



Finance Department, GoWB

# WEST BENGAL HEALTH SCHEME

## For Grant-in-Aid Colleges & Universities



**User Manual**

**For**

**'Processing of Claim in College Level'**



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Processing of Claim at Operator Level

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Govt. of West Bengal  
Finance Department



e-Pension  
WEST BENGAL  
Directorate of Pension, Provident  
Fund and Group Insurance

## What's New / Coming Up Next

1. Submit your Query/Grievance by using **May I Assist You**

## News & Events

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Department of Higher Education  
Govt. of West Bengal

eOffice

A Digital Workplace Solution



Employee / Pensioner



GIA College / University



Medical Cell



DDO



Hospitals



Treasury



Welcome to "West Bengal Health Scheme"



## LOGIN

User Id

rm-tesedi002

Password

.....

16 + 5 =

..

OK

CANCEL

[Forgot Password?](#)

Enter Your  
User ID

Enter Your  
Password and  
Calculate the  
Sum





LOGGED IN AS - slaha\_optr (ASSIS

Idle Session  
Timer: 2589 seconds.

Logout

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Welcome SAMBIT LAHA

Name of the User	:	Sambit Laha
Designation	:	ASSISTANT TEACHER
HRMS ID	:	
Mobile No	:	
Email ID	:	
Role	:	

Click Here  
To  
View Claims





Logout

LOGGED IN AS

- HOME
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## List of Online Reimbursement Claim for Employees

Select Claim Type :

- OPD Treatment
- IPD Treatment
- Indoor and Indoor related OPD Treatment
- All

Click on "Patient Name" or  
"Claim ID"  
To  
View Claim details

Sl_No.	Employee Name	Patient Name	Employee ID	Claim ID	Claim Type	Patient Beneficiary ID	Relation with Applicant
1	JINIA KHANDELWAL	DHEERAJ KHANDELWAL	G1900000005	C20192000025	IPD Treatment	G1900000005/2	HUSBAND

# Processing of claim at Operator level



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LOGGED IN AS

Idle Session

Timer: 2279 seconds.

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## Indoor Related OPD Claim

HRMS ID :

G1900000002

Claim Application ID :

C20203000002

### General Information

### Claim Details

8. Entitlement of Bed Category :

PRIVATE

9. Office Address :

Bikash Bhaban, Sector-1, Saltlake

10. Residence Address :

115, BANGUR AVENUE, BLOCK-A OPPOSITE LANE OF MOTHER DIARY

11. Type of Hospital :

Hospital Code	Category	Empanelled/ Non-Empanelled	Class	Name of Hospital	Address of Hospital
0411011	Private Empanelled Hospital	Empanelled	Class- 1	RUBY GENERAL HOSPITAL	KASBA GOL PARK, EM BYEPASS, KOLKATA-700107.

12. Details of Permission :

(a) For availing treatment outside West Bengal :

Sanctioning Authority	Sanctioning Department	Sanction No.	Sanction Date
N/A	N/A	N/A	N/A

(b) For special cases as mention in order No. 796-F(MED),dated; 31.01.2011, No. 797-F(MED), dated 31.01.2011, No.11253-F(MED), dated; 16/11/2011 and No. 7578-F(MED),dated; 04.09.2012

Permission ID	Permission approval Message
PERM/01	Granted

[Statement of Expenditure]

### 1. Indoor Treatment :

Admission Date:

01/06/2020

Please check  
Claimant details

Consultant name : 54184:- IANMAY BANERJEE

Consultant Degree : MD

	Amount Claimed (₹)	Amount Admissible (₹)	Justification
Consultation Fee (₹):	200	Admissible Consultation Fee	Enter Justification
Cost of Medicine (₹):	2500	Admissible Medicine Cost	Enter Justification
Post Consultation Medicine Consumption Period: 11/11/2021 To 25/11/2021			
Cost of Special Device / Implants (₹):		Admissible Implant Cost	Enter Justification
Cost of Miscellaneous Items (₹):		Admissible Miscellaneous Cost	Enter Justification

Cost of Pathological and Radiological Investigation(s):

a. Coded Investigation Details :

Sl No	Investigation Code	Investigation Name	Investigation Center Name	Investigation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	06009097	LFT	TATA MEDICAL CENTER	11/18/2021 12:00:00 AM	900	Enter Admissible Amount	Enter Justification
<b>Total(₹)</b>					<b>900</b>	<b>0</b>	

Net Claim (₹): 3600

**Admissible Claim (₹):\***

Please click on the above link and generate modified total to proceed further.

NOTE SHEET

Raise Objection

Exit

Please fix admissible amount before proceeding



Representation of forwarding claim

vi. Cost of Special Nursing :	400	400	No Deductions made.
vii. Cost of Miscellaneous Items:	200	200	No Deductions Made.

