts :	ADD NEW		
				<u>_</u>	
	TT - 1 - 1 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7	1 / D 1 / D + + +	1	1	

Treatment From Date*	Treat	nent To Date*			
25/11/2019	10/12	2/2 <mark>019</mark>	٢		
Package details					
Search by code:	Type a	ny three letter of pack	age code / nan		
OR					
Type of Package:*	GENER	RAL SURGERY	\sim		
Package Name:*	OPEN	DRAINAGE OFPERINEI	PHERIC ABSC ~	ADD NEW	
SL NO CODE PROCEDURE	MAXIMUM	APPROVED RATE	(₹) AMO	UNT ADMISS	IBLE(₹) DELE
1 01013008 DRAINAGE OF ISCHIORECTALABSCESS 2 01013010 OPEN DRAINAGE OFPERINEPHERIC ABSCESS	8000		8000 8400		Delete Delete
	11000	TOTAL-	0100	16400	Delete
Implant details	Search	by implant code			
Implant details Search by implant name/code: OR	Search	by implant code			
Implant details Search by implant name/code: OR Type of Implants (Coded):	Search	by implant code			
Implant details Search by implant name/code: OR Type of Implants (Coded): Implant Name:	Search OPTH SILICO	by implant code ALMOLOGY IN FOLDABLE IOL	~	ADD NEW	
Implant details Search by implant name/code: OR Type of Implants (Coded): Implant Name: SL NO CODE	Search OPTH SILICO MAXIM	i by implant code ALMOLOGY ON FOLDABLE IOL	~ ↓ ATE(₹)	ADD NEW	MOUNT(₹) DEL
Implant details Search by implant name/code: OR Type of Implants (Coded): Implant Name: SL NO CODE 1 03001003 PACEMAKER (DUAL CHAMBER) (DDD/DDDR/VDD 2 03002002 SILICON FOLDABLE IOL	Search OPTH SILICO MAXIN R) 1,20,000/- + VAT 4000	by implant code ALMOLOGY ON FOLDABLE IOL IUM APPROVED R. ' or the actual cost, wh	✓ ✓ ATE(₹) hichever is less	ADD NEW CLAIMED A1 71000 2500	MOUNT(₹) DEL Deleta Deleta
Implant details Search by implant name/code: OR Type of Implants (Coded): Implant Name: SL NO CODE 1 03001003 PACEMAKER (DUAL CHAMBER) (DDD/DDDR/VDD 2 03002002 SILICON FOLDABLE IOL	Search OPTH. SILICO MAXIN R) 1,20,000/- + VAT 4000	by implant code ALMOLOGY ON FOLDABLE IOL IUM APPROVED R ' or the actual cost, wh	✓ ✓ ATE(₹) nichever is less	ADD NEW CLAIMED A1 71000 2500 735	MOUNT(₹) DEL Deleta Deleta 00
Implant details Search by implant name/code: OR Type of Implants (Coded): Implant Name: SL NO CODE 1 03001003 PACEMAKER (DUAL CHAMBER) (DDD/DDDR/VDD 2 03002002 SILICON FOLDABLE IOL Non-Coded Implants :	Search OPTH. SILICO MAXIN R) 1,20,000/- + VAT 4000	ALMOLOGY ALMOLOGY IN FOLDABLE IOL IUM APPROVED RA ' or the actual cost, wh TOTAL-	✓ ✓ ATE(₹) nichever is less	ADD NEW CLAIMED AI 71000 2500 735 Click 'A to Fr	MOUNT(₹) DEL Deleta Deleta Deleta Deleta Deleta
Implant details Search by implant name/code: OR Type of Implants (Coded): Implant Name: SL NO CODE 1 03001003 PACEMAKER (DUAL CHAMBER) (DDD/DDDR/VDD 2 03002002 SILICON FOLDABLE IOL Non-Coded Implants : Total Number of Vouchers for Package Treatment :*	Search OPTH SILICO MAXIN R) 1,20,000/- + VAT 4000	ALMOLOGY N FOLDABLE IOL IUM APPROVED R ' or the actual cost, wh TOTAL-	✓ ✓ ATTE(₹) nichever is less	ADD NEW CLAIMED AI 71000 2500 735 Click 'A to En	MOUNT(₹) DELI Deleta Deleta 00 ADD NEW' butto iter Non-Coded Implants

	Implant details		
	Search by implant name/code:	Search by implant code	
	OR	S	
	Type of Implants (Coded):	OPTHALMOLOGY ~	
	Implant Name:	SILICON FOLDABLE IOL	ADD NEW
	SL NO CODE NAME	MAXIMUM APPROVED RATE(₹)	CLAIMED AMOUNT(₹) DELETE
	2 03002002 SILICON FOLDABLE IOL 4000	of a variation the actual cost, which ever is less	2500 Delete
		TOTAL-	73500
	Non-Coded Implants :	ADD NEW	
	SLNO DESCRIPTION I	AMOUNT CLAIMED(₹)	DELETE
	1 Non-Coded Implants 1 1400 2 Non-Coded Implants 2 800		Delete Delete
	TOTAL-	2200	
1. Enter Non- Coded Implant	Total Number of Vouchers for Package Treatment :*		
Name	Treatment From Date*	Treatment To Date*	
	dd / mm / yyyy	dd / mm / yyyy	2. Enter Amount
	Consultation details		
	Date of Consultation:	dd / mm / yyyy	
	Consulting Doctors:	Type doctor's name	
	Dorctors Degree:	~	ADD NEW
	Roomrent details		
1	Select room type	Select Bed Category ~	ADD NEW

