



Finance Department, GoWB

WEST BENGAL HEALTH SCHEME

For Grant-in-Aid Colleges & Universities



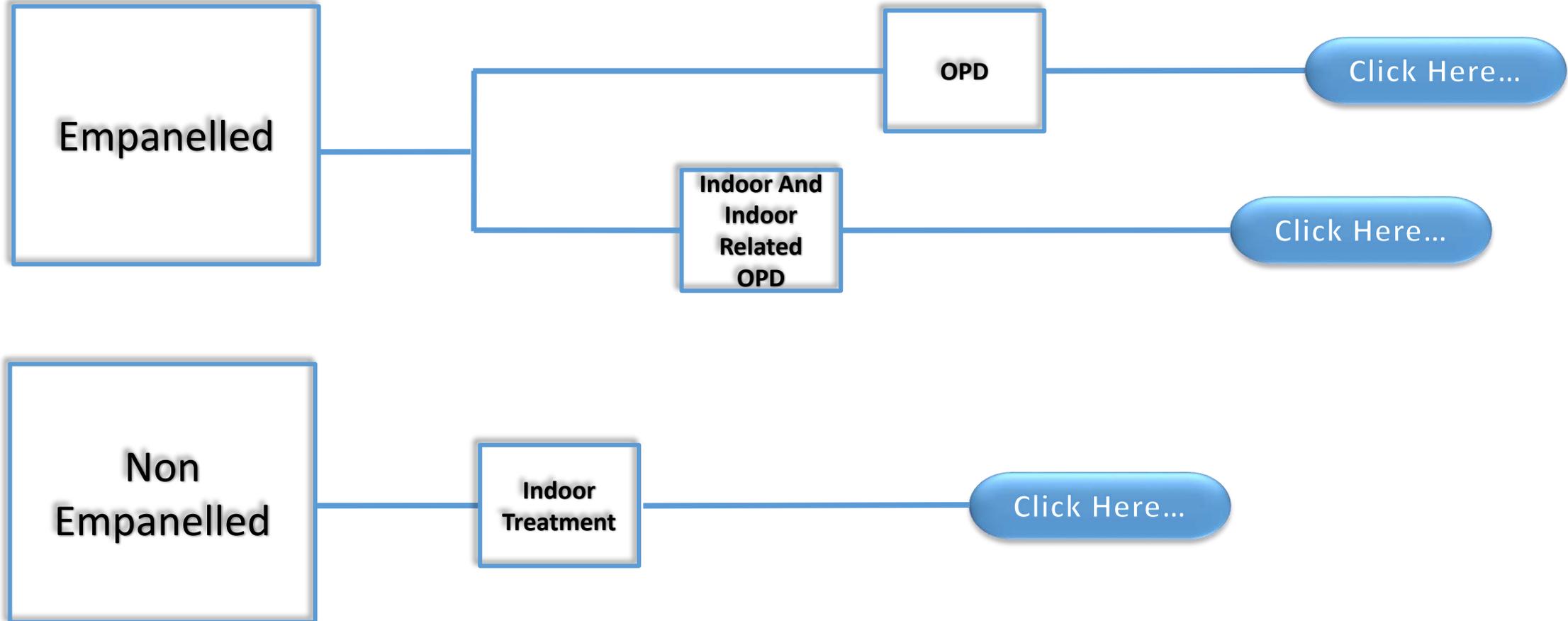
User Manual

For

'Reimbursement Claim Procedure'



Contents





[About the Scheme](#)

[Facilities Available](#)

[Hospitals](#)

[Dashboard](#)



Govt. of West Bengal
Finance Department



Directorate of Pension, Provident
Fund and Group Insurance

What's New / Coming Up Next

2. **Doctor Details** is available under Hospitals
3. Online Enrollment of Beneficiaries of Grant-in-Aid Colleges & Universities

News & Events

[Click here for login](#)

[May I Assist You](#)

[Package Details](#)

[CARC Status](#)

[Claim Reimbursement](#)



Department of Higher Education
Govt. of West Bengal



A Digital Workplace Solution



Employee / Pensioner



GIA College / University



Medical Cell



DDO



Hospitals



Treasury



Create A/C (For new user)

Grant-in-Aid College

Grant-in-Aid University

Login

Username

g19000002

Password

OK

CANCEL

[Forgot Password?](#)

Enter Your
HRMS ID

Enter Your
Password





Logged in as -

LOGOUT

[Collapse All / Expand All](#)

My Account

- Home
- View Registration
- 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
- Clinic Of Govt. Hospital
- Other Private Empanelled Hospitals

WELCOME KRISHNENDU PAUL

Name of the Teacher : KRISHNENDU PAUL

Name of the College : WBHS Demo College

HRMS Id. : G1900000002

Application Id. : G190000000226101988

Mobile No. :

Email Id. :

**Click here
for Claim
Reimbursement**



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



[Contents](#)





Logged in as - G190000002

LOGOUT

[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

General Information

Whether Hospital is Empanelled under WBHS:

YES NO

Select 'Yes' For Empanelled

Category of Empanelled Hospital :

Private Empanelled Hospital

Hospital District

KOLKATA

Hospital Name

DESUN HOSPITAL & HEART INSTITUTE

Beneficiary Name

KRISHNENDU PAUL

Select Patient Name From Drop-Down List

Beneficiary ID of Patient

G190000002/1

Applicant Name

KRISHNENDU PAUL

Residential Address

KOLKATA

College Address

23/49, GARIAHAT ROAD, KOLKATA - 700 029

Relation with Applicant

SELF

Applicant Beneficiary ID

G190000002/1

Name of College

HERAMBA CHANDRA COLLEGE

Basic Pay(Grade Pay + Band Pay)

51000

Select Treatment type

OPD Treatment

Indoor and indoor related OPD Treatment

Select Treatment type

Select Treatment Type From Drop-Down List





Logged in as - G1900000002

[Collapse All / Expand All](#)

My Account

- Home
- View Registration
- 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

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

General Information

OPD

Claim Application ID: C20211000108

Date of OPD consultation*

Select type of OPD Disease*

Select name of OPD Disease*

Nature of Consultation :

Doctor Name*

Doctor's Degree*

Consultation Fees (₹)*

dd / mm / yyyy

Select Your Disease Type

Occasional Continuous

Select Doctor Degree

Select OPD Consultation Date
From Date Picker





Logged in as - G190000002

LOGOUT

[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

General Information

OPD

Claim Application ID: C2019100055

Date of OPD consultation*

28 / 10 / 2019

Select type of OPD Disease*

Select Your Disease Type

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

Select name of OPD Disease*

Nature of Consultation :

Doctor Name*

Doctor's Degree*

Select Doctor Degree

Consultation Fees (₹)*

Investigation details

Search by investigation code/name

Enter investigation code/name

OR

Investigation Type (Coded)

Select Investigation Type

Investigation Name

ADD NEW

One or more Investigation(s) can be added by clicking the add new button

Select Investigation Centre Name :

Select Investigation center

Select Disease Type From Drop-Down List





Logged in as - G190000002

LOGOUT

[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

General Information

OPD

Claim Application ID: C2019100055

Date of OPD consultation*

28 / 10 / 2019

Select type of OPD Disease*

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

Select name of OPD Disease*

Select Disease Name

Nature of Consultation :

Doctor Name*

Doctor's Degree*

Consultation Fees (₹)*

Investigation details

Search by investigation code/name

OR

Investigation Type (Coded)

Investigation Name

Select Investigation Centre Name :

Select Disease Name From Drop-Down List

Select Disease Name

- Malignant Diseases
- Tuberculosis
- Hepatitis B/C and Other Liver Diseases
- Insulin Dependent Diabetes (Type-2 Diabetic Melitas is not considered as Insulin Dependent Diabetes)
- Heart Diseases
- Crohn's Disease
- Neurological Disorder/ Cerebrovascular Disorders
- Malignant Malaria
- Renal Failure
- Thallasaemia/ Bleeding orders/ Platelet Disorders
- Injuries Caused by Accident (including Animal Bite)
- Rheumatoid Arthritis
- Systematic Lupus Erythematous (LUPUS)
- Endodontic Treatment (Root Canal Treatment)





Logged in as - G190000002

LOGOUT

[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

General Information **OPD**

Claim Application ID: C20191000055

Date of OPD consultation* 28 / 10 / 2019

Select type of OPD Disease* As per clause 7(1) of 7287-F, dated : 19-0

Select name of OPD Disease* Crohn's Disease

Nature of Consultation : Occasional Continuous

Doctor Name* MRN-89564:- SAUMITRA DUTTA

Doctor's Degree* FRCS

Consultation Fees (₹)* 200

Input Your Doctor Name, Fees and Select Doctor's Degree

Investigation details

Search by investigation code/name Enter investigation code/name

OR

Investigation Type (Coded) Select Investigation Type

Investigation Name

ADD NEW One or more Investigation(s) can be added by clicking the add new

Select Investigation Centre Name : Select Investigation center





Logged in as - G190000002

LOGOUT

[Collapse All / Expand All](#)

My Account

- Home
- View Registration
- 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
- Procedures

Identical Codes

- Investigation

Rate List

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

General Information

OPD

Claim Application ID: C20211000086

Date of OPD consultation*

01-05-2021

Select type of OPD Disease*

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

Select name of OPD Disease*

Rheumatoid Arthritis

Nature of Consultation :

Occasional Continuous

Doctor Name*

MRN-89564;- SAUMITRA DUTTA

Doctor's Degree*

DM

Consultation Fees (₹)*

250

Coded Investigation details

Search by investigation code/name

Enter investigation code/name

OR

Investigation Type (Coded)

Select Investigation Type

Investigation Name

PARAMOUNT HOSPITAL PVT. LTD.