**2. Indoor Related OPD Treatment :**

**i. Consultation fees :**

SI No	Doctor Name	Doctor Degree	Consultation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	SAUMITRA DUTTA	DM	18/06/2020	250	250	No Deductions Made
<b>Total(₹)</b>				<b>250</b>	<b>250</b>	

**ii. Cost of Pathological and Radiological Investigations :**

**a. Coded Investigation Details :**

SI No	Investigation Code	Investigation Name	Investigation Center Name	Investigation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	02001006	E.C.G.	RUBY GENERAL HOSPITA	18/06/2020	140	130	As per the bill submitted
<b>Total(₹)</b>					<b>140</b>	<b>130</b>	

	Amount Claimed (₹)	Amount Admissible (₹)	Justification
(c) Cost of Medicine :	270	270	No Deductions Made.
Post Discharge Medicine Consumption Period:	dd-mm-yyyy	To	dd-mm-yyyy
(d) Cost of Special Device/Implant :	300	300	No Deductions Made.
(e) Cost of Miscellaneous Items :	200	200	No Deductions Made.

Net Claim (₹) : 123950

**Admissible Claim (₹) :\***

Please click on the above link and generate modified total to proceed further.

NOTE SHEET

Raise Objection Exit

vi. Cost of Special Nursing :	400	400	No Deductions made.
vii. Cost of Miscellaneous Items:	200	200	No Deductions Made.

**2. Indoor Related OPD Treatment :**

**i. Consultation fees :**

SI No	Doctor Name	Doctor Degree	Consultation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	SAUMITRA DUTTA	DM	18/06/2020	250	250	No Deductions Made
<b>Total(₹)</b>				<b>250</b>	<b>250</b>	

**ii. Cost of Pathological and Radiological Investigations :**

**a. Coded Investigation Details :**

SI No	Investigation Code	Investigation Name	Investigation Center Name	Investigation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	02001006	E.C.G.	RUBY GENERAL HOSPITA	18/06/2020	140	130	As per the bill submitted
<b>Total(₹)</b>					<b>140</b>	<b>130</b>	

	Amount Claimed (₹)	Amount Admissible (₹)	Justification
(c) Cost of Medicine :	270	270	No Deductions Made.
Post Discharge Medicine Consumption Period:	dd-mm-yyyy	To	dd-mm-yyyy
(d) Cost of Special Device/Implant :	300	300	No Deductions Made.
(e) Cost of Miscellaneous Items :	200	200	No Deductions Made.

Net Claim (₹) : 123950

**Admissible Claim (₹) :** \*

Please click on the above link and generate modified total to proceed further.

[Raise Objection](#) [Exit](#)

[NOTE SHEET](#)

Click on Admissible Claim

User can view the track details of Claim

vi. Cost of Special Nursing :	400	<input type="text" value="400"/>	<input type="text" value="No Deductions made."/>
vii. Cost of Miscellaneous Items:	200	<input type="text" value="200"/>	<input type="text" value="No Deductions Made."/>

**2. Indoor Related OPD Treatment :**

**i. Consultation fees :**

Sl No	Doctor Name	Doctor Degree	Consultation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	SAUMITRA DUTTA	DM	18/06/2020	250	<input type="text" value="250"/>	<input type="text" value="No Deductions Made"/>
<b>Total(₹)</b>				<b>250</b>	<b>250</b>	

**ii. Cost of Pathological and Radiological Investigations :**

**a. Coded Investigation Details :**

Sl No	Investigation Code	Investigation Name	Investigation Center Name	Investigation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	02001006	E.C.G.	RUBY GENERAL HOSPITA	18/06/2020	140	<input type="text" value="130"/>	<input type="text" value="As per the bill"/>
<b>Total(₹)</b>					<b>140</b>	<b>130</b>	

	Amount Claimed (₹)	Amount Admissible (₹)	Justification
(c) Cost of Medicine :	270	<input type="text" value="270"/>	<input type="text" value="No Deductions Made."/>
Post Discharge Medicine Consumption Period:	<input type="text" value="dd-mm-yyyy"/>	To	<input type="text" value="dd-mm-yyyy"/>
(d) Cost of Special Device/Implant :	300	<input type="text" value="300"/>	<input type="text" value="No Deductions Made."/>
(e) Cost of Miscellaneous Items :	200	<input type="text" value="200"/>	<input type="text" value="No Deductions Made."/>
Net Claim (₹) :	123950		
<b>Admissible Claim (₹) :*</b>	<b>123900</b>		

[NOTE SHEET](#)

**Click on this button to Save the Claim**



Logout

LOGGED IN AS - RM-TESEDI002 (DATA ENTRY OPERATOR)

- HOME
- REIMBURSEMENT CLAIM PROCESSING
- SANCTION CASES
- TRACK PROCESSED CLAIM



### IPD Claim

HRMS ID :

#### General Information

- 8. Entitlement of Beneficiary
- 9. Office Address :
- 10. Residence Address :
- 11. Type of Hospital :

Are you Sure you want to save  
admissibility details for Claim ID -  
C20192000025?

Click on 'Yes'  
to Save this Claim

Category	Empanelled/ Non- Empanelled	Name of Hospital	Address of Hospital
NA	Non-Empanelled	ABC Hospital	PARK STREET

[Statement of Expenditure]

Admission Date: 27/10/2019  
Discharge Date: 06/11/2019





Logout

LOGGED IN AS - RM-TESEDI002 (DATA ENTRY OPERATOR)

- HOME
- REIMBURSEMENT CLAIM PROCESSING
- SANCTION CASES
- TRACK PROCESSED CLAIM



## IPD Claim

HRMS ID :

### General Information

- 8. Entitlement of Bed Category :
- 9. Office Address :
- 10. Residence Address :
- 11. Type of Hospital :

Category	Empanelled/ Non- Empanelled	Name of Hospital	Address of Hospital
NA	Non-Empanelled	ABC Hospital	PARK STREET

[Statement of Expenditure]

Admission Date:  
Discharge Date:

27/10/2019  
06/11/2019

Success !