Search by imp	lant name/code:	Search by implant code	
OR			
Type of Impla	nts (Coded):	OPTHALMOLOGY	\sim
Implant Name	:	SILICON FOLDABLE IOL	Y ADD NEW
SL NO CODE	NAME	MAXIMUM APPROVED RATE(₹)	CLAIMED AMOUNT(₹) DEL
1 03001003 2 03002003	3 PACEMAKER (DUAL CHAMBER) (DDD/DDDR/VDDR) 2 SILICON FOLDABLE IOL	1,20,000/- + VAT or the actual cost, whichever is le 4000	ess 71000 Delet 2500 Delet
		TOTAL-	73500
Non-Coded Im	plants :	ADD NEW	
SL NO	DESCRIPTION	AMOUNT CLAIMED(₹)	DELETE
1	Non-Coded Implants 1	1400	Delete
2	Non-Coded Implants 2	800	Delete
Fotal Number o	TOTAL-	2200	
Fotal Number of B. For Non	TOTAL- of Vouchers for Package Treatment :* -Package Treatment: m Dato*	2200	Enter total Voucher number (Need to be
Fotal Number of B. For Non	TOTAL- of Vouchers for Package Treatment :* -Package Treatment: m Date*	2200 Treatment To Date*	Enter total Voucher number (Need to be submit)
Fotal Number of B. For Non Freatment Fro dd / mm / yyyy	TOTAL- of Vouchers for Package Treatment :* -Package Treatment: m Date* on details	2200 Treatment To Date* dd/mm/yyyy	Enter total Voucher number (Need to be submit)
Fotal Number of B. For Non Freatment Fro dd / mm / yyyy Consultati Date of Consul	TOTAL- of Vouchers for Package Treatment :* -Package Treatment: m Date* on details	2200 Treatment To Date* dd / mm / yyyy	Enter total Voucher number (Need to be submit)
Fotal Number of B. For Non Freatment Fro dd/mm/yyyy Consultati Date of Consul Consulting Do	TOTAL- of Vouchers for Package Treatment :* -Package Treatment: m Date* on details Itation: ctors:	2200 Treatment To Date* dd / mm / yyyy dd / mm / yyyy Type doctor's name	Enter total Voucher number (Need to be submit)
Fotal Number of B. For Non Freatment Fro dd / mm / yyyy Consultati Date of Consul Consulting Do Dorctors Degr	TOTAL- of Vouchers for Package Treatment :* -Package Treatment: m Date* on details Itation: ctors: ee:	Z200 Treatment To Date* dd / mm / yyyy dd / mm / yyyy Type doctor's name	Enter total Voucher number (Need to be submit)
Fotal Number of B. For Non Treatment Fro dd / mm / yyyy Consultati Date of Consul Consulting Do Dorctors Degr Roomrent	TOTAL- of Vouchers for Package Treatment :* -Package Treatment: m Date* on details Itation: ctors: ee: details	Z200 Treatment To Date* dd / mm / yyyy dd / mm / yyyy Type doctor's name	Enter total Voucher number (Need to be submit)

Total Number of Vouchers for Package Treatment :*	
B. For Non-Package Treatment:	Input Your Doctor Name, Fees and Select Doctor's
Treatment From Date*	Treatment To Date* Degree
03-11-2021	06-11-2021
Consultation details	
Date of Consultation:	05-11-2021
Consulting Doctors:	MRN-89564:- SAUMITRA DUTTA
Dorctors Degree:	DM ADD NEW
Roomrent details	
Select room type	Select Bed Category
Coded Investigation details	
Search by code:	Enter three letters investigation code/name
OR	
Investigation type:	Select Investigation Type 🗸
Investigation Name:	ADD NEW
Non-coded Investigation details	
Non-Coded Investigations:	ADD NEW
Miscellaneous charges (₹)	Specify Miscellaneous Items
Fotal cost of Consumables (₹)	Cost on Special Nursing (₹)
Fotal cost of Medicines (₹)	Total Number of Vouchers for Non-package Treatment :*

03-11-2021		06-11-2021	
Consultation details			1. Click on "ADD NEW" button to add
Date of Consultation:		dd-11-2021	the consultation
Consulting Doctors:		Type doctor's name	
Dorctors Degree:			ADD NEW
SL NO DOCTOR NAME	DEGREE	CONSULTATION DATE	CONSULTATION FEE(₹) DELETE
1 SAUMITRA DUTTA	DM	05-11-2021	100 Delete
	l l	TOTAL-	100
Roomrent details			
Select room type		Select Bed Category	ADD NEW
Coded Investigation de Search by code: OR Investigation type: Investigation Name:	etails	to Enter Room Rent Details Select Investigation Type	2. Enter Doctor Consultation Fee
Non-coded Investigations:	on details	ADD NEW]
Miscellaneous charges (₹)		Specify Miscellaneous It	ems
Total cost of Consumables (₹)		Cost on Special Nursing	(₹)
Fotal cost of Medicines (₹)		Total Number of Vouche	rs for Non-package Treatment :*