ADD NEW

Select Investigation Centre Name :

PARAMOUNT HOSPITAL PVT. LTD.

Class of Centre:

Class 1

Applicant can search
Investigation Name
with it's Code (if know)





Logged in as - G190000002

[Collapse All / Expand All](#)

- My Account
 - Home
 - View Registration
 - 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

LOGOUT

General Information **OPD**

Claim Application ID: C20211000086

Date of OPD consultation*

01-05-2021

Select type of OPD Disease*

Select name of OPD Disease*

Nature of Consultation :

Doctor Name*

Doctor's Degree*

Consultation Fees (₹)*

Coded Investigation details

Search by investigation code/name

OR

Investigation Type (Coded)

Investigation Name

Select Investigation Centre Name :

Class of Centre:

Select Investigation Type

- GENERAL
- E.N.T
- EYE
- PHYSIOTHERAPY
- DENTAL
- GENETICS
- X-RAY(DIGITAL X RAY)
- CONVENTIONAL X-RAY (70 PERCENT OF DIGITAL X-RAY RATES)
- ULTRASOUND INVESTIGATIONS
- CLINICAL PATHOLOGY
- HAEMATOLOGY
- BLOOD BANK
- BIO-CHEMISTRY
- HISTOPATHOLOGY
- BACTERIOLOGY AND SEROLOGY
- OBSTETRIC CASES
- BIOPSIES (SPECIMEN PROCESSING PER TISSUE TYPE)
- HEAD AND NECK CANCER
- CARDIO RESPIRATORY PROCEDURES

Select Investigation Type

ADD NEW

PARAMOUNT HOSPITAL PVT. LTD.

Class 1

Applicant can Pick Investigation Type from Drop-Down List





Logged in as - G190000002

LOGOUT

[Collapse All / Expand All](#)

- My Account
 - Home
 - View Registration
 - 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

General Information **OPD**

Claim Application ID: C20211000086

Date of OPD consultation*

01-05-2021

Select type of OPD Disease*

Select name of OPD Disease*

Nature of Consultation :

Doctor Name*

Doctor's Degree*

Consultation Fees (₹)*

Coded Investigation details

Search by investigation code/name

OR

Investigation Type (Coded)

Investigation Name

Select Investigation Centre Name :

Class of Centre:

As per clause 7(1) of 7287-F, dated : 19-11-2019

- Select Investigation Name
- HAEMOGLOBIN (HB)
- TOTAL LEUCOCYTIC COUNT(TLC)
- DIFFERENTIAL LEUCOCYTIC COUNT (DLC)
- E.S.R.
- TOTAL RED CELL COUNT
- PLATELET COUNT
- RETICULOCYTE COUNT
- ABSOLUTE EOSINOPHIL COUNT
- PACKED CELL VOLUME (PCV)
- PERIPHERAL SMEAR EXAMINATION
- SMEAR FOR MALARIA PARASITE
- BLEEDING AND CLOTTING TIME
- CLOT RETRACTION TIME
- R.B.C. FRAGILITY TEST
- L.E. CELL
- FOETAL HAEMOGLOBIN (HB F)
- PROTHROMBIN TIME (P.T)
- COMPLETE HAEMOGRAM
- BONE MARROW SMEAR EXAMINATION

Select Investigation Name

ADD NEW

PARAMOUNT HOSPITAL PVT. LTD.

Class 1

Select Investigation Name
from Drop-Down List





Logged in as - G1900000002

LOGOUT

[Collapse All / Expand All](#)

My Account

- Home
- View Registration
- 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

General Information

OPD

Claim Application ID: C20211000086

Date of OPD consultation*

01-05-2021

Select type of OPD Disease*

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

Select name of OPD Disease*

Rheumatoid Arthritis

Nature of Consultation :

Occasional Continuous

Doctor Name*

MRN-89564;- SAUMITRA DUTTA

Doctor's Degree*

DM

Consultation Fees (₹)*

250

Coded Investigation details

Search by investigation code/name

Enter investigation code/name

OR

Investigation Type (Coded)

HAEMATOLOGY

Investigation Name

CLOT RETRACTION TIME

Select Investigation Centre Name :

PARAMOUNT HOSPITAL PVT. LTD.

Class of Centre:

Class 1

Click on 'ADD NEW' button to add it's Date and Amount

ADD NEW



[Collapse All / Expand All](#)

- My Account
 - Home
 - View Registration
 - 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

General Information OPD

Claim Application ID: C20211000086

Date of OPD consultation*

01-05-2021

Select type of OPD Disease*

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

Select name of OPD Disease*

Rheumatoid Arthritis

Nature of Consultation :

Occasional Continuous

Doctor Name*

MRN-89564:- SAUMITRA DUTTA

Doctor's Degree*

DM

Consultation Fees (₹)*

250

Select Investigation Date from Date-Picker
Future Date is Not Applicable

Coded Investigation details

Search by investigation code/name

Enter investigation code/name

OR

Investigation Type (Coded)

Select Investigation Type

Investigation Name

ADD NEW

Select Investigation Centre Name :

PARAMOUNT HOSPITAL PVT. LTD.

Class of Centre:

Class 1

Applicant can add more than one Investigation

Click on "Delete" to delete Investigation details

SL NO	CODE	NAME	CENTRE NAME	DATE	MAXIMUM APPROVED RATE(₹)	AMOUNT ADMISSIBLE(₹)	DELETE
1	02002013	EUSTACHIAN TUBE FUNC	PARAMOUNT HOSPITAL PVT. LTD.	01-11-2021	100	100	Delete
2	02010014	SMEAR ANALYSIS	PARAMOUNT HOSPITAL PVT. LTD.	03-11-2021	100	100	Delete
Total -						200	



Select Investigation Centre Name :

SANJIBAN HOSPITAL

Class of Centre:

Class 1

SL NO	CODE	NAME	CENTRE NAME	DATE	MAXIMUM APPROVED RATE(₹)	AMOUNT ADMISSIBLE(₹)	DELETE
1	02002001	PURE TONE AUDIOGRAM	SANJIBAN HOSPITAL	01-11-2021	300	300	Delete
Total -						300	

Enter Miscellaneous Charges

Miscellaneous charges (₹)

Enter total cost of Special Devices

Total cost of Special Devices (₹)

Enter total Medicine Cost

Total cost of Medicines (₹)

Enter total no. of Vouchers (It needs to be presented)

Total No. of Vouchers*

Total Amount Claimed (₹) :-

CALCULATE

Click on 'CALCULATE' button to see the total Reimbursement Amount

Draft Save

THE INPUTS WITH '*' MARKS ARE MANDATORY DATA.