Admissibility fixation done for Claim Id-  
C20192000025 Successfully.

OK

Click on 'OK'  
(Claim has been Saved)



i. Consultation fees :

Sl No	Doctor Name	Doctor Degree	Consultation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	SAUMITRA DUTTA	DM	18/06/2020	250	250	No Deductions Made
Total(₹)				250	250	

ii. Cost of Pathological and Radiological Investigations :

a. Coded Investigation Details :

Sl No	Investigation Code	Investigation Name	Investigation Center Name	Investigation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	02001006	E.C.G.	RUBY GENERAL HOSPITA	18/06/2020	140	130	As per the bill
Total(₹)					140	130	

	Amount Claimed (₹)	Amount Admissible (₹)	Justification
(c) Cost of Medicine :	270	270	No Deductions Made.
Post Discharge Medicine Consumption Period:	dd-mm-yyyy	To	dd-mm-yyyy
(d) Cost of Special Device/Implant :	300	300	No Deductions Made.
(e) Cost of Miscellaneous Items :	200	200	No Deductions Made.
Net Claim (₹) :	123950		
<b>Admissible Claim (₹) :</b> *	123900		

NOTE SHEET

Select the Level of Recipient:

- Head of Institution(HOI)
- Verifying Authority
- Operator

Select level of Recipient

Select the name of recipient:

Note for recipient:

Send Raise Objection Exit

i. Consultation fees :

Sl No	Doctor Name	Doctor Degree	Consultation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	SAUMITRA DUTTA	DM	18/06/2020	250	250	No Deductions Made
Total(₹)				250	250	

ii. Cost of Pathological and Radiological Investigations :

a. Coded Investigation Details :

Sl No	Investigation Code	Investigation Name	Investigation Center Name	Investigation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	02001006	E.C.G.	RUBY GENERAL HOSPITA	18/06/2020	140	130	As per the bill
Total(₹)					140	130	

	Amount Claimed (₹)	Amount Admissible (₹)	Justification
(c) Cost of Medicine :	270	270	No Deductions Made.
Post Discharge Medicine Consumption Period:	dd-mm-yyyy	To	dd-mm-yyyy
(d) Cost of Special Device/Implant :	300	300	No Deductions Made.
(e) Cost of Miscellaneous Items :	200	200	No Deductions Made.
Net Claim (₹) :	123950		
<b>Admissible Claim (₹) :</b> *	123900		

Select the Level of Recipient:

- Head of Institution(HOI)  
 Verifying Authority  
 Operator

Select the name of recipient:

Enter note

Note for recipient:

Send Raise Objection Exit

Select Recipient Name from dropdown list and Give a note after verifying the Claim and Amount

**i. Consultation fees :**

Sl No	Doctor Name	Doctor Degree	Consultation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	SAUMITRA DUTTA	DM	18/06/2020	250	250	No Deductions Made
<b>Total(₹)</b>				<b>250</b>	<b>250</b>	

**ii. Cost of Pathological and Radiological Investigations :**

**a. Coded Investigation Details :**

Sl No	Investigation Code	Investigation Name	Investigation Center Name	Investigation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	02001006	E.C.G.	RUBY GENERAL HOSPITA	18/06/2020	140	130	As per the bill
<b>Total(₹)</b>					<b>140</b>	<b>130</b>	

	Amount Claimed (₹)	Amount Admissible (₹)	Justification
(c) Cost of Medicine :	270	270	No Deductions Made.
Post Discharge Medicine Consumption Period:	dd-mm-yyyy	To	dd-mm-yyyy
(d) Cost of Special Device/Implant :	300	300	No Deductions Made.
(e) Cost of Miscellaneous Items :	200	200	No Deductions Made.
<b>Net Claim (₹) :</b>	<b>123950</b>		

NOTE SHEET

Select the Level of Recipient:

Head of Institution(HOI)

Verifying Authority

Operator

Select the name of recipient: Ranjan Saha

Note for recipient: Approved

Click on this button to send the Claim

Send Raise Objection Exit



Idle Session  
Timer: 2017 seconds.

Logout

LOGGED IN AS - slaha\_optr (ASSISTANT TEACHER)

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- E-Billing

## Advance OPD Claim

HRMS ID : G1900000002      Claim Application ID : AC20201000003

### General Information      Claim Details

- 8. Pay (Band Pay + Grade Pay)
- 9. Entitlement of Bed Category
- 10. Type of Hospital

Hospital Code	Name of Hospital
0411002	THE CALCUTTA MEDICAL RESEARCH INSTITUTE

**Are you Sure you want to send Claim ID - AC20201000003 to the selected recipient?**

**Click on 'Yes' to Send this Claim**

Name of OPD Disease:      Data Addressed  
No. of consultation : 4  
Period of OPD consultation : 25/06/2020 To 30/06/2020

	Amount Claimed (₹)	Amount Admissible (₹)	Justification
Consultation Fee (₹):	1000	1000	No Deductions Made.
Cost of Medicine (₹):	670	670	No Deductions Made.
Cost of Special Device / Implants (₹):	10	10	No Deductions Made.
Cost of Miscellaneous Items (₹):	600	600	No Deductions Made.