<u>.</u>



	03-11-202	1				06-11-2021			
	Consul	tation details							
	Date of C	onsultation:				dd-11-2021			
	Consultin	ng Doctors:				Type doctor's name			
	Dorctors	Degree:					V ADD I	NEW	
	SL NO	DOCTOR NAME	DEGREE		CONSULT	ATION DATE	CONSU	LTATION FEE(₹)	DELETE
	1	SAUMITRA DUTTA	DM	05-11-2	021		100		<u>Delete</u>
					т	TAL-		100	
	Room	ent details							
	Select roo	om type				Select Bed Category	× ADD I	NEW	
	SL NO	ROOM TYPE	ADMITTED F	ROM	ADMITTED TO	FOOM RENT/DAY(₹)	TOTAL R	OOM RENT(₹)	DELETE
	1	GENERAL 03	-11-2021 📋		dd-11-2021	600	Challe Christelen Balei		Delete
			1		November, 2021 -	1		0	
	Coded	Torrent action dat	ana		Mo Tu We Th Fr Sa	Su			
	Coded	investigation det	ans		1 2 3 4 5 6	7			
	Search by	v code:			15 16 17 18 19 20	21	de/name		
	Investiga	tion type:			22 23 24 25 26 27	28 :t Investigation Type	~		
Select admission and	Investiga	tion Name:			29 30 1 2 3 4	5.	V ADD I	NEW	
discharge date					0 / 0 9 10 11	12			
	Non-co	ded Investigation	n details		- Creat				
	Non-Code	ed Investigations:				ADD NEW			
	Miscellan	eous charges (₹)				Specify Miscellaneous Items			
		eous enui ges (1)				Speeny Photonineous items			
	Total cost	of Consumables (?)				Cost on Special Nursing (₹)			
	lotarcost	or consumables (x)							
	Miscelland Total cost	eous charges (₹) of Consumables (₹)				Specify Miscellaneous Items Cost on Special Nursing (₹)			

Iotal Number of vo	uchers for Pa	ackage I	reatment :*	18			
B. For Non-Pa	ckage Tre	atmer	nt:				
Treatment From Da	ate*			Treatment To	Date*	Click (ADD NEW/	buttor
28/11/2019		8		09/12/2019	8	to add more tha	an one
Consultation	details					Investigatio	on
Date of Consultatic	on:			03/12/2019	0		
Consulting Doctors	S:			MRN-89564:- SA	AUMITRA DUTTA		
Dorctors Degree:				FRCS	~	ADD NEW	
SL NO DOCTOR	R NAME D	DEGREE		CONSULTATION DATE	CON	SULTATION FEE(₹)	DELE
1 SAUMITRA I	DUTTA FR	RCS	2019-12-03	TOTAL	200	200	<u> Eelete</u>
Select room type	ans			GENERAL	~	ADD NEW	-
Select room type	ADM	IITTED F	FROM	GENERAL ADMITTED TO	ROOM RENT/DAY(3	ADD NEW TOTAL ROOM RENT(₹)	DEL
Select room type SL ROOM NO TYPE 1 GENERAL	ADM	IITTED F	⁷ ROM ⊗	GENERAL ADMITTED TO	ROOM RENT/DAY(₹ ⊗600	ADD NEW TOTAL ROOM RENT(₹) 4200	DEL
Select room type SL ROOM NO TYPE 1 GENERAL	ADM	UTTED F	°ROM ⊗	GENERAL ADMITTED TO 09 / 12 / 2019 TOTAL-	× ROOM RENT/DAY(₹ ⊗600	ADD NEW TOTAL ROOM RENT(₹) 4200 4200	DEL Dele
Select room type SL ROOM NO TYPE 1 GENERAL 0 Investigation	ADM 2/12/2019 details	IITTED F	ROM ©	GENERAL ADMITTED TO 09/12/2019 TOTAL-	ROOM RENT/DAY(₹	ADD NEW TOTAL ROOM RENT(₹) 4200 4200	Dele
Select room type SL ROOM NO TYPE 1 GENERAL 0 Investigation Search by code:	ADM 2/12/2019 details	UTTED F	ROM ©	GENERAL ADMITTED TO 09 / 12 / 2019 TOTAL- Enter three lette	✓ ROOM RENT/DAY(₹ 600 ers investigation code/name	ADD NEW TOTAL ROOM RENT(₹) 4200 4200	Dele
Select room type SL ROOM NO TYPE 1 GENERAL 0 Investigation Search by code: OR	ADM 2/12/2019 details	IITTED F	ROM ©	GENERAL ADMITTED TO 09 / 12 / 2019 TOTAL- Enter three lette	ROOM RENT/DAY(₹	ADD NEW TOTAL ROOM RENT(₹) 4200 4200	Dele
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Select room type SL ROOM NO TYPE 1 GENERAL 0 0 Investigation Search by code: OR Investigation type	ADM 2/12/2019 details (Coded): e:	UTTED F	ROM ©	GENERAL ADMITTED TO 09 / 12 / 2019 TOTAL- Enter three lette GENERAL E.C.G.	Second S	ADD NEW TOTAL ROOM RENT(₹) 4200 4200 4200	Delet
Select room type SL ROOM NO TYPE 1 GENERAL 0 Investigation 0 Search by code: 0 OR Investigation type Investigation Name 0 Non-Coded Investig 0	ADM 2/12/2019 details (Coded): e: gations:	ITTED F	ROM	GENERAL ADMITTED TO 09 / 12 / 2019 TOTAL- Enter three lette GENERAL E.C.G. ADD NEW		ADD NEW TOTAL ROOM RENT(₹) 4200 4200 4200	Delet



	Investigation details		
	Search by code:	Enter three letters investigation code/name	
	OR		
	Investigation type (Coded):	GENERAL	
	Investigation Name:	JOINTS ASPIRATION	
	SL NO CODE NAME MAXIMUM	M APPROVED RATE(₹) AMOUNT ADMISSIBLE(₹) DELET	Е
	1 02001006 E.C.G. 140 2 02001005 JOINTS ASPIRATION 750	140 Delete 750 Delete	
		TOTAL- 890	
	Non-Coded Investigations:	ADD NEW	
	SL NO DESCRIPTION	AMOUNT CLAIMED(₹) DELETE	
	TOTAL-	400 Delete	
1. Enter Miscellaneous Charges	Miscellaneous charges (₹) 1500	Specify Miscellaneous Items Miscellaneous Items 1 2. Enter Miscellaneous Items	IS
3. Enter Total cost of Consumables	Total cost of Consumables (₹)400	Cost on Special Nursing (₹) 4. Enter Special 4000 • 4000 • Nursing Fees •	\mathcal{D}
5. Enter total cost of Medicines	Total cost of Medicines (₹) 1540	Total Number of Vouchers for Non-package Treatment : 17	
	For indoor related OPD Treatment	6. Enter total cos of Medicines	t)
	Date of Consultation		ノ
	Consulting Doctor	Type doctor's name	
4	Dorctors Degree:	ADD NEW	
	Outdoor Investigation details		