Specify Miscellaneous Items

Enter Miscellaneous Items

Specify Special Devices

Enter Special Devices

Period of Post Consultation Medicine Consumption

 to

Select time period of Consultation Medicine Consumption (Within 90days after treatment)





Logged in as - G1900000002

LOGOUT

[Collapse All / Expand All](#)

- My Account
 - Home
 - View Registration
 - 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

List of Saved Reimbursement Claims

Pending for submission(37) Objected(3)

Click on this icon to edit Claim

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	G1900000002/1	SELF		Submit	View	Delete
Jul 06, 2020	C20201000006	OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete
Jul 08, 2020	C20201000007	OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete
Jul 08, 2020	C20203000022	INDOOR & INDOOR RELATED OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete
Jul 08, 2020	C20203000023	INDOOR & INDOOR RELATED OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete

1 2 3 4 5 6 7 8



Logged in as -

Collapse All

My Account

Home

View Regi

Change P

My Request

Inclusion

Change P

Update Pe

Transfer F

Exit Sche

My Claim

Claim Rei

Inbox / Sa

Submitted

My Treatment

Non Cash

OPD

Claim Application ID: C20201000033

Category of Empanelled Hospital :

Private Empanelled Hospital

Beneficiary Name

KRISHNENDU PAUL

Relation with Applicant

SELF

Applicant Beneficiary Id

G1900000002/1

College Name

HERAMBA CHANDRA COLLEGE

Applicant Designation

ASSISTANT PROFESSOR

Date of OPD consultation*

29 / 12 / 2019

Select type of OPD Disease*

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

Hospital Name

DESUN HOSPITAL & HEART INSTITUTE

Beneficiary ID of Patient

G1900000002/1

Applicant Name

KRISHNENDU PAUL

Applicant Residence Address

KOLKATA

College Address

23/49, GARIAHAT ROAD, KOLKATA - 700 029

Basic Pay

51000



Click on this icon
for Exit





Logged in as -
[Collapse All](#)

- My Account
 - Home
 - View Regi
 - Change P
- My Request
 - Inclusion/
 - Change P
 - Update Pe
 - Transfer F
 - Exit Sche
- My Claim
 - Claim Rel
 - Inbox / Sa
 - Submitted
- My Treatment
 - Non Cash

LOGOUT

SL NO	CODE	NAME	CENTRE NAME	DATE	MAXIMUM APPROVED RATE(₹)	AMOUNT ADMISSIBLE(₹)	DELETE
1	02001004	BONE MARROW ASPIRATION	DESUN HOSPITAL & HEART INSTITUTE	01 / 01 / 2020	800	800	Delete
Total -						800	

Non-Coded Investigations:

ADD NEW

Miscellaneous charges (₹)

Specify Miscellaneous Items

Total cost of Special Devices (₹)

Specify Special Devices

Total cost of Medicines (₹)

Total No. of Vouchers*

Total Amount Claimed (₹) :-

CALCULATE

Update

Exit

THE INPUTS WITH * MARKS ARE MANDATORY DATA.

Click on 'Calculate' after making any edit

Click on 'Update'

Delete Claim

Delete

Delete

Delete

Delete

Delete

Delete

Delete





Logged in as - G190000002

LOGOUT

[Collapse All / Expand All](#)

My Account

- Home
- View Registration
- 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

List of Saved Reimbursement Claim

Click on 'Submit' to Submit Claim

Pending for submission(37) Objected(3)

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	G1900000002/1	SELF		Submit	View	Delete
Jul 06, 2020	C20201000006	OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete
Jul 08, 2020	C20201000007	OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete
Jul 08, 2020	C20203000022	INDOOR & INDOOR RELATED OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete
Jul 08, 2020	C20203000023	INDOOR & INDOOR RELATED OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete

12345678





Logged in as - G1900000002

LOGOUT

[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 Reimbursement Claims

Type of claim :

Pending for submission

Objected

Claim Generation Date	Claim ID	Patient Beneficiary ID	Relation with Applicant	Edit Claim	Submit Claim	View Claim	Delete Claim
Jan 09, 2020	C20202000012	G1900000002/1	SELF		Submit	View	Delete
Jan 09, 2020	C20201000033	G1900000002/1	SELF		Submit	View	Delete
Jan 11, 2020	C20201000032	G1900000002/2	WIDOWED SISTER		Submit	View	Delete
Jan 11, 2020	C20201000033	G1900000002/1	SELF		Submit	View	Delete
Jan 11, 2020	C20203000004	INDDOR & INDOOR REIMBURSEMENT	KRISHNENDU PAUL	G1900000002/1	SELF	View	Delete
Jan 13, 2020	C20202000015	G1900000002/1	SELF		Submit	View	Delete
Jan 13, 2020	C20202000016	INDOOR	KRISHNENDU PAUL	G1900000002/1	SELF	View	Delete

Warning !

Are you Sure you want to submit this claim ?

Click on 'Yes' to Submit Claim

1234





Logged in as - G1900000002

LOGOUT

[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 Reimbursement Claims

Type of Claim -

Pending for submission

Objected

Claim Generation Date	Claim ID	Patient ID	Beneficiary ID	Relation with Applicant	Edit Claim	Submit Claim	View Claim	Delete Claim	
Jan 09, 2020	C20202000012		G1900000002/1	SELF		Submit	View	Delete	
Jan 09, 2020	C20201000033		G1900000002/1	SELF		Submit	View	Delete	
Jan 11, 2020	C20201000032		G1900000002/2	WIDOWED SISTER		Submit	View	Delete	
Jan 11, 2020	C20203000004	INDOOR RELATED OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete
Jan 13, 2020	C20202000015	INDOOR	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete
Jan 13, 2020	C20202000016	INDOOR	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete
Jan 13, 2020	C20202000017	INDOOR	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete

Success !

Your claim C20201000033 has been submitted for approval

OK

Click on 'OK'

1234





Logged in as - G190000002

LOGOUT

[Collapse All / Expand All](#)

My Account

- Home
- View Registration
- 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

List of Saved Reimbursement Claims

Pending for submission(37) Objected(3)

Click on 'View' to view claim

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	G1900000002/1	SELF		Submit	View	Delete
Jul 06, 2020	C20201000006	OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete
Jul 08, 2020	C20201000007	OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete
Jul 08, 2020	C20203000022	INDOOR & INDOOR RELATED OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete
Jul 08, 2020	C20203000023	INDOOR & INDOOR RELATED OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete

12345678



Form - D1

Reimbursement for cost of Out-Door Patient (ODP) Treatment in Empanelled / Enlisted Hospital

Under West Bengal Health Scheme

(Generated by GM College Teachers from Health Portal)

To

The PRINCIPAL

KHANDRA COLLEGE

Sir / Madam,

I am submitting a claim of Rs. 9600 (Rupees Nine Thousand Six 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:

Part-I (General Information)

I. Details of Employee.			
Full Name	KRISHNENDU PAUL	HRMS ID	G1900000002
Enrollment ID No.	G0190000000236101988	Claim Application ID	C20201000003
Bed Entitlement	PRIVATE	Date of Enrollment	01/03/2019
2. Details of Patient, Treating Hospital and Condonation Requirement, if any.			
2.1	Name of Patient	KRISHNENDU PAUL	
	Beneficiary ID	G01900000002/1	
	Relationship with Employee	SELF	
2.2	Name of Empanelled/Enlisted hospital where treatment is availed.	PARK CLINIC PARK MEDICAL RESEARCH & WELFARE SOCIETY	
	Code of Hospital	0413074	
	Class of Entitlement of Hospital	Class- 1	
	Address of Hospital	4 GORKY TERRACE KOLKATA 700017	
	Requirement of approval of delay Condonation, if any	N/A	
3. Details of Claimant (Applicable in case of death of employee.)			
Sl. No.	Name of Claimant	Relation	
3.1	N/A	N/A	
4. Permission Details, if any			
Sl. No.	Permission sought for	Details of permission approval	
4.1	For treatment availed in enlisted hospital outside West Bengal (see clause 14 of order no.7287, dated 19.08.2009).	Memo No. : Date : Designation / Authority : U.O. No. and date of Higher Education Deptt. West Bengal, if any : N/A	

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

PDF view of claim

Form - D1

Reimbursement for cost of Out-Door Patient (ODP) Treatment in Empanelled / Enlisted Hospital

Under West Bengal Health Scheme

(Generated by GM College Teachers from Health Portal)

7. Details of Medical Advances, if any					
Name 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-IV (Refund of Medical Advances)

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

Net Claim: (Part-IV minus Part-III) or (Part-IV minus Part-III plus Part-IV)

9600

Rupees Nine Thousand Six Hundred Only

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. This person, for whom medical expenses are incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrollment certificate at the time treatment. I will be personally responsible and liable for taking disciplinary action in terms of WBSS (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]

Sl. No.	Name/Particulars of enclosures to be attached	Enclosed or not (Please Tick)			
		Yes	No	Yes	No
1.	Annexure-I duly signed with proper stamp by Treating Specialist of an Empanelled/Enlisted Hospital	Yes	No	Yes	No
2.	Money Receipts in sequence manner (in chronological order)	Yes	No	Yes	No
3.	Copy of OPD prescription	Yes	No	Yes	No
4.	Copy of Permission (grant if any)	Yes	No	Yes	No
5.	Original copy of Voucher/ Tax Invoice/ Chalan of Implants	Yes	No	Yes	No
6.	Copy of all investigation/ test reports in sequence manner (in chronological order)	Yes	No	Yes	No
7.	In case of death of Employee, a. An affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp paper c. Copy of death certificate	Yes Yes Yes	No No No	Yes Yes Yes	No No No
8.	Filled ECS mandate form in case of those, whose bank details is not available in IFMS (in case of first claim only)	Yes	No	Yes	No
9.	Any other instruments (Specify)	Yes	No	Yes	No