Idle Session

Timer: 1965 seconds.

Logout

LOGGED IN AS - slaha\_oprtr (ASSISTANT TEACHER)

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## List of Online Reimbursement Claim for Employees

- OPD Treatment
- IPD Treatment
- Indoor and Indoor related OPD Treatment
- All

**Success !**

Claim ID - AC20201000003 has been sent successfully.

OK

Click on 'OK'  
(Claim successfully sent)



**i. Consultation fees :**

Sl No	Doctor Name	Doctor Degree	Consultation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	SAUMITRA DUTTA	DM	18/06/2020	250	250	No Deductions Made
<b>Total(₹)</b>				<b>250</b>	<b>250</b>	

**ii. Cost of Pathological and Radiological Investigations :**

**a. Coded Investigation Details :**

Sl No	Investigation Code	Investigation Name	Investigation Center Name	Investigation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	02001006	E.C.G.	RUBY GENERAL HOSPITA	18/06/2020	140	130	As per the bill
<b>Total(₹)</b>					<b>140</b>	<b>130</b>	

	Amount Claimed (₹)	Amount Admissible (₹)	Justification
(c) Cost of Medicine :	270	270	No Deductions Made.
Post Discharge Medicine Consumption Period:	dd-mm-yyyy	To	dd-mm-yyyy
(d) Cost of Special Device/Implant :	300	300	No Deductions Made.
(e) Cost of Miscellaneous Items :	200	200	No Deductions Made.
Net Claim (₹) :	123950		
<b>Admissible Claim (₹) :*</b>	123900		

NOTE SHEET

Select the Level of Recipient:

- Head of Institution(HOI)
- Verifying Authority
- Operator

Select the name of recipient:

Note for recipient:

Send **Raise Objection** Exit

Click on this button to Raise Objection



Idle Session  
Timer: 1801 seconds.

Logout

LOGGED IN AS - *siaha\_oprv* (ASSISTANT TEACHER)

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## Advance Indoor Claim

HRMS ID : G1900000002

Claim Application ID :

AC20202000002

General Information Claim Details

Claim ID :

Objection raised by :

Reason for objection :

### 1. Indoor Treatment :

No. of days for the expenditure : 10  
Amount claimed for :

### (I) For Package treatment for

#### 1.Procedural Treatment :

Sl No	Procedure Code	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	01008014	2000	<input type="text" value="2000"/>	No Deductions Made
		2000	2000	

#### 2.Cost of Special Device/Implants :

##### (i) Coded Implant Details :

Enter Reason for  
Objection  
and  
Click on 'Confirm'





LOGGED IN AS - slaha\_optr (ASSISTANT TEACHER)

Idle Session  
Timer: 2670 seconds.

Logout

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## List of Online Reimbursement Claim for Employees

Select Claim Type :

- OPD Treatment
- IPD Treatment
- Indoor and Indoor related OPD Treatment
- All

left to process currently.

Content Provided by the

al, Site Designed, Hosted and  
efox 36.0 or later.

**Success !**

Claim id AC20202000002 sent back to applicant successfully.

OK

Click on 'OK'  
(Claim send back successfully)





LOGGED IN AS - [REDACTED]

Idle Session  
Timer: 2589 seconds.

Logout

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E-Billing

Welcome SAMBIT LAHA

Name of the User	:	Sambit Laha
Designation	:	ASSISTANT TEACHER
HRMS ID	:	
Mobile No	:	[REDACTED]
Email ID	:	[REDACTED]
Role	:	[REDACTED]

Click Here  
To  
Track processed  
Claims





Idle Session  
Timer: 2587 seconds.

Logout

LOGGED IN AS - slaha\_oprtr (ASSISTANT TEACHER)

- Home
- Inbox
- Track Processed Claims
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- E-Billing

## List of Processed(Not sanctioned yet) Claim

Track Processed Claims

Claim Generation Date	Claim ID	Claim Type	Patient Name	Patient Beneficiary ID	View Claim	Track Claim
Jun 20, 2020	C20203000002	INDDOR & INDOOR RELATED OPD	KRISHNENDU PAUL	G1900000002/1	<a href="#">View</a>	<a href="#">TRACK</a>
Jun 20, 2020	AC20201000006	OPD	KRISHNENDU PAUL	G1900000002/1	<a href="#">View</a>	<a href="#">TRACK</a>
Jun 20, 2020	AC20201000007	OPD	KRISHNENDU PAUL	G1900000002/1	<a href="#">View</a>	<a href="#">TRACK</a>
Jun 10, 2020	C20202000001	INDOOR	KRISHNENDU PAUL	G1900000002/1	<a href="#">View</a>	<a href="#">TRACK</a>
Jun 10, 2020	C20203000001	INDDOR & INDOOR RELATED OPD	KRISHNENDU PAUL	G1900000002/1	<a href="#">View</a>	<a href="#">TRACK</a>
Jun 10, 2020	AC20202000002	INDOOR	KRISHNENDU PAUL	G1900000002/1	<a href="#">View</a>	<a href="#">TRACK</a>
Jun 10, 2020	AC20201000003	OPD	KRISHNENDU PAUL	G1900000002/1	<a href="#">View</a>	<a href="#">TRACK</a>



Idle Session  
Timer: 2688 seconds.