Outdoor consultation details	2. Click on "ADD
Date of Consultation:	06/12/2019
Consulting Doctor:	MRN-89564:- SAUMITRA DUTTA
Dorctors Degree:	FRCS ADD NEW
SL NO DOCTOR NAME DEGREE	CONSULTATION DATE CONSULTATION FEE(3) DEL
1 SAUMITRA DUTTA FRCS 06/12/2019	TOTAL- 200 Delet
Search by code: OR	Search by investigation code
OR	
Investigation Type (Coded):	Select Investigation Type
Investigation Name:	ADD NEW
Select Investigation Centre Name :	DESUN HOSPITAL & HEART INSTITUTE
Class of investigation centre:	Class 1
Miscellaneous Charges (₹)	Specify Miscellaneous Items
	·
Fotal cost of Special Devices (₹)	Specify Special Devices

Permission ID :

Outdoor Investigation details	
Search by code:	Search by investigation code
OR	
Investigation Type (Coded):	GENERAL
Investigation Name:	ABDOMINAL ASPIRATION DIAGNOSTIC ADD NEW
Select Investigation Centre Name :	DESUN HOSPITAL & HEART INSTITUTE
Class of investigation centre:	Class 1
Miscellaneous Charges (₹)	Specify Miscellaneous Items Click 'ADD NEW' button to add Date
Fotal cost of Special Devices (₹)	Specify Special Devices
Fotal cost of Medicines (₹)	Total number of voucher for OPD*
Permission ID :	
Permission Approval Message :	
Fotal Amount Claimed (₹) :- CALCULATE	
Fotal Number of Vouchers for Indoor Treatment :	
	Draft Save

sea	rch by code	e:		Search by investigation code		
OR	L					
Inve	estigation '	Type (Coded):		GENERAL		
Investigation Name: Select Investigation Centre Name :				ABDOMINAL ASPIRATION DIAGNOSTIC ADD NEW DESUN HOSPITAL & HEART INSTITUTE		
			me :			
Clas	ss of invest	igation centre:		Class 1		
SL NO	CODE	NAME	CENTRE NAME	DATE MAXIMUM AMOUNT APPROVED RATE(₹) ADMISSIBLE(₹)	, I	
1	A	ABDOMINAL				
1	02001002A	DIAGNOSTIC	DESUN HUSPITAL & HEART INSTITUTE	900 900 4 December, 2019 →	L	
				Su Mo Tu We Th Fr Sa TOTAL- 900		
1				1 2 3 4 5 6 7		
				8 9 10 11 12 13 14 15 16 17 18 19 20 21		
Mise	allanaana	Changes (F)		22 23 24 25 26 27 28 c toms		
	enaneous	charges (1)		Select Inves	tiga	
	tenaneous	charges (x)		29 30 31 1 2 3 4 Today: December 19 2019	tiga ate-l	
Tota	l cost of Sp	charges (₹)		29 30 31 1 2 3 4 Today: December 19, 2019	tiga ate-l	
Tota	ll cost of Sp	charges (₹)		29 30 31 1 2 3 4 Today: December 19, 2019 Specify Special Device Date from Date	tiga ate-l	
Tota	l cost of Sp	oecial Devices (₹)		29 30 31 1 2 3 4 Today: December 19, 2019 Specify Special Device Date from Date	itiga ate-l	
Tota	l cost of Sp	edicines (₹)		29 30 31 1 2 3 4 Today: December 19, 2019 Specify Special Device Date from Date Total number of voucher for OPD*	itiga ate-l	
Tota	l cost of Sp	edicines (₹)		29 30 31 1 2 3 4 Today: December 19, 2019 Specify Special Device Date from Date Total number of voucher for OPD*	itiga ate-l	
Tota Tota Perr	l cost of Sp l cost of M nission ID	edicines (₹)		29 30 31 1 2 3 4 Select Investor Today: December 19, 2019 Date from Date Specify Special Device Total number of voucher for OPD*	itiga ate-l	
Tota Tota Pern Pern	l cost of Sp cost of M nission ID nission Ap	edicines (₹) edicines (₹) : proval Message :		29 30 31 1 2 3 4 Today: December 19, 2019 Specify Special Device Date from Date Total number of voucher for OPD*	tiga ate-I	
Tota Tota Perr Perr	ll cost of Sp al cost of M mission ID mission Ap	edicines (₹) edicines (₹) : proval Message : Claimed (₹) :-		Select Investore Select Investore Date from Da	tiga ate-I	

Investigation Name:	ADD NEW
Select Investigation Centre Name :	R N TAGORE INTERNATIONAL INSTITUTI
Class of investigation centre:	Class 1 🗸
Miscellaneous Charges (₹)	Specify Miscellaneous Items
Total cost of Special Devices (₹)	Specify Special Devices
Total cost of Medicines (₹)	Period of Post Discharge Medicine Consumption
Total number of voucher for OPD*	
Permission details	
Permission ID :	
Permission Approval Message :	
Total Amount Claimed (₹) :-	Check Total Amount and Total Voucher
Total Number of Vouchers for Indoor Treatment -	Number to be submit then click on "CALCULATE"
Iotal Number of Volchers for Indoor Treatment.	Draft Save
	lick on 'SAVE'
Content Provided by the Finance Department, Government of West Bengal. Site Best Viewed in Google Chrome 30.0/ Firefox 36.0 or lat	ter