Form - D1

Reimbursement for cost of Out-Door Patient (ODP) Treatment in Empanelled / Enlisted Hospital

Under West Bengal Health Scheme

(Generated by GM College Teachers from Health Portal)

Date:

Signature of the Employee/Claimant:

Name in Block Letters:

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



[Contents](#)





Logged in as - G190000002

LOGOUT

[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

General Information

Whether Hospital is Empanelled under WBHS:

YES NO

Select 'Yes' For Empanelled

Category of Empanelled Hospital :

Private Empanelled Hospital

Hospital District

KOLKATA

Hospital Name

DESUN HOSPITAL & HEART INSTITUTE

Beneficiary Name

KRISHNENDU PAUL

Select Patient Name From Drop-Down List

Beneficiary ID of Patient

G190000002/1

Applicant Name

KRISHNENDU PAUL

Residential Address

KOLKATA

College Address

23/49, GARIAHAT ROAD, KOLKATA - 700 029

Relation with Applicant

SELF

Applicant Beneficiary ID

G190000002/1

Name of College

HERAMBA CHANDRA COLLEGE

Basic Pay(Grade Pay + Band Pay)

51000

Select Treatment type

- OPD Treatment
- Indoor and indoor related OPD Treatment

Select Treatment type

Select 'Indoor & Indoor Related OPD Treatment' From Drop-Down List





Logged in as - G190000002

LOGOUT

[Collapse All / Expand All](#)

My Account

- Home
- View Registration
- 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

General Information

Indoor & Indoor related OPD

Claim Application ID: C20193000018

For Indoor Treatment:

Admission Date*

25 / 11 / 2019

Select Type of Discharge :*

Select Type of Treatment :*

Select Type of Discharge from Drop-Down List

Discharge Date*

18 / 12 / 2019

Choose Treatment Type (Applicant can choose both)

Normal discharge

Package Non-Package Both(Package & Non-Package)





Logged in as - G190000002

LOGOUT

[Collapse All / Expand All](#)

My Account

- Home
- View Registration
- 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

General Information

Indoor & Indoor related OPD

Claim Application ID: C20193000018

For Indoor Treatment:

Admission Date*

25 / 11 / 2019

Discharge Date*

18 / 12 / 2019

Click 'YES' (if Applicant have Indoor related OPD Treatment)

Select Type of Discharge :*

Normal discharge

Select Type of Treatment :*

Package Non-Package Both(Package & Non-Package)

Do you have any Indoor related OPD treatment?*

Yes No



[Collapse All / Expand All](#)

- My Account
 - Home
 - View Registration
 - 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

General Information

Indoor & Indoor related OPD

Claim Application ID: **C20193000018**

For Indoor Treatment:

Admission Date*

25 / 11 / 2019

Discharge Date*

18 / 12 / 2019

Select Type of Discharge :*

Normal discharge

Select Type of Treatment :*

Package Non-Package Both(Package & Non-Package)

Do you have any Indoor related OPD treatment?*

Yes No

A. For Package Treatment:

Treatment From Date*

25 / 11 / 2019

Treatment To Date*

10 / 12 / 2019

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

Type of Implants (Coded):

Select Implant Type

Click 'ADD NEW' button



[Collapse All / Expand All](#)

My Account

- Home
- View Registration
- 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

General Information

Indoor & Indoor related OPD

Claim Application ID: **C20193000018**

For Indoor Treatment:

Admission Date*

25 / 11 / 2019

Discharge Date*

18 / 12 / 2019

Select Type of Discharge :*

Normal discharge

Select Type of Treatment :*

Package Non-Package Both(Package & Non-Package)

Do you have any Indoor related OPD treatment?*

Yes No

A. For Package Treatment:

Treatment From Date*

25 / 11 / 2019

Treatment To Date*

10 / 12 / 2019

Delete option is also available (If Required)

Package details

Search by code:

OR

Type of Package:*

Package Name:*

Type any three letter of package code / name

GENERAL SURGERY

OPEN DRAINAGE OF PERINEPHRIC ABSCESS

ADD NEW

Applicant can add One/More Package(s) by selecting Package Name from Drop-Down List then click 'ADD NEW' button

SL NO	CODE	PROCEDURE	MAXIMUM APPROVED RATE(₹)	AMOUNT ADMISSIBLE(₹)	DELETE
1	01013008	DRAINAGE OF ISCHIORECTAL ABSCESS	8000	8000	Delete
2	01013010	OPEN DRAINAGE OF PERINEPHRIC ABSCESS	14000	8400	Delete
TOTAL-				16400	

Coded Implant details

javascript:_doPostBack('ctl00\$ContentPlaceHolder1\$TabContainer1\$Tab_OPD\$GridVw_opd_invest_nonCode','Delete\$0')

Search by implant code

- 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

01-11-2021

14-11-2021

Select Type of Discharge :*

Normal discharge

Select Type of Treatment :*

Package
 Non-Package
 Both(Package & Non-Package)

Do you have any Indoor related OPD treatment?*

Yes
 No

A. For Package Treatment:

Treatment From Date*
01-11-2021

Treatment To Date*
07-11-2021

Package details

Search by code:

OR

Type of Package:*

Package Name:*

ADD NEW

SL NO	CODE	PROCEDURE	MAXIMUM APPROVED RATE(₹)	AMOUNT ADMISSIBLE(₹)	DELETE
1	01003015	MASTOIDECTOMY	15600	7488	Delete
TOTAL				7488	

Coded Impl

Search by impl

OR

Type of Implants:

Implant Name:

Select Coded Implant Type from Drop-Down List (If Applicant do not know the Code)

- Select Implant Type
- CARDIOLOGICAL IMPLANTATION DEVICES
- OPHTHALMOLOGY
- E.N.T
- NEURO IMPLANTS
- ORTHOPAEDIC IMPLANTS
- SURGICAL IMPLANTS
- ODONTOLOGY
- CARDIOLOGICAL IMPLANTATION DEVICES
- Select Implant Name

ADD NEW

Non-coded Implant details

Non-Coded Implants :

ADD NEW



- 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

01-11-2021

14-11-2021

Select Type of Discharge :*

Normal discharge

Select Type of Treatment :*

Package
 Non-Package
 Both(Package & Non-Package)

Do you have any Indoor related OPD treatment?*

Yes
 No

A. For Package Treatment:

Treatment From Date*

01-11-2021

Treatment To Date*

07-11-2021

Package details

Search by code:

Type any three letter of package code / nan

OR

Type of Package:*

Package Name:*

SL NO	CODE	DESCRIPTION	AMOUNT ADMISSIBLE(₹)	DELETE
1	01003015	ML	7488	Delete

- Select Implant Name
- PACEMAKER (SINGLE CHAMBER)- ORDINARY (SSI AUTOCAPTURE)
 - PACEMAKER (SINGLE CHAMBER)- WITH RATE MODULATION (SSIR)
 - PACEMAKER (DUAL CHAMBER) (DDD/DDDR/VDDR)
 - CRT (CARDIAC RESYNCHRONIZATION THERAPY)
 - AICD (AUTOMATIC IMPLANTABLE CARDIOVERTER DEFIBRILLATER)
 - CRT PLUS AICD COMBINATION
 - BMS (BARE METAL STENT)(MADE OF STEEL)
 - BMS (BARE METAL STENT)(MADE OF ALLOY E.G. COBALT, CHROMIUM, ETC.)
 - DES (DRUG ELUTING STENT)- SIROLIMUS-ELUTING E.G. CYPHER, ETC.
 - DES (DRUG ELUTING STENT)- HIGHER SIROLIMUS DERIVATIVES E.G. ENDEAVOUR, PROMUS, XCIENCE, ETC.
 - DES (DRUG ELUTING STENT)- PACLITAXEL-ELUTING E.G. TAXUS, ETC.
 - PDA- CLOSURE DEVICE
 - ASD/ VSD- CLOSURE DEVICE
 - MITRAL BALOON, E.G. INOUE BALOON
 - PULMONARY VALVOPLASTY BALOON
 - MITRAL/ AORTIC HEART VALVE
 - TTK CHITRA (MITRAL/ AORTIC HEART VALVE)
 - HEART VALVES- ANNULOPLASTY RING