Logout

LOGGED IN AS - slaha\_oprtr (ASSISTANT TEACHER)

- Home
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- E-Billing

## List of Processed(Not sanctioned yet) Claim

Claim Generation Date	Claim ID	Claim Type	Patient Name	Patient Beneficiary	View Claim	Track Claim
Jun 20, 2020	C20203000002	INDDOR & INDOOR RELATED OPD	KRISHNENDU PAUL		View	TRACK
		RELATED OPD			View	TRACK
Jun 10, 2020	AC20202000002	INDOOR	KRISHNENDU PAUL	G19000000002/1	View	TRACK
Jun 10, 2020	AC20201000003	OPD	KRISHNENDU PAUL	G19000000002/1	View	TRACK

Claim Generation Date	Claim ID	Claim Type	Patient Name	Status
Jun 20, 2020	C20203000002	INDDOR & INDOOR RELATED OPD	KRISHNENDU PAUL	Claim has been sanctioned. Sanction no. HED2020C000008 dated Jun 21, 2020



Click on this icon to Exit



# Processing of claim at Verifying Authority level



[Contents](#)



Please check  
Claimant details and  
input admissible  
amounts

For any changes fill  
Amounts and  
Justification in both  
columns

vi. Cost of Special Nursing :	400	400	No Deductions made.
vii. Cost of Miscellaneous Items:	200	200	No Deductions Made.

## 2. Indoor Related OPD Treatment :

### i. Consultation fees :

Sl No	Doctor Name	Doctor Degree	Consultation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	SAUMITRA DUTTA	DM	18/06/2020	250	250	No Deductions Made
Total(₹)				250	250	

### ii. Cost of Pathological and Radiological Investigations :

#### a. Coded Investigation Details :

Sl No	Investigation Code	Investigation Name	Investigation Center Name	Investigation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	02001006	E.C.G.	RUBY GENERAL HOSPITA	18/06/2020	140	130	As per the bill submitted
Total(₹)					140	130	

	Amount Claimed (₹)	Amount Admissible (₹)	Justification
(c) Cost of Medicine :	270	270	No Deductions Made.
Post Discharge Medicine Consumption Period:	dd-mm-yyyy	To	dd-mm-yyyy
(d) Cost of Special Device/Implant :	300	300	No Deductions Made.
(e) Cost of Miscellaneous Items :	200	200	No Deductions Made.

Net Claim (₹) : 123950

**Admissible Claim (₹) :** \*

Please click on the above link and generate modified total to proceed further.

NOTE SHEET

Raise Objection Exit

vi. Cost of Special Nursing :	400	400	No Deductions made.
vii. Cost of Miscellaneous Items:	200	200	No Deductions Made.

**2. Indoor Related OPD Treatment :**

**i. Consultation fees :**

SI No	Doctor Name	Doctor Degree	Consultation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	SAUMITRA DUTTA	DM	18/06/2020	250	250	No Deductions Made
<b>Total(₹)</b>				<b>250</b>	<b>250</b>	

**ii. Cost of Pathological and Radiological Investigations :**

**a. Coded Investigation Details :**

SI No	Investigation Code	Investigation Name	Investigation Center Name	Investigation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	02001006	E.C.G.	RUBY GENERAL HOSPITA	18/06/2020	140	130	As per the bill submitted
<b>Total(₹)</b>					<b>140</b>	<b>130</b>	

**Click on Admissible Claim**

	Amount Claimed (₹)	Amount Admissible (₹)	Justification
(c) Cost of Medicine :	270	270	No Deductions Made.
Post Discharge Medicine Consumption Period:	dd-mm-yyyy	To	dd-mm-yyyy
(d) Cost of Special Device/Implant :	300	300	No Deductions Made.
(e) Cost of Miscellaneous Items :	200	200	No Deductions Made.

Net Claim (₹) : 123950  
**Admissible Claim (₹) : \***

Please click on the above link and generate modified total to proceed further.

[NOTE SHEET](#)

[Raise Objection](#) [Exit](#)

vi. Cost of Special Nursing :	400	400	No Deductions made.
vii. Cost of Miscellaneous Items:	200	200	No Deductions Made.

**2. Indoor Related OPD Treatment :**

**i. Consultation fees :**

Sl No	Doctor Name	Doctor Degree	Consultation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	SAUMITRA DUTTA	DM	18/06/2020	250	250	No Deductions Made
<b>Total(₹)</b>				<b>250</b>	<b>250</b>	

**ii. Cost of Pathological and Radiological Investigations :**

**a. Coded Investigation Details :**

Sl No	Investigation Code	Investigation Name	Investigation Center Name	Investigation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	02001006	E.C.G.	RUBY GENERAL HOSPITA	18/06/2020	140	130	As per the bill
<b>Total(₹)</b>					<b>140</b>	<b>130</b>	

	Amount Claimed (₹)	Amount Admissible (₹)	Justification
(c) Cost of Medicine :	270	270	No Deductions Made.
Post Discharge Medicine Consumption Period:	dd-mm-yyyy	To	dd-mm-yyyy
(d) Cost of Special Device/Implant :	300	300	No Deductions Made.
(e) Cost of Miscellaneous Items :	200	200	No Deductions Made.