Type of Package:*	GENERAL
Package Name:*	SPECIAL NURSING CHARGE (PER SHIFT O V ADD NEW
SL NO CODE PROCEDURE 1 01001008 SPECIAL NURSING CHARGE (PER SHIFT OF 12 HRS.)	MAXIMUM APPROVED RATE(₹)AMOUNT ADMISSIBLE(₹)DEL150150DeletTOTAL-150
Implant details	
Search by implant name/code:	Search by implant code
OR	
Type of Implants (Coded)	Select Implant Type
Non-Coded Implants : Non-Coded Implants : Claim ID C20203000006 saved Success ! Claim ID C20203000006 saved successfully. You can view, edit or subm claim on next screen. Permission ID : OK Permission Approval Message . Total Amount Claimed (₹) :- CALCULATE \$, 150/, Rupees One Hundred and Eifty Only.	it Click on this button 0 bcbc approved
Fotal Number of Vouchers for Indoor Treatment :	10 Save



Form-D3

Form-D3

Reimbursement for cost of Non-Cashless In-Patient Department (IPD) treatmen	t in
Empanelled/Enlisted Hospital	
Under West Bengal Health Scheme	

(Generated by employee from Health Portal)

To

The PRINCIPAL

WBHS Demo College

Sir / Madam,

I am submitting a claim of Rs. 118250 (Rupees One Lakhs Eighteen Thousand Two Hundred and Fifty Only)towards reimbursement for cost of non-cashless In-Patient Department (IPD) treatment at empanelled / enlisted hospital under West Bengal Health Scheme as per details stated below:

Part-I[General Information]

oyee.		
KRISHNENDU PAUL	HRMS ID	G190000002
G19000000226101988	Claim Application ID	C20203000023
PRIVATE	Date of Enrolment	01/02/2019
nt, Treating Hospital and Condonation Re	quirement, if any.	
Name of Patient	KRISHNENDU PAUL	
Beneficiary ID	G190000002/1	
Relationship with Employee	SELF	
Name of Empanelled/Enlisted hospital where treatment is availed.	TATA MEDICAL CENTER	
Code of Hospital	0411084	
Class of Entitlement of Hospital Class- 1		
Address of Hospital	14 MAJOR ARTERIAL RO KOLKATA-700160	AD, NEWTOWN,
2.3 Requirement of approval of delay Condonation, if any		
ant (Applicable in case of death of employed	ee)	
Name of Claimant	-	Relation
N/A		N/A
	oyee. KRISHNENDU PAUL G19000000226101988 PRIVATE Int. Treating Hospital and Condonation Reserve Relationship with and Condonation Reserve Name of Patient Beneficiary ID Relationship with Employee Name of Empanelled/Enlisted hospital where treatment is availed. Code of Hospital Class of Entitlement of Hospital Address of Hospital Address of Hospital Requirement of approval of delay Condonation, if any Name of Claimant N/A	oyee. KRISHNENDU PAUL HRMS ID G19000000226101988 Claim Application ID PRIVATE Date of Enrolment nt, Treating Hospital and Condonation Requirement, if any. Name of Patient Name of Patient KRISHNENDU PAUL Beneficiary ID G1900000002/1 Relationship with Employee SELF Name of Empanelled/Enlisted hospital where treatment is availed. TATA MEDICAL CENTER Code of Hospital O411084 Class of Entitlement of Hospital Class- 1 Address of Hospital V/A Requirement of approval of delay Condonation, if any N/A Name of Claimant N/A

Form - D3

Reimbursement for cost of Non-Cashless In-Patient Department (IPD) treatment in Empanelled/Enlisted Hospital

Under West Bengal Health Scheme

4. Permis	sion Details (If any)			
SI. No.	Permission sought for	Details of permission approval		
4.1	For treatment availed in empanelled private hospital within West Bengalsee close 34 of Center No. 200 and 227. doted and 2278 (MED) doted.04.09.2011	Permission ID : 125478 Permission approval Mess APPROVED	a gar	
4.2	For treatment availed in enlisted	Memo No.	= M/A	
	clause 14 of Order No.7287, dated	Date	±	
19.09.2008).		Designation / Authority	+ N/A	
		U.O. No. and date of High Bengal, if any : N/A	er Education Deptt., We	

Part-II [Expenditure Statement of IPD treatment]

5. P	eriod of treatment				100	
	Admission Date	29/06/2020		Discharge dat	te 05/07/2020	
6. 7	Type of Discharge		1		111 Contraction of the local sector of the loc	
SI. NO.	Type of Discharge	Tick mark in appropriate box	SI. No.	Type of Discharge	Tick mark in appropriate box	
6.1	Normal Discharge	62	6.2	Referral		
6.3	Discharge on Risk Bond		6.4	Death	0	
7. A	mount Claimed for	· · · ·				
SI. No.	Type of Treatment				Tick mark in appropriate box	
7.1	Only Procedural/ Package Treatm	ACTVE.			0	
7.2	Only Non-Procedural/ Non-Packa	ge Treatment				
7.3	Both Procedural/ Package and No	m- Procedural/ N	on-Packa	ager Trenatoriation	193	
7.1	Details of Procedural/ Package Tr	eatment				
Period e	of Procedural/Package Treatment	From : 30/06/20	20	To:05/07/3	2020	
-	Name of Procedures	Packages	Proc	edure Code	Amount Claimed (Rs.	
	MINOR ORAL SUP	KERY		06008006	6-	
	CRYOPRESERVATION	N(DAY 2)		06006005	11550	
				Total-	11614	