ADD NEW

ADD NEW

Select Implant Name from Drop-Down List (If Applicant do not know the Code)

Non-coded Implant details

Search by implant name/ code

OR

Type of Implants:

Implant Name:

Select Implant Name

Non-coded Implant details

Non-Coded Implants :

ADD NEW



- 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

01-11-2021

14-11-2021

Select Type of Discharge :*

Normal discharge

Select Type of Treatment :*

Package
 Non-Package
 Both(Package & Non-Package)

Do you have any Indoor related OPD treatment?*

Yes
 No

A. For Package Treatment:

Treatment From Date*
01-11-2021

Treatment To Date*
07-11-2021

Package details

Search by code:

OR

Type of Package:*

Package Name:*

ADD NEW

SL NO	CODE	PROCEDURE	MAXIMUM APPROVED RATE(₹)	AMOUNT ADMISSIBLE(₹)	DELETE
1	01003015	MASTOIDECTOMY	15600	7488	
TOTAL-					

Click 'ADD NEW' button to Enter Amount

Coded Implant details

Search by implant name/code:

OR

Type of Implants:

Implant Name:

ADD NEW

Non-coded Implant details

Non-Coded Implants :



Do you have any Indoor related OPD treatment?*: Yes No

A. For Package Treatment:

Treatment From Date*
01-11-2021

Treatment To Date*
07-11-2021

Enter Coded Implant Amount

Package details

Search by code:

Type any three letter of package code / nan

OR

Type of Package:*

Select Package Type

Package Name:*

ADD NEW

Check Maximum Rate of that Implant

SL NO	CODE	PROCEDURE	MAXIMUM APPROVED RATE(₹)	AMOUNT ADMISSIBLE(₹)	DELETE
1	01003015	MASTOIDECTOMY	15600	7488	Delete
TOTAL-				7488	

Coded Implant details

Search by implant name/code:

Search by implant code

OR

Type of Implants:

Select Implant Type

Implant Name:

ADD NEW

Check Maximum Rate of that Implant

SL NO	CODE	NAME	MAXIMUM APPROVED RATE(₹)	CLAIMED AMOUNT(₹)	DELETE
1	03001013	ASD/ VSD- CLOSURE DEVICE	80,000/- + VAT or the actual cost, whichever is less		Delete
TOTAL-				0	

Non-coded Implant details

Non-Coded Implants :

ADD NEW

Total Number of Vouchers for Package Treatment :*



Do you have any Indoor related OPD treatment?*

Yes No

A. For Package Treatment:

Treatment From Date*

01-11-2021

Treatment To Date*

07-11-2021

Package details

Search by code:

Type any three letter of package code / nan

OR

Type of Package:*

Select Package Type

Package Name:*

ADD NEW

SL NO	CODE	PROCEDURE	MAXIMUM APPROVED RATE(₹)	AMOUNT ADMISSIBLE(₹)	DELETE
1	01003015	MASTOIDECTOMY	15600	7488	Delete
TOTAL-				7488	

Applicant can add more than One Implants

Coded Implant details

Search by implant name/code:

Search by implant code

OR

Type of Implants:

Select Implant Type

Implant Name:

ADD NEW

SL NO	CODE	NAME	MAXIMUM APPROVED RATE(₹)	CLAIMED AMOUNT(₹)	DELETE
1	03001013	ASD/ VSD- CLOSURE DEVICE	80,000/- + VAT or the actual cost, whichever is less	71000	Delete
2	03002001	HYDROPHOBIC FOLDABLE IOL	5000	1500	Delete
TOTAL-				72500	

Non-coded Implant details

Non-Coded Implants :

ADD NEW



A. For Package Treatment:

Treatment From Date*

25 / 11 / 2019

Treatment To Date*

10 / 12 / 2019

Package details

Search by code:

Type any three letter of package code / nan

OR

Type of Package:*

GENERAL SURGERY

Package Name:*

OPEN DRAINAGE OF PERINEPHERIC ABSCESS

ADD NEW

SL NO	CODE	PROCEDURE	MAXIMUM APPROVED RATE(₹)	AMOUNT ADMISSIBLE(₹)	DELETE
1	01013008	DRAINAGE OF ISCHIORECTAL ABSCESS	8000	8000	Delete
2	01013010	OPEN DRAINAGE OF PERINEPHERIC ABSCESS	14000	8400	Delete
TOTAL-				16400	

Implant details

Search by implant name/code:

Search by implant code

OR

Type of Implants (Coded):

OPHTHALMOLOGY

Implant Name:

SILICON FOLDABLE IOL

ADD NEW

SL NO	CODE	NAME	MAXIMUM APPROVED RATE(₹)	CLAIMED AMOUNT(₹)	DELETE
1	03001003	PACEMAKER (DUAL CHAMBER) (DDD/DDDR/VDDR)	1,20,000/- + VAT or the actual cost, whichever is less	71000	Delete
2	03002002	SILICON FOLDABLE IOL	4000	2500	Delete
TOTAL-				73500	

Non-Coded Implants :

ADD NEW

Click 'ADD NEW' button to Enter Non-Coded Implants

Total Number of Vouchers for Package Treatment :*

B. For Non-Package Treatment:



Implant details

Search by implant name/code:

OR

Type of Implants (Coded):

Implant Name:

ADD NEW

SL NO	CODE	NAME	MAXIMUM APPROVED RATE(₹)	CLAIMED AMOUNT(₹)	DELETE
1	03001003	PACEMAKER (DUAL CHAMBER) (DDD/DDDR/VDDR)	1,20,000/- + VAT or the actual cost, whichever is less	71000	Delete
2	03002002	SILICON FOLDABLE IOL	4000	2500	Delete
TOTAL-				73500	

Non-Coded Implants :

ADD NEW

SL NO	DESCRIPTION	AMOUNT CLAIMED(₹)	DELETE
1	Non-Coded Implants 1	1400	Delete
2	Non-Coded Implants 2	800	Delete
TOTAL-		2200	

1. Enter Non-Coded Implant Name

Total Number of Vouchers for Package Treatment :*

B. For Non-Package Treatment:

Treatment From Date*

Treatment To Date*

2. Enter Amount

Consultation details

Date of Consultation:

Consulting Doctors:

Dorctors Degree:

ADD NEW

Roomrent details

Select room type

ADD NEW



Implant details

Search by implant name/code:

OR

Type of Implants (Coded):

Implant Name:

ADD NEW

SL NO	CODE	NAME	MAXIMUM APPROVED RATE(₹)	CLAIMED AMOUNT(₹)	DELETE
1	03001003	PACEMAKER (DUAL CHAMBER) (DDD/DDDR/VDDR)	1,20,000/- + VAT or the actual cost, whichever is less	71000	Delete
2	03002002	SILICON FOLDABLE IOL	4000	2500	Delete
TOTAL-				73500	

Non-Coded Implants :

ADD NEW

SL NO	DESCRIPTION	AMOUNT CLAIMED(₹)	DELETE
1	Non-Coded Implants 1	1400	Delete
2	Non-Coded Implants 2	800	Delete
TOTAL-		2200	

Total Number of Vouchers for Package Treatment :*

B. For Non-Package Treatment:

Treatment From Date*

Treatment To Date*

Enter total Voucher number (Need to be submit)

Consultation details

Date of Consultation:

Consulting Doctors:

Dorctors Degree:

ADD NEW

Roomrent details

Select room type

ADD NEW



Total Number of Vouchers for Package Treatment :*

B. For Non-Package Treatment:

Treatment From Date*

03-11-2021

Treatment To Date*

06-11-2021

Input Your Doctor Name,
Fees and Select Doctor's
Degree

Consultation details

Date of Consultation:

05-11-2021

Consulting Doctors:

MRN-89564:- SAUMITRA DUTTA

Doctors Degree:

DM

ADD NEW

Roomrent details

Select room type

Select Bed Category

ADD NEW

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

Total cost of Consumables (₹)

Cost on Special Nursing (₹)

Total cost of Medicines (₹)

Total Number of Vouchers for Non-package Treatment :*



Consultation details

Date of Consultation: dd-11-2021
Consulting Doctors: Type doctor's name
Doctors Degree:
ADD NEW

SL NO	DOCTOR NAME	DEGREE	CONSULTATION DATE	CONSULTATION FEE(₹)	DELETE
1	SAUMITRA DUTTA	DM	05-11-2021	100	Delete
TOTAL-				100	

1. Click on "ADD NEW" button to add the consultation



Roomrent details

Select room type Select Bed Category **ADD NEW**

Click 'ADD NEW' button to Enter Room Rent Details



2. Enter Doctor Consultation Fee

Coded Investigation details

Search by code:
OR
Investigation type: Select Investigation Type
Investigation Name:
ADD NEW