Net Claim (₹) : 123950  
**Admissible Claim (₹) :\*** 123900

NOTE SHEET

**Click on this button to Save the Claim**

Save    Raise Objection    Exit

i. Consultation fees :

SI No	Doctor Name	Doctor Degree	Consultation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	SAUMITRA DUTTA	DM	18/06/2020	250	250	No Deductions Made
Total(₹)				250	250	

ii. Cost of Pathological and Radiological Investigations :

a. Coded Investigation Details :

SI No	Investigation Code	Investigation Name	Investigation Center Name	Investigation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	02001006	E.C.G.	RUBY GENERAL HOSPITA	18/06/2020	140	130	As per the bill
Total(₹)					140	130	

	Amount Claimed (₹)	Amount Admissible (₹)	Justification
(c) Cost of Medicine :	270	270	No Deductions Made.
Post Discharge Medicine Consumption Period:	dd-mm-yyyy	To	dd-mm-yyyy
(d) Cost of Special Device/Implant :	300	300	No Deductions Made.
(e) Cost of Miscellaneous Items :	200	200	No Deductions Made.
Net Claim (₹) :	123950		
<b>Admissible Claim (₹) :* </b>	123900		

NOTE SHEET

Select the Level of Recipient:

Head of Institution(HOI)  
 Verifying Authority  
 Operator

Select the name of recipient: Ranjan Saha

Note for recipient: Approved

Click on this button to Send the Claim

Send Raise Objection Exit



Idle Session

Timer: 1965 seconds.

Logout

LOGGED IN AS - slaha\_oprtr (ASSISTANT TEACHER)

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## List of Online Reimbursement Claim for Employees

- OPD Treatment
- IPD Treatment
- Indoor and Indoor related OPD Treatment
- All

**Success !**

Claim ID - AC20201000003 has been sent successfully.

OK

Click on 'OK'  
(Claim successfully sent)



# Processing of claim at Principal level



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## Indoor Related Opd Treatment

HRMS ID : G1900000003

Claim Application ID : C20193000015

General Information

Claim Details

8. Entitlement of Bed Category :

PRIVATE

9. Office Address :

2, SHYAMA PRASAD MUKHERJEE ROAD, HAZRA,  
KOLKATA

10. Residence Address :

12, CHOURANGI LANE

Hospital Code	Category	Empanelled/ Non- Empanelled	Class	Name of Hospital	Address of Hospital
510004	Enlisted Hospital Outside West Bengal	Empanelled	Class- 0	NIMHANS, Bangalore	

12. Details of Permission :

(a) For availing treatment outside West Bengal :

Sanctioning Authority	Sanctioning Department	Sanction No.	Sanction Date
A.O. & E.O. JOINT SECRETARY	FINANCE DEPARTMENT	WB/FIN/111	25/08/2019

(b) For special cases as mention in order No. 796-F(MED).dated; 31.01.2011, No. 797-F(MED), dated 31.01.2011.No.11253-F(MED).

Please check  
Claimant details



Please check Claim details and input admissible amounts

For any changes fill Amounts and Justification in both columns

vi. Cost of Special Nursing :	400	400	No Deductions made.
vii. Cost of Miscellaneous Items:	200	200	No Deductions Made.

**2. Indoor Related OPD Treatment :**

**i. Consultation fees :**

Sl No	Doctor Name	Doctor Degree	Consultation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	SAUMITRA DUTTA	DM	18/06/2020	250	250	No Deductions Made
<b>Total(₹)</b>				<b>250</b>	<b>250</b>	

**ii. Cost of Pathological and Radiological Investigations :**

**a. Coded Investigation Details :**

Sl No	Investigation Code	Investigation Name	Investigation Center Name	Investigation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	02001006	E.C.G.	RUBY GENERAL HOSPITA	18/06/2020	140	130	As per the bill submitted
<b>Total(₹)</b>					<b>140</b>	<b>130</b>	

(c) Cost of Medicine :

Amount Claimed (₹)	270	Amount Admissible (₹)	270	Justification	No Deductions Made.
--------------------	-----	-----------------------	-----	---------------	---------------------

Post Discharge Medicine Consumption Period: dd-mm-yyyy To dd-mm-yyyy

(d) Cost of Special Device/Implant :

Amount Claimed (₹)	300	Amount Admissible (₹)	300	Justification	No Deductions Made.
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(e) Cost of Miscellaneous Items :

Amount Claimed (₹)	200	Amount Admissible (₹)	200	Justification	No Deductions Made.
--------------------	-----	-----------------------	-----	---------------	---------------------

Net Claim (₹) : 123950

**Admissible Claim (₹) : \***

Please click on the above link and generate modified total to proceed further.

[NOTE SHEET](#)

[Raise Objection](#) [Exit](#)

vi. Cost of Special Nursing :	400	400	No Deductions made.
vii. Cost of Miscellaneous Items:	200	200	No Deductions Made.