Reimbursement for cost of Non-Cashless In-Patient Department (IPD) treatment in Empanelled/Enlisted Hospital

Under West Bengal Health Scheme

(Generated by employee from Health Portal)

	11. Details of Medical Advance, if any						
PDF view of claim	lame of Treasury from where it was drawn	DDO Code	Designation of DDO	Treasury Voucher No.	Treasury Voucher Date	Amount(Rs.)	
	N/A	N/A	N/A	N/A	N/A	N/A	

Part-V [Refund of Medical Advance]

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

Part-VI [Details of Discount and Insurance Coverage]

13. Details	of Discount and Insurance	e Coverage, if any	
SI. No	Particulars	Amount (Rs.)	Remarks
1.	Discount	N/A	N/A
2.	Insurance Coverage	N/A	N/A
let Claim: (Pd	irt-II plus Part-III minus Part IV	minus Part VI] or [Part-II plus Part-III	minus Part IV plus V minus Part VI]
	118250	Rupees One Lakhs Eighteen Tho	usand Two Hundred and Fifty Only

Part-VII [Declaration of Employee

I hereby declare that the statements made in the application for claim are 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 personally responsible and liable for taking disciplinary action in terms of WBS (CCA) Rules 1971 if the claim finds false and malafide due to any suppression of facts. I am enclosing the following instrument to substantiate my claims in sequential manner.

[List of Enclosures]

	Under West Bengal Health Scheme		
	(Generated by employee from Health Portal)		
SI. No.	Name/Particulars of enclosures to be attached	Enclosed or no	ot (Please Ticl
1	Bill Summary of Indoor Treatment and OPD treatment	Yes	No 🖬
2	Money Receipts of both Indoor and OPD treatment in sequence manner (In chronological order)	Yes 🖸	No 🗖
з.	Copy of related OPD Prescriptions (if claimed)	Yes 🗖	No 🗖
4	Copy of Discharge Summary (Case summary in case of death) and OT note copy of death certificate	Yes CI	No 🗖
5,	Copy of permission granted if any.	Yes	No D
6	Copy of compliance of clause (3) or (4) or (5) as per Memo No 11253(80) F (MED), dated 16/12/2016	Yes	No EI
7.	Copy of Detailed Bill of Indoor Treatment	Yes	No 🖬
8	Original copy of Voucher/ Tax Invoice/Challan of Implants	Yes D	No CJ
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, a. An affidavit on stamp paper by claimant b. No objection from other logal heirs on stamp papers c. Copy of death certificate	Yes D Yes D Yes D	
1.1.	Filled ECS mandate form in case of those, whose bank details is not available in IFMS (In case of first claim only)	Yes 🖬	No 🗆
12	Any other instruments (Specify)	Yes D	No D

Designation :

Claim For In-Patient Department (IPD) treatment in Non-Empanelled Hospital (FORM-D2)





Finance Department	WEST BENGAL H	IEALTH	SCHEME PC	ORTAL	*
Government of West Bengal	For Bene	FICIARIES OF GRAN	T-IN-AID COLLEGES		
Logged in as - G1900000002					LOGOUT
<u> Collapse All / Expand All</u>					alast (No/ For Nor
■ My Account Home	General Information				Empanelled
View Registration Change Password Update Bank Details	Whether Hospital is Empanelled under W	VBHS:	○ YES	• NO	
My Request Seek Permission Permission Response	Select Hospital District :		Select District	~	
My Claim Advance Claim Claim Reimbursement	Hospital Name		Hospital Address	h.	
Inbox / Saved claims Submitted claims	Clinical Estb. Licence No.	Valid upto		Total No. of bed of the hospita	1
My Treatment History Reimburgement	Please Enter Licence Number				
Identical Codes Procedures Investigation	Beneficiary Name		Beneficiary ID of Pat	tient	
Rate List Tata Medical Center, Rajarhat Pay Bed / Clinic Of Govt. Hospital	Relation with Applicant		Applicant Name		
Other Private Empanelled Hospitals	Applicant Beneficiary ID		Residential Address		
	Name of College		College Address		
	Applicant's Designation		Basic Pay(ROPA 200	9)/Basic Salary(ROPA 2019)	
	Select Treatment type				`
	Select Treatment type				



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Finance Department Government of West Bengal	WEST BENGAL HEALTH SCHEME PORTAL For Beneficiaries of Grant-in-Aid Colleges of West Bengal				
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Collapse All / Expand All					
/ My Account	General Information Indoor				
Home					
View Registration	Claim Application ID: C20212000050				
Undate Bank Details	cianii Application ID. 020212000050				
My Request	Admission Data*	Discharge Date*			
Seek Permission					
Permission Response		28-11-2021			
My Claim					
Advance claim Claim Reimbursement	Select Type of Discharge :*	Normal discharge			
Inbox / Saved claims	Select Type of Treatment :*	Package Non-Package O Non-Package Both (Package & Non-Package)			
Submitted claims					
My Treatment History	A. For Package Treatment:				
Reimbursement					
Procedures	Treatment From Date*	Treatment To Date*			
Investigation	10-11-2021	19-11-2021			
Rate List					
Tata Medical Center, Rajarhat	Package details				
Pay Bed / Clinic Of Govt. Hospital					
Other Private Empanened Hospitals	Search by package code:	01020005(THORACOPLASTY)			
	OR				
	Time of Dackage.				
	Type of Package.				
EtH also	Package Name:	THORACOPLASTY			
Fill the					
	SL NO CODE PACKAGE NAME	MAXIMUM APPROVED RATE(₹) AMOUNT ADMISSIBLE(₹) DELETE			
necessary	1 01001001 CONSULTATION BY MEDICAL OFFICER (OPD)	150 120 <u>Delete</u>			
		TOTAL- 120			
details					
	Coded Implant details				
	Search by implant name/code:	Type three letter of implant code or name			
	OD	Activate windows			
	UK	Go to Settings to activate			
	Type of Implants:	Select Implant Type			
	Implants Name:	ADD NEW			