Non-coded Investigation details

Non-Coded Investigations: **ADD NEW**

Miscellaneous charges (₹)

Specify Miscellaneous Items

Total cost of Consumables (₹)

Cost on Special Nursing (₹)

Total cost of Medicines (₹)

Total Number of Vouchers for Non-package Treatment :*



03-11-2021

06-11-2021

Consultation details

Date of Consultation:

dd-11-2021

Consulting Doctors:

Type doctor's name

Doctors Degree:

ADD NEW

SL NO	DOCTOR NAME	DEGREE	CONSULTATION DATE	CONSULTATION FEE(₹)	DELETE
1	SAUMITRA DUTTA	DM	05-11-2021	100	Delete
TOTAL-				100	

Roomrent details

Select room type

Select Bed Category

ADD NEW

SL NO	ROOM TYPE	ADMITTED FROM	ADMITTED TO	ROOM RENT/DAY(₹)	TOTAL ROOM RENT(₹)	DELETE
1	GENERAL	03-11-2021	dd-11-2021	600		Delete
					0	

Coded Investigation details

Search by code:

OR

Investigation type:

Investigation Name:

three letters investigation code/name

Investigation Type

ADD NEW

Non-coded Investigation details

Non-Coded Investigations:

ADD NEW

Miscellaneous charges (₹)

Specify Miscellaneous Items

Total cost of Consumables (₹)

Cost on Special Nursing (₹)

Select admission and discharge date

November, 2021

Mo	Tu	We	Th	Fr	Sa	Su
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5
6	7	8	9	10	11	12

Clear Today



Total Number of Vouchers for Package Treatment :*

18

B. For Non-Package Treatment:

Treatment From Date*

28 / 11 / 2019

Treatment To Date*

09 / 12 / 2019

Click 'ADD NEW' button to add more than one Investigation

Consultation details

Date of Consultation:

03 / 12 / 2019

Consulting Doctors:

MRN-89564:- SAUMITRA DUTTA

Dorctors Degree:

FRCS

ADD NEW

SL NO	DOCTOR NAME	DEGREE	CONSULTATION DATE	CONSULTATION FEE(₹)	DELETE
1	SAUMITRA DUTTA	FRCS	2019-12-03	200	Delete
TOTAL-				200	

Roomrent details

Select room type

GENERAL

ADD NEW

SL NO	ROOM TYPE	ADMITTED FROM	ADMITTED TO	ROOM RENT/DAY(₹)	TOTAL ROOM RENT(₹)	DELETE
1	GENERAL	02 / 12 / 2019	09 / 12 / 2019	600	4200	Delete
TOTAL-					4200	

Investigation details

Search by code:

Enter three letters investigation code/name

OR

Investigation type (Coded):

GENERAL

Investigation Name:

E.C.G.

ADD NEW

Non-Coded Investigations:

ADD NEW

Miscellaneous charges (₹)

Specify Miscellaneous Items



Investigation details

Search by code:

OR

Investigation type (Coded):

GENERAL

Investigation Name:

JOINTS ASPIRATION

ADD NEW

SL NO	CODE	NAME	MAXIMUM APPROVED RATE(₹)	AMOUNT ADMISSIBLE(₹)	DELETE
1	02001006	E.C.G.	140	140	Delete
2	02001005	JOINTS ASPIRATION	750	750	Delete
TOTAL-				890	

Non-Coded Investigations:

ADD NEW

SL NO	DESCRIPTION	AMOUNT CLAIMED(₹)	DELETE
1	Non-Coded Investigations 1	400	Delete
TOTAL-		400	

Miscellaneous charges (₹)

Total cost of Consumables (₹)

Total cost of Medicines (₹)

Specify Miscellaneous Items

Cost on Special Nursing (₹)

Total Number of Vouchers for Non-pac

For indoor related OPD Treatment:

Outdoor consultation details

Date of Consultation:

Consulting Doctor:

Type doctor's name

Dorctors Degree:

ADD NEW

Outdoor Investigation details

1. Click on "ADD NEW" to enter Non-Coded Investigation

2. Enter Name of Non-Coded Investigation

3. Enter Amount of Non-Coded Investigation



Investigation details

Search by code:

OR

Investigation type (Coded):

GENERAL

Investigation Name:

JOINTS ASPIRATION

ADD NEW

SL NO	CODE	NAME	MAXIMUM APPROVED RATE(₹)	AMOUNT ADMISSIBLE(₹)	DELETE
1	02001006	E.C.G.	140	140	Delete
2	02001005	JOINTS ASPIRATION	750	750	Delete
TOTAL-				890	

Non-Coded Investigations:

ADD NEW

SL NO	DESCRIPTION	AMOUNT CLAIMED(₹)	DELETE
1	Non-Coded Investigations 1	400	Delete
TOTAL-		400	

1. Enter Miscellaneous Charges

Miscellaneous charges (₹)

1500

Specify Miscellaneous Items

Miscellaneous Items 1

2. Enter Miscellaneous Items

3. Enter Total cost of Consumables

Total cost of Consumables (₹)

400

Cost on Special Nursing (₹)

4000

4. Enter Special Nursing Fees

5. Enter total cost of Medicines

Total cost of Medicines (₹)

1540

Total Number of Vouchers for Non-package Treatment :

17

6. Enter total cost of Medicines

For indoor related OPD Treatment:

Outdoor consultation details

Date of Consultation:

Consulting Doctor:

Dorctors Degree:

Type doctor's name

ADD NEW

Outdoor Investigation details



For indoor related OPD Treatment:

Outdoor consultation details

Date of Consultation:

Consulting Doctor:

Dorctors Degree:

SL NO	DOCTOR NAME	DEGREE	CONSULTATION DATE	CONSULTATION FEE (₹)	DELETE
1	SAUMITRA DUTTA	FRCS	06/12/2019	200	Delete
TOTAL-				200	

1. Enter all the details

2. Click on "ADD NEW"

3. Enter Doctor Fees

Outdoor Investigation details

Search by code:

OR

Investigation Type (Coded):

Investigation Name:

Select Investigation Centre Name :

Class of investigation centre:

Miscellaneous Charges (₹)

Specify Miscellaneous Items

Total cost of Special Devices (₹)

Specify Special Devices

Total cost of Medicines (₹)

Total number of voucher for OPD*

Permission ID :



Outdoor Investigation details

Search by code:

OR

Investigation Type (Coded):

GENERAL

Investigation Name:

ABDOMINAL ASPIRATION DIAGNOSTIC

Select Investigation Centre Name :

DESUN HOSPITAL & HEART INSTITUTE

Class of investigation centre:

Class 1

ADD NEW

Miscellaneous Charges (₹)

Specify Miscellaneous Items

Click 'ADD NEW' button to add Date

Total cost of Special Devices (₹)

Specify Special Devices

Total cost of Medicines (₹)

Total number of voucher for OPD*

Permission ID :

Permission Approval Message :

Total Amount Claimed (₹) :-

CALCULATE

Total Number of Vouchers for Indoor Treatment :

Draft Save



Outdoor Investigation details

Search by 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

SL NO	CODE	NAME	CENTRE NAME	DATE	MAXIMUM APPROVED RATE(₹)	AMOUNT ADMISSIBLE(₹)	DELETE
1	02001002	ABDOMINAL ASPIRATION DIAGNOSTIC	DESUN HOSPITAL & HEART INSTITUTE		900	900	Delete
TOTAL-						900	

December, 2019

Su	Mo	Tu	We	Th	Fr	Sa
24	25	26	27	28	29	30
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

Today: December 19, 2019

Select Investigation Date from Date-Picker

Miscellaneous Charges (₹)

Total cost of Special Devices (₹)

Total cost of Medicines (₹)

Permission ID :

Permission Approval Message :

Total Amount Claimed (₹) :-

CALCULATE



Investigation Name: ADD NEW
Select Investigation Centre Name :
Class of investigation centre:

Miscellaneous Charges (₹)

Specify Miscellaneous Items

Total cost of Special Devices (₹)

Specify Special Devices

Total cost of Medicines (₹)

Period of Post Discharge Medicine Consumption
 to

Total number of voucher for OPD*

Permission details

Permission ID :

Permission Approval Message :

Total Amount Claimed (₹) :-
 ₹- 2000/- Rupees Two Thousand Only
Total Number of Vouchers for Indoor Treatment :

Check Total Amount and Total Voucher Number to be submit then click on "CALCULATE"

Click on 'SAVE' button

OR

Type of Package:*

Package Name:*

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

Implant details

Search by implant name/code:

OR

Type of Implants (Coded):

Implant Name:

Non-Coded Implants:

Total Number of Vouchers:

Permission ID:

Permission Approval Message:

Success !