**2. Indoor Related OPD Treatment :**

**i. Consultation fees :**

SI No	Doctor Name	Doctor Degree	Consultation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	SAUMITRA DUTTA	DM	18/06/2020	250	250	No Deductions Made
<b>Total(₹)</b>				<b>250</b>	<b>250</b>	

**ii. Cost of Pathological and Radiological Investigations :**

**a. Coded Investigation Details :**

SI No	Investigation Code	Investigation Name	Investigation Center Name	Investigation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	02001006	E.C.G.	RUBY GENERAL HOSPITA	18/06/2020	140	130	As per the bill submitted
<b>Total(₹)</b>					<b>140</b>	<b>130</b>	

**Click on Admissible Claim**

	Amount Claimed (₹)	Amount Admissible (₹)	Justification
(c) Cost of Medicine :	270	270	No Deductions Made.
Post Discharge Medicine Consumption Period:	dd-mm-yyyy	To	dd-mm-yyyy
(d) Cost of Special Device/Implant :	300	300	No Deductions Made.
(e) Cost of Miscellaneous Items :	200	200	No Deductions Made.

Net Claim (₹) : 123950  
**Admissible Claim (₹) : \***

Please click on the above link and generate modified total to proceed further.

NOTE SHEET

Raise Objection Exit

vi. Cost of Special Nursing : 400

vii. Cost of Miscellaneous Items: 200

**2. Indoor Related OPD Treatment :**

**i. Consultation fees :**

Sl No	Doctor Name	Doctor Degree	Consultation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	SAUMITRA DUTTA	DM	18/06/2020	250	<input type="text" value="250"/>	No Deductions Made
<b>Total(₹)</b>				250	250	

**ii. Cost of Pathological and Radiological Investigations :**

**a. Coded Investigation Details :**

Sl No	Investigation Code	Investigation Name	Investigation Center Name	Investigation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	02001006	E.C.G.	RUBY GENERAL HOSPITA	18/06/2020	140	<input type="text" value="130"/>	As per the bill
<b>Total(₹)</b>					140	130	

	Amount Claimed (₹)	Amount Admissible (₹)	Justification
(c) Cost of Medicine :	270	<input type="text" value="270"/>	<input type="text" value="No Deductions Made."/>
Post Discharge Medicine Consumption Period:	<input type="text" value="dd-mm-yyyy"/>	To	<input type="text" value="dd-mm-yyyy"/>
(d) Cost of Special Device/Implant :	300	<input type="text" value="300"/>	<input type="text" value="No Deductions Made."/>
(e) Cost of Miscellaneous Items :	200	<input type="text" value="200"/>	<input type="text" value="No Deductions Made."/>
<b>Net Claim (₹) :</b>	123950		
<b>Admissible Claim (₹) : *</b>	123900		

[NOTE SHEET](#)

**Click on this button to Save the Claim**



Logout

LOGGED IN AS - HOO-TESEDI002 (PRINCIPAL)

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- OPERATOR MAPPING
- USER ADMINISTRATION
- SANCTION CASES
- TRACK PROCESSED CLAIM
- HRMS MAPPING

## IPD Claim

HRMS ID :

### General Information

- 8. Entitlement of Bed Category :
- 9. Office Address :
- 10. Residence Address :
- 11. Type of Hospital :

Category	Empanelled/ Non- Empanelled	Name of Hospital	Address of Hospital
NA	Non-Empanelled	ABC Hospital	PARK STREET

[Statement of Expenditure]

Admission Date: 27/10/2019  
Discharge Date: 06/11/2019  
Discharge Type: Normal discharge

Are you Sure you want to save  
admissibility details for Claim ID -  
C20192000025?

Yes No

Click on 'Yes'  
to Save this Claim





Logout

LOGGED IN AS - RM-TESEDI002 (DATA ENTRY OPERATOR)

- HOME
- REIMBURSEMENT CLAIM PROCESSING
- SANCTION CASES
- TRACK PROCESSED CLAIM



### IPD Claim

HRMS ID :

### General Information

- 8. Entitlement of Bed Category :
- 9. Office Address :
- 10. Residence Address :
- 11. Type of Hospital :

**Success !**

Admissibility fixation done for Claim Id- C20192000025 Successfully.

Click on 'OK'  
(Claim has been saved)

Category	Empanelled/ Non- Empanelled	Name of Hospital	Address of Hospital
NA	Non-Empanelled	ABC Hospital	PARK STREET

[Statement of Expenditure]

Admission Date: 27/10/2019  
Discharge Date: 06/11/2019



i. Consultation fees :

Sl No	Doctor Name	Doctor Degree	Consultation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	SAUMITRA DUTTA	DM	18/06/2020	250	250	No Deductions Made
Total(₹)				250	250	

ii. Cost of Pathological and Radiological Investigations :

a. Coded Investigation Details :

Sl No	Investigation Code	Investigation Name	Investigation Center Name	Investigation Date	Amount Claimed(₹)	Amount Admissible(₹)	Justification
	02001006	E.C.G.	RUBY GENERAL HOSPITA	18/06/2020	140	130	As per the bill
Total(₹)					140	130	

	Amount Claimed (₹)	Amount Admissible (₹)	Justification
(c) Cost of Medicine :	270	270	No Deductions Made.
Post Discharge Medicine Consumption Period:	dd-mm-yyyy	To	dd-mm-yyyy
(d) Cost of Special Device/Implant :	300	300	No Deductions Made.
(e) Cost of Miscellaneous Items :	200	200	No Deductions Made.
Net Claim (₹) :	123950		
<b>Admissible Claim (₹) :*</b>	123900		

NOTE SHEET

Select the Level of Recipient:

- DPI Office
- Verifying Authority
- Operator

Select the name of recipient:

Ranjan Saha

Note for recipient:

Approved

Click on this button to Send the Claim

Send Raise Objection Exit



Idle Session  
Timer: 2017 seconds.