	OR Type of Implants: Implants Name:	Select Implant Ty	pe ADD NEW	
	SL NO CODE NAME	MAXIMUM APPROVED RATE(₹)	AMOUNT CHARGED BY HOSPITAL(₹)	AMOUNT ADMISSIBLE(₹) DELETE
	1 03001003 PACEMAKER (DUAL CHAMBER) (DDD/DDDR/VDDR)	1,20,000/- + VAT or the actual cost, whichever is less	TOTAL-	80 <u>Delete</u> 80
	Non-coded Implant details			
	Non-Coded Implants :	ADD NEW		
	Total Number of Vouchers for Package Treatment :*	10		
	Discount and Insurance Coverage (if any):			
Click on calculate	Discount(₹)			
button to calculate the total	Insurance Coverage(₹)			
amount	Total Amount Claimed (₹) :* CALCULATE ₹ 200/- Rupees Two Hundred Only			
Click Save"	on "Draft to save the claim	10 Draft Save		
		THE INPUTS WITH '8' MARKS ARE MANDATORY	DATA.	

Home

WEST BENGAL HEALTH SCHEME PORTAL

FOR BENEFICIARIES OF GRANT-IN-AID COLLEGES



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FOR BENEFICIARIES OF GRANT-IN-AID COLLEGES OF WEST BENGAL

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■ My Request

Seek Permission

Permission Response

■ My Claim Advance Claim

Claim Reimbursement

Inbox / Saved claims

Submitted claims

■ My Treatment History Reimbursement

■ Identical Codes

Procedures

Investigation Rate List

Tata Medical Center, Rajarhat

Pay Bed / Clinic Of Govt. Hospital

Other Private Empanelled Hospitals

Co

Pending for submission(37) • Objected(3)

List of Saved Reimbursment Claims

Claim Generation Date	Claim ID	Claim Type	Patient Name	Patient Beneficiary ID	Relation with Applicant	Edit Claim	Submit Claim	View Claim	Delete Claim
Jul 05, 2020	C20203000021	INDOOR & INDOOR RELATED OPD	KRISHNENDU PAUL	G190000002/1	SELF	2	Submit	View	Delete
Jul 06, 2020	C20201000006	OPD	KRISHNENDU PAUL	G190000002/1	SELF	2	Submit	View	Delete
Jul 08, 2020	C20201000007	OPD	KRISHNENDU PAUL	G190000002/1	SELF	2	Submit	View	Delete
Jul 08, 2020	C20203000023	INDOOR & INDOOR RELATED OPD	KRISHNENDU PAUL	G190000002/1	SELF	2	Submit	View	Delete
Jul 08, 2020	C20203000024	INDOOR & INDOOR RELATED OPD	KRISHNENDU PAUL	G190000002/1	SELF	2	Submit	View	Delete
			12	2345678		T			
Provided by the Financ	e Department, Go Best Viewed in (overnment of West Ben Google Chrome 30.0/ Fi	gal. Site Designed, H refox 36.0 or later.	losted and Maintained t	by NIC. Cli	ck on '(edit Cla	DK' to)	



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My Request

Inclusion/Exclusion Of Benefic Change Photo/Sign/Blood Grou Update Personal Information Transfer Request Exit Scheme My Claim

Claim Reimbursement Inbox / Saved claims Submitted claims My Treatment History Non Cashless Treatment Indoor & Indoor related OPD

Claim Application ID: C20203000006

Category of Empanelled Hospital : Private Empanelled Hospital

Beneficiary Name KRISHNENDU PAUL

Relation with Applicant SELF

Applicant Beneficiary Id G190000002/1

College Name HERAMBA CHANDRA COLLEGE

Applicant Designation ASSISTANT PROFESSOR

For Indoor Treatment:

0

Addmission Date*

Hospital Name RUBY GENERAL HOSPITAL

Beneficiary ID of Patient

G190000002/1

Applicant Name KRISHNENDU PAUL

Applicant Residence Address KOLKATA

College Address 23/49, GARIAHAT ROAD, KOLKATA - 700 029

0

Basic Pay 51000

Discharge Date*



V.

意







WEST BENGAL HEALTH SCHEME PORTAL

FOR BENEFICIARIES OF GRANT-IN-AID COLLEGES OF WEST BENGAL

Pending for submission(37)

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My Request

Seek Permission

Permission Response

B My Claim

Advance Claim

Inbox / Saved claims

Submitted claims

My Treatment History

Reimbursement

Identical Codes

Procedures

Investigation

■ Rate List

Tata Medical Center, Rajarhat Pay Bed / Clinic Of Govt. Hospital

Other Private Empanelled Hospitals

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List of Saved Reimbursment Claims

Objected(3)

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Click on 'View' to

view claim



WEST BENGAL HEALTH SCHEME PORTAL



Form - D2

Form - D2

Reimbursement for cost of In-Patient Department (IPD) treatment in Non-Empaneller
Hospital
Under West Bengal Health Scheme

(Generated by employee from Health Portal)

To

The PRINCIPAL

WBHS Demo College

Sir / Madam,

I am submitting a daim of Rs. 162500 (Rupees One Lakhs Sixty Two Thousand Five Hundred Only) towards reimbursement for cost of Out-Patient Department (OPD) treatment at empanelled / enlisted hospital under West Bengal Health Scheme as per details stated below:

1. Details of Empl	oyee.			
Full Name	KRISHNENDU PAUL	HRMS ID	G190000002	
Enrolment ID No.	G19000000226101988	Claim Application ID	C20202000002	
Bed Entitlement	PRIVATE	Date of Enrolment	01/02/2019	
2. Details of Patie	nt, Treating Hospital and Condonation Req	uirement, if any.		
2.1	Name of Patient	KRISHNENDU PAUL		
	Beneficiary ID	G190000002/1		
	Relationship with Employee	SELF		
2.2	Name of Non-Empanelled/hospital where treatment is availed.	ABS jin		
	Bed Capacity of Hospital	11		
	CE Licence No.	jnin		
	CE Licence valid up to	22/09/2037		
	Address of Hospital	hbjhk		
2.3	Requirement of approval of delay Condonation, if any	N/A		
3.Details of Claims	ant (Applicable in case of death of employee	i)		
SI. No.	Name of Claimant	-	Relation	
3.1	N/A	N/A		

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

	Admission Date	01/06/2020		Discharge date	14/06/2020
5. Type	e of Discharge				
SI. No.	Type of Discharge	Tick mark in appropriate box	5I. No.	Type of Discharge	Tick mark in appropriate box
3.2	Normal Discharge	Ø	5.2	Referral	۵
7/	ischarge on Risk Bond		3.4	Death	

Reimbu	rsement for cost of In-Pate	ent Depa Hosi	<u>rtment (II</u> pital	20) treatmer	nt in N	on-Empanelled		
	Under	West Beng	al Health Sci	neme				
				tai)				
6. Amo	unt C PDF view	v of	clain	ר ו		Ş		
SI, No.						Tick mark in appropriate box		
6.1 0	nly Procedural/ Package Treatm	nent						
6.2 0	Only Non-Procedural/ Non-Package Treatment							
6.3 B	Both Procedural/ Package and Non- Procedural/ Non-Package Treatm					2		
6.1 D	etails of Procedural/ Package T	reatment	or second					
Period of P	of Procedural/Package Treatment From : 01/06/2020 To : 07/0			6/2020				
SI. No	Name of Pr	ocedures/	Packages		Am	Amount Claimed (Rs.)		
1	EXTENSIVE BURN ABOVE30 PERCENT FIRST DRESSING (EXCLUDING DRESSINGMATERIALS AND MEDICINES)					900		
		Tota			al-	900		
6.2 D	etails of Implants Used				10			
SI. No	Nem	Name of Implants			Amount Claimed (Rs.)			
1	BILATER	AL HEARING	S AID		9000			
2		hbbh				100		
		1.1512000		Tot	al-	9100		
6.3 D	etails of Non-Procedural/ Non-	Package Tr	eatment					
Period of N	iod of Non-Procedural/Non-Package Treatment From 08/06/2020				То	14/05/2020		
6.3.1	Room/Bed Rent							
8	Room Type		From	To	Amount Claimed (Rs.) 6480			
	PRIVATE	1	6/8/2020 12:00:00 AM	6/13/2020 12:00:00 AM				
6.3.2	Consultation Fees					150000		
6.3.3	Pathological and Radiological In	vestigation	ns		1230			
6.3.4	Medicines	ledicines				410		
6.3.5	Consumables	Consumables						
6.3.6	Special Nursing/Ayah Charges	pecial Nursing/Ayah Charges						
6.3.7	Miscellaneous. (If Any Specify)				110			
8				Total-	ĕ	152500		
			No	of Vouchers-	ŝ -	21		
8	101	Total Treat	ment Cost	6.1+6.2+6.3]	ž.	162500		
Net Clair	m : (Part-II)	4,12				3		
	162500	Rups	ees One Lak	hs Sixty Two Tho	usand R	ive Hundred Only		

Form - D2

Reimbursement for cost of In-Patient Department (IPD) treatment in Non-Empanelled

Hospital

Under West Bengal Health Scheme

(Generated by employee from Health Portal)

Part-III [Declaration of Employee]

I hereby declare that the statements made in the application for claim are 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 personally responsible and liable for taking disciplinary action in terms of WBS (CCA) Rules 1971 if the claim finds false and malafide due to any suppression of facts. I am enclosing the following instrument to substantiate my claims in sequential menner.

[List of Enclosures]

SL No.	Name/Particulars of enclosures to be attached	Enclosed or not(Please Tick)	
1.	Annexure-II duly signed with proper stamp by the Medical Superintendent of a Non-Empanelled Hospital	Yes 🗆	No 🗆
2.	Bill Summary	Yes 🗆	No 🗆
3.	Money Receipts in sequence manner (In chronological order)	Yes 🗆	No 🗆
4.	Copy of Discharge Summary (Case summary in case of death) and OT note and copy of death certificate	Yes 🗆	No 🗆
5.	Detailed Bill	Yes 🗆	No 🗆
6.	Original copy of Voucher/ Tax Invoice/ Challan of Implants	Yes 🗆	No 🗆
7.	Copy of investigation/ test report in sequence manner (In chronological order)	Yes 🗆	No 🗆
8.	Copy of OT Note in case of procedural/package treatment and treatment summary or bed head ticket in case of non- procedural/package treatment	Yes	No 🗆
9.	In case of death of Employee, a. An affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate	Yes D Yes D Yes D	
10.	Filled ECS mandate form in case of those, whose bank details is not available in IFMS(In case of first claim only)	Yes	No 🗆
11.	Any other instruments (Specify)	Yes 🗆	No 🗆

Date:

Signature of the Employee/Claimant:

Name in Block Letters :

Designation :



Thank You...