Claim ID C20203000006 saved successfully. You can view, edit or submit claim on next screen.

Click on this button

Total Amount Claimed (₹) :-

₹- 150/- Rupees One Hundred and Fifty Only

Total Number of Vouchers for Indoor Treatment : **10**





Logged in as - G1900000002

LOGOUT

[Collapse All / Expand All](#)

- My Account
 - Home
 - View Registration
 - 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

List of Saved Reimbursement Claims

Pending for submission(37) Objected(3)

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	G1900000002/1	SELF		Submit	View	Delete
Jul 06, 2020	C20201000006	OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete
Jul 08, 2020	C20201000007	OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete
Jul 08, 2020	C20203000023	INDOOR & INDOOR RELATED OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete
Jul 08, 2020	C20203000024	INDOOR & INDOOR RELATED OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete

1 2 3 4 5 6 7 8

Click on 'Delete' to delete the claim

Click on 'Submit' to Submit Claim

Click on 'OK' to edit Claim

Click on 'OK' to edit Claim



Form-D3

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)

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]

1. Details of Employee.			
Full Name	KRISHNENDU PAUL	HRMS ID	G1900000002
Enrolment ID No.	G19000000226101988	Claim Application ID	C20203000023
Bed Entitlement	PRIVATE	Date of Enrolment	01/02/2019
2. Details of Patient, Treating Hospital and Condonation Requirement, if any.			
2.1	Name of Patient	KRISHNENDU PAUL	
	Beneficiary ID	G1900000002/1	
	Relationship with Employee	SELF	
2.2	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 ROAD, NEWTOWN, KOLKATA-700160	
2.3	Requirement of approval of delay Condonation, if any	N/A	
3. Details of Claimant (Applicable in case of death of employee)			
Sl. No.	Name of Claimant	Relation	
3.1	N/A	N/A	

PDF view of claim

Form - D3

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)

4. Permission Details (if any)		
Sl. No.	Permission sought for	Details of permission approval
4.1	For treatment availed in empanelled private hospital within West Bengal (see clause 14 of Order No. 728 and 729, dated 11.01.2012, 11.25.13 (MED), dated 16.11.2013 and 72.78 (MED) dated 04.09.2014)	Permission ID : 125478 Permission approval Message: APPROVED
4.2	For treatment availed in enlisted hospital outside West Bengal (see clause 14 of Order No. 728 & dated 19.09.2008).	Memo No. : N/A Date : Designation / Authority : N/A U.O. No. and date of Higher Education Deptt., West Bengal, if any : N/A

Part-II [Expenditure Statement of IPD treatment]

5. Period of treatment		Admission Date	20/06/2020	Discharge date	05/07/2020
6. Type of Discharge					
Sl. No.	Type of Discharge	Tick mark in appropriate box	Sl. No.	Type of Discharge	Tick mark in appropriate box
6.1	Normal Discharge	<input checked="" type="checkbox"/>	6.2	Referral	<input type="checkbox"/>
6.3	Discharge on Risk Bond	<input type="checkbox"/>	6.4	Death	<input type="checkbox"/>
7. Amount Claimed for					
Sl. No.	Type of Treatment	Tick mark in appropriate box			
7.1	Only Procedural/ Package Treatment	<input type="checkbox"/>			
7.2	Only Non-Procedural/ Non-Package Treatment	<input type="checkbox"/>			
7.3	Both Procedural/ Package and Non-Procedural/ Non-Package Treatment	<input checked="" type="checkbox"/>			
7.1 Details of Procedural/ Package Treatment					
Period of Procedural/Package Treatment		From :	30/06/2020	To :	05/07/2020
Name of Procedures/ Packages		Procedure Code	Amount Claimed (Rs.)		
MINOR ORAL SURGERY		06008006	640		
CRYOPRESERVATION(DAY 2)		06006005	115500		
		Total:	116140		

Form-D3

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					
Name 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 Coverage, if any			
Sl. No	Particulars	Amount (Rs.)	Remarks
1.	Discount	N/A	N/A
2.	Insurance Coverage	N/A	N/A

Net Claim: [Part-II plus Part-III minus Part IV minus Part V] or [Part-II plus Part-III minus Part IV plus V minus Part VI]

118250 Rupees One Lakhs Eighteen Thousand 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]

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)

Sl. No.	Name/Particulars of enclosures to be attached	Enclosed or not (Please Tick)	
1.	Bill Summary of Indoor Treatment and OPD treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Money Receipts of both Indoor and OPD treatment in sequence manner (in chronological order)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Copy of related OPD Prescriptions (if claimed)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Copy of Discharge Summary (Case summary in case of death) and OT note copy of death certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Copy of permission granted if any.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Copy of compliance of clause (3) or (4) or (5) as per Memo No 11253(80) F (MED), dated 16/12/2016	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Copy of Detailed Bill of Indoor Treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Original copy of Voucher/ Tax Invoice/Challan of Implants	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Copy of all investigations/ tests report of Indoor and Indoor related OPD treatment in sequence manner (in chronological order)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	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 <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/>
11.	Filled ECS mandate form in case of those, whose bank details is not available in IFMS (in case of first claim only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12.	Any other instruments (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Date:

Signature of the Employee/Claimant:

Name in Block Letters :

Designation :

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



[Contents](#)





Logged in as - G190000002

LOGOUT

[Collapse All / Expand All](#)

My Account

- Home
- View Registration
- 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

General Information

Whether Hospital is Empanelled under WBHS:

YES

NO

Select 'No' For Non-Empanelled

Select Hospital District :

Hospital Name

Hospital Address

Clinical Estb. Licence No.

Valid upto

Total No. of bed of the hospital

Beneficiary Name

Beneficiary ID of Patient

Relation with Applicant

Applicant Name

Applicant Beneficiary ID

Residential Address

Name of College

College Address

Applicant's Designation

Basic Pay(ROPA 2009)/Basic Salary(ROPA 2019)

Select Treatment type



[Collapse All / Expand All](#)

My Account

- Home
- View Registration
- 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
- Pay Bed / Clinic
- Other Private Empanelled Hospitals

General Information

Whether Hospital is Empanelled under WBHS:

YES NO

Select Hospital District :

KOLKATA

Hospital Name

ABS Nursing Home

Hospital Address

55/1 Park Street Kolkata-700039

Clinical Estb. Licence No.

1452004/A

Valid upto

30/11/2023

Total No. of bed of the hospital

50

Beneficiary Name

KRISHNENDU PAUL

Beneficiary ID of Patient

G190000002/1

Relation with Applicant

Self

Applicant Name

KRISHNENDU PAUL

Applicant Beneficiary ID

G190000002/1

Residential Address

KOLKATA

Name of College

HERAMBA CHANDRA COLLEGE

College Address

23/49, GARIAHAT ROAD, KOLKATA - 700 029

Applicant's Designation

Assistant Professor

Basic Pay(ROPA 2009)/Basic Salary(ROPA 2019)

Select Treatment type

Select Treatment type
Select Treatment type
IPD Treatment

Enter Hospital Address

Enter Hospital Name

Select Treatment Type From Drop-Down List



ogged in as - G190000002

LOGOUT

ollapse All / Expand All

My Account

- Home
- View Registration
- 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

General Information

Indoor

Claim Application ID: C20212000050

Admission Date*

10-11-2021

Discharge Date*

26-11-2021

Select Type of Discharge :*

Normal discharge

Select Type of Treatment :*

Package

Non-Package

Both (Package & Non-Package)

A. For Package Treatment:

Treatment From Date*

10-11-2021

Treatment To Date*

19-11-2021

Package details

Search by package code:

01020005(THORACOPLASTY)

OR

Type of Package:

CARDIO RESPIRATORY PROCEDURES

Package Name:

THORACOPLASTY

ADD NEW

SL NO	CODE	PACKAGE NAME	MAXIMUM APPROVED RATE(₹)	AMOUNT ADMISSIBLE(₹)	DELETE
1	01001001	CONSULTATION BY MEDICAL OFFICER (OPD)	150	120	Delete
TOTAL-				120	

Coded Implant details

Search by implant name/code:

Type three letter of implant code or name

OR

Type of Implants:

Select Implant Type

Implants Name:

ADD NEW

Fill the necessary details

Activate Windows
Go to Settings to activate

OR

Type of Implants:

Select Implant Type

Implants Name:

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	100	80	Delete
TOTAL-					80	

Non-coded Implant details

Non-Coded Implants :

ADD NEW

Total Number of Vouchers for Package Treatment :*

10

Discount and Insurance Coverage (if any):

Discount(₹)

Insurance Coverage(₹)

Total Amount Claimed (₹) :*

CALCULATE

₹ 200/- Rupees Two Hundred Only

Total Number of Vouchers for Indoor Treatment :

10

Draft Save

Click on calculate button to calculate the total amount

Click on "Draft Save" to save the claim

THE INPUTS WITH '*' MARKS ARE MANDATORY DATA.