Logout

LOGGED IN AS - slaha\_oprt (ASSISTANT TEACHER)

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- E-Billing

## Advance OPD Claim

HRMS ID : G1900000002      Claim Application ID : AC20201000003

### General Information

- 8. Pay (Band Pay + GradC
- 9. Entitlement of Band Cat
- 10. Type of Hospital :

Hospital Code  
0411002

**You don't need to forward the hard copies of this claim anymore. Are you Sure you want to forward - C20203000021 to the selected recipient for further processing?**

Click on 'Yes' to Send this Claim

Name of OPD Disease : Beta thalassemia  
No. of consultation : 4  
Period of OPD consultation : 25/06/2020 To 30/06/2020

	Amount Claimed (₹)	Amount Admissible (₹)	Justification
Consultation Fee (₹) :	1000	1000	No Deductions Made.
Cost of Medicine (₹) :	670	670	No Deductions Made.
Cost of Special Device / Implants (₹) :	10	10	No Deductions Made.
Cost of Miscellaneous Items (₹) :	600	600	No Deductions Made.





Idle Session

Timer: 1965 seconds.

Logout

LOGGED IN AS - slaha\_oprtr (ASSISTANT TEACHER)

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## List of Online Reimbursement Claim for Employees

- OPD Treatment
- IPD Treatment
- Indoor and Indoor related OPD Treatment
- All

**Success !**

Claim ID - AC20201000003 has been sent successfully.

OK

Click on 'OK'  
(Claim successfully sent)





Logout

LOGGED IN AS - [REDACTED]

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- Claim Status Reports

Welcome Mr. SILADITYA KUNDU

Name of the User	: Siladitya Kundu
Designation	: PRINCIPAL
HRMS ID.	: G2000000003
Mobile No.	: 6700000003
Email ID.	: hoo@abc.in
Role.	: APPROVING / RECOMMENDING AUTHORITY

Click Here  
To  
View Sanctioned  
Cases





Idle Session  
Timer: 2659 seconds.

Logout

LOGGED IN AS

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- Claim Status Reports

Click on this icon  
to reprint  
Sanction Order

## SANCTIONED CLAIM LIST

Search list...

REPRINT	DSC Done? (YES/NO)	Claim ID	Claim Type	Sanction No.	Sanction Date	Gross Claim Amount	Admissible Claim Amount
	YES	C20202000001	IPD Treatment	HED2020C000004	13/06/2020	18104	17904
	YES	C20203000001	Indoor and Indoor related OPD Treatment	HED2020C000002	11/06/2020	98719	98719
	YES	C20203000002	Indoor and Indoor related OPD Treatment	HED2020C000008	21/06/2020	123950	123910
	YES	C20203000003	Indoor and Indoor related OPD Treatment	HED2020C000006	21/06/2020	36695	36695
	YES	C20203000020	Indoor and Indoor related OPD Treatment	HED2020C000009	06/09/2020	900	900

**Government of West Bengal**  
**Office of the**  
**Directorate of Public Instruction, Department of Higher Education**

No: HED2021C000001/1(2)

Dated: 13/07/2021

To,

1. The Principal Accountant General (A & E), West Bengal,  
Treasury Building, Kol-1.
2. Kolkata Pay & Accounts Officer, Kolkata Pay And Accounts  
Office-5, Johar Building, P 1, Hyde Lane, Kolkata 700073

**Sub:- Sanction order for Reimbursement Claim under West Bengal Health Scheme  
of BISWAJIT NATH, Assistant Professor**

Sl No.	Particulars	Details
1	HRMS ID / Registration No. of Employee	G2017001874
2	Name of Treasury	Kolkata Pay And Accounts Office-Ii
3	Name of Employee	BISWAJIT NATH
4	Beneficiary ID of Patient	G2017001874/2
5	Relationship with the Employee	WIFE
6	HOO Code of Head of Office	N/A
7	Designation of Head of Office	PRINCIPAL
8	DDO Code of Drawing & Disbursing Officer	CACEDI741
9	Designation of Drawing & Disbursing Officer	Pr.East Cal Girls College
10	Head of Account	70-HE-2202-03-104-00-015-31-02-V
11	Type of Treatment	IPD Treatment
12	Name of Hospital where treatment availed	NORTH CITY HOSPITAL AND NEURO INSTITUTE PVT LTD
13	Type of Hospital	NON-EMPANELED HOSPITAL
14	Amount Claimed	₹ 84310
15	Amount Sanctioned in figure	₹ 16000
16	Amount Sanctioned in words	Rupees Sixteen Thousand only
17	Name of Claimant(In case of death) and Relation	N/A

All others concerned are being requested to access WBHS portal using their Login for verification and necessary action.

JAYAS  
RI RAY  
CHAUD  
HURI



**Contents**

Do not require any Ink Signature.

**PDF view of  
Sanction  
Order**



Thank You...