Logged in as - G1900000002

LOGOUT

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

General Information Indoor

Claim Application ID: C20202000018

Success !

Claim ID C20202000018 saved successfully. You can view, edit or submit claim on next screen.

OK

Click on 'OK'

Admission Date*

dd / mm / yyyy

Discharge Date*

dd / mm / yyyy

Select Type of Discharge :*

Select Discharge Type

Select Type of Treatment :

Package Non-Package Both (Package & Non-Package)

A. For Package Treatment:

Treatment From Date*

dd / mm / yyyy

Treatment To Date*

dd / mm / yyyy

Package details

Search by package code:

Type three letter of package code or name

OR

Type of Package:

Select Package Type

Package Name:

Select Procedure

ADD NEW





Logged in as - G190000002

LOGOUT

[Collapse All / Expand All](#)

- My Account
 - Home
 - View Registration
 - 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

List of Saved Reimbursement Claims

Pending for submission(37) Objected(3)

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	G1900000002/1	SELF		Submit	View	Delete
Jul 06, 2020	C20201000006	OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete
Jul 08, 2020	C20201000007	OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete
Jul 08, 2020	C20203000023	INDOOR & INDOOR RELATED OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete
Jul 08, 2020	C20203000024	INDOOR & INDOOR RELATED OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete

1 2 3 4 5 6 7 8

Click on 'OK' to edit Claim



LOGOUT

Logged in as - G1900000002

[Collapse All / Expand All](#)

My Account

- Home
- View Registration
- Change Password

My Request

- Inclusion/Exclusion Of Benefic
- Change Photo/Sign/Blood Gro
- 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

G1900000002/1

College Name

HERAMBA CHANDRA COLLEGE

Applicant Designation

ASSISTANT PROFESSOR

For Indoor Treatment:

Admission Date*

31/12/2019

Hospital Name

RUBY GENERAL HOSPITAL

Beneficiary ID of Patient

G1900000002/1

Applicant Name

KRISHNENDU PAUL

Applicant Residence Address

KOLKATA

College Address

23/49, GARIAHAT ROAD, KOLKATA - 700 029

Basic Pay

51000

Discharge Date*

10/01/2020



Click on this icon
to exit





Logged in as - G190000002

LOGOUT

[Collapse All / Expand All](#)

- My Account
 - Home
 - View Registration
 - 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

List of Saved Reimbursement Claims

Pending for submission(37) Objected(3)

Click on 'View' to view claim

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	G1900000002/1	SELF		Submit	View	Delete
Jul 06, 2020	C20201000006	OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete
Jul 08, 2020	C20201000007	OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete
Jul 08, 2020	C20203000023	INDOOR & INDOOR RELATED OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete
Jul 08, 2020	C20203000024	INDOOR & INDOOR RELATED OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete

1 2 3 4 5 6 7 8

Click on 'Submit' to Submit Claim



Logged in as - G1900000002

LOGOUT

[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 Reimbursement Claims

Type of Claim -

Pending for submission

Objected

Claim Generation Date	Claim ID	Patient Beneficiary ID	Relation with Applicant	Edit Claim	Submit Claim	View Claim	Delete Claim
Jan 13, 2020	C20203000006	0000002/2	WIDOW			View	Delete

Success !

Your claim C20203000006 has been submitted for approval

OK

Click on 'OK'





Logged in as - G190000002

LOGOUT

[Collapse All / Expand All](#)

My Account

- Home
- View Registration
- 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

List of Saved Reimbursement Claims

Pending for submission(37) Objected(3)

Click on 'View' to view claim

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	G1900000002/1	SELF		Submit	View	Delete
Jul 06, 2020	C20201000006	OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete
Jul 08, 2020	C20201000007	OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete
Jul 08, 2020	C20203000022	INDOOR & INDOOR RELATED OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete
Jul 08, 2020	C20203000023	INDOOR & INDOOR RELATED OPD	KRISHNENDU PAUL	G1900000002/1	SELF		Submit	View	Delete

12345678



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)

To

The PRINCIPAL

WBHS Demo College

Sir / Madam,

I am submitting a claim 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:

Part-I [General Information]

1. Details of Employee.			
Full Name	KRISHNENDU PAUL	HRMS ID	G1900000002
Enrolment ID No.	G19000000226101988	Claim Application ID	C20202000002
Bed Entitlement	PRIVATE	Date of Enrolment	01/02/2019
2. Details of Patient, Treating Hospital and Condonation Requirement, if any.			
2.1	Name of Patient	KRISHNENDU PAUL	
	Beneficiary ID	G1900000002/L	
	Relationship with Employee	SELF	
2.2	Name of Non-Empanelled/hospital where treatment is availed.	ABS jnin	
	Bed Capacity of Hospital	11	
	CE Licence No.	jnin	
	CE Licence valid up to	22/09/2037	
2.3	Address of Hospital	hbjnk	
	Requirement of approval of delay Condonation, if any	N/A	
3. Details of Claimant (Applicable in case of death of employee)			
Sl. No.	Name of Claimant	Relation	
3.1	N/A	N/A	

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

4. Period of treatment					
Admission Date		04/06/2020		Discharge date	
				14/06/2020	
5. Type of Discharge					
Sl. No.	Type of Discharge	Tick mark in appropriate box	Sl. No.	Type of Discharge	Tick mark in appropriate box
3.1	Normal Discharge	<input checked="" type="checkbox"/>	3.2	Referral	<input type="checkbox"/>
	Discharge on Risk Bond	<input type="checkbox"/>	3.4	Death	<input type="checkbox"/>

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)

PDF view of claim

6. Amount Claimed (Rupees)					
Sl. No.					Tick mark in appropriate box
6.1	Only Procedural/ Package Treatment				<input type="checkbox"/>
6.2	Only Non-Procedural/ Non-Package Treatment				<input type="checkbox"/>
6.3	Both Procedural/ Package and Non- Procedural/ Non-Package Treatment				<input checked="" type="checkbox"/>
6.1 Details of Procedural/ Package Treatment					
Period of Procedural/Package Treatment		From : 01/06/2020		To : 07/06/2020	
Sl. No.	Name of Procedures/ Packages			Amount Claimed (Rs.)	
1	EXTENSIVE BURN ABOVE 30 PERCENT FIRST DRESSING [EXCLUDING DRESSING MATERIALS AND MEDICINES]			900	
				Total-	900
6.2 Details of Implants Used					
Sl. No.	Name of Implants			Amount Claimed (Rs.)	
1	BILATERAL HEARING AID			9000	
2	hbbh			100	
				Total-	9100
6.3 Details of Non-Procedural/ Non-Package Treatment					
Period of Non-Procedural/Non-Package Treatment		From	08/06/2020	To	14/06/2020
6.3.1 Room/Bed Rent					
Room Type		From	To	Amount Claimed (Rs.)	
PRIVATE		6/8/2020 12:00:00 AM	6/13/2020 12:00:00 AM	6480	
6.3.2	Consultation Fees			150000	
6.3.3	Pathological and Radiological Investigations			1230	
6.3.4	Medicines			410	
6.3.5	Consumables			650	
6.3.6	Special Nursing/Ayuh Charges			100	
6.3.7	Miscellaneous. (If Any Specify)			110	
				Total-	152500
				No. of Vouchers-	21
				Total Treatment Cost (6.1+ 6.2+6.3)-	162500
Net Claim : (Part-II)					
162500		Rupees One Lakhs Sixty Two Thousand Five 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 malefide due to any suppression of facts. I am enclosing the following instrument to substantiate my claims in sequential manner.

[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 <input type="checkbox"/>	No <input type="checkbox"/>
2.	Bill Summary	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Money Receipts in sequence manner (In chronological order)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Copy of Discharge Summary (Case summary in case of death) and OT note and copy of death certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Detailed Bill	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Original copy of Voucher/ Tax Invoice/ Challan of Implants	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Copy of investigation/ test report in sequence manner (In chronological order)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Filled ECS mandate form in case of those, whose bank details is not available in IFMS (In case of first claim only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	Any other instruments (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Date:

Signature of the Employee/Claimant:

Name in Block Letters :

Designation :



Thank You...

