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PART I—Orders and Notifications by the Governor of West Bengal, the High Court, Government Treasury, etc.

GOVERNMENT OF WEST BENGAL
PANCHAYATS & RURAL DEVELOPMENT DEPARTMENT
Joint Administrative Building (6th to 10th Floors), HC-7, Sector-III
Bidhannagar, Kolkata-700106

No. 223/PN/O/III/2E-02/2023

Date : 10/01/2024

NOTIFICATION

The Governor is pleased hereby to make the following scheme regulating the medical benefits on reimbursement mode for the serving employees and pensioners including family pensioners of Gram Panchayat, Panchayat Samiti, Zilla Parishad and Mahakuma Parishad (herein after referred to as PR Bodies) and the dependent family members thereto.

1. Short title and commencement

- (1) This Scheme may be called “West Bengal Health Scheme for Employees and Pensioners of the Panchayati Raj Bodies, 2023”.
- (2) It shall come into force with effect from the date of issuance of this Notification.

2. Application

- (1) This scheme shall apply to the serving employees of PR Bodies and pensioners and their dependent beneficiaries.
- (2) The provision of enrolment under this scheme shall be optional.
- (3) An employee/ pensioner of Panchayati Raj Bodies (hereinafter referred to as PR Bodies) shall not be entitled to draw the regular medical allowance / medical relief, if opted for this scheme, with effect from the date of such enrolment under clause 4.
- (4) An employee/ pensioner of PR Bodies shall have the liberty to opt out of this scheme at any time.

Provided that where an employee/ pensioner of PR Bodies or his/her beneficiary has enjoyed any benefit under this scheme, such employee shall not be allowed to opt out the scheme within five years from the month following the month in which he/she enjoyed the benefit.

An employee/ pensioner of PR Bodies enrolled under this scheme shall not be eligible to be enrolled again if he/she opts out of the scheme for whatever reason.

3. Definitions:

In this Scheme unless there is anything repugnant in the subject or context

- (a) "approved rates" means such rates as may be notified by the Government from time to time for various services, procedures and investigations required in connection with the medical attendance and treatment of a beneficiary;
- (b) "beneficiary" means a dependent member of the family of a serving employee or pensioner of PR Body;
- (c) "clause" means a clause of the scheme;
- (d) i) "employee" means a full time and regular serving employee of PR Body enrolled under clause 4;
ii) "pensioner or family pensioner of PR Bodies" means pensioner who are drawing / entitled to draw pension/family pension under PR Bodies;
- (e) "dependent member of the family of an employee /pensioner of PR Bodies, means and includes:
 - (i) Husband or Wife, as the case may be,
 - (ii) Parents whose monthly income from all sources does not exceed Rupees Eight thousand five hundred;
 - (iii) Children including step-children, legally adopted children and unmarried daughters;
 - (iv) widowed/ divorced daughters;
 - (v) Minor brothers, minor sisters;
 - (vi) Dependent unmarried/ widowed/ divorced sisters.

Note: (1) 'Son' is considered to be dependent till he starts earning or attains the age of 25 years, whichever is earlier. Son suffering from permanent disabilities either physically or mentally will be considered dependent without any age limit.

- (2) Unmarried daughter is eligible till she starts earning (irrespective of age).
- (3) As an exception, parents can live away from employee in another station with other members of family.
- (4) Eligible beneficiaries, except spouse shall not be considered dependent if the gross monthly income exceed Rs. 8500/- for parents and Rs. 5000/- for other beneficiaries.

Income limit of the beneficiaries may be relaxed in case of treatment under Critical disease category as mentioned in F.D. Memo No. 35-F(Med)WB dt. 24/04/2018 and F.D. Memo No. 54-F(Med)WB dt. 27/07/2019

- (5) In case of pensioners, income from all sources including pension before commutation is to be taken as income. However, the dearness relief on Pension is not to be considered as income.
- (6) A declaration regarding the income of dependent beneficiaries should be furnished by the employee and pensioner concerned at the time of enrolment and once in every two years in between the months of May and June starting from 2025.
- (f) "Form" means a Form appended to this scheme;
- (g) "State Government" means Government of West Bengal in the Department of Panchayats & Rural Development;
- (h) "hospital or institution" means such hospital or nursing home or institution as may be recognised from time to time by the Government for the purpose of availing benefits of medical attendance and treatment under this scheme;
- (i) "laboratory" means such laboratory or institution as may be recognized by the Government from time to time for availing of benefits of medical attendance and treatment under this scheme;
- (j) "medical attendance" means attendance for professional advice and includes pathological, bacteriological, radiological or other methods of investigations for the purpose of diagnosis which are considered necessary by the attending physician and are carried out in a hospital or institution;

- (k) "Specified" means specified by order;
- (l) "treatment" means the use of medical and surgical facilities and includes—
 - (i) the employment of such pathological, bacteriological, radiological or other methods or investigations as are considered necessary by the attending physician;
 - (ii) the use of such medicines, vaccines, serum or other therapeutic substances as may be considered necessary by the attending physician;
 - (iii) medical and surgical services and procedures;
 - (iv) dental treatment;
 - (v) accommodation according to the entitlement of the employee/ pensioner;
 - (vi) such nursing as is ordinarily provided at the hospital or such special nursing at the hospital as the authorized medical attending physician at the hospital may certify, in writing, to be essential for the recovery or for the prevention of serious deterioration in the condition of the patient, having regard to the nature of the disease.

4. Enrolment

- (a) An Employee/ pensioner of PR Bodies shall exercise his/her option through online for enrolment under the scheme in West Bengal Health Scheme Portal of Finance Department's website : <http://wbfin.nic.in>. A new interface will be made available under this portal for beneficiaries of PR Bodies.
- (b) The option referred to in sub-clause (a) shall be submitted as detailed below:
 - (i) In case of employees and pensioners of Gram Panchayat, filled up (uploaded with scanned photo and signature of all beneficiaries) application shall be submitted to the concerned Executive Officer of Panchayat Samiti Concerned.
 - (ii) In case of employees and Pensioners of Panchayat Samitis, filled up (uploaded with scanned photo and signature of all beneficiaries) application shall be submitted to the Executive Officer of Panchayat Samiti concerned.
 - (iii) In case of employees and pensioners of Zilla Parishad, filled up (uploaded with scanned photo and signature of all beneficiaries) application shall be submitted to the Executive Officer of Zilla Parishad/ Mahakuma Parishad concerned. Detailed procedure and guidelines for online application will also be provided in the website.
- (c) On successful enrolment under the health scheme, the drawal of regular medical allowance shall be discontinued with effect from the day of the month following the month in which the enrolment is approved.
- (d)
 - i) The enrolment of the existing employees and pensioners of PR Bodies under the scheme shall be completed within 1 (one) year from the date of notification of the enrolment process.
 - ii) If spouse of an employee or pensioner is an employee or pensioner of PR Bodies/ State Government, both of them will not be able to draw regular medical allowance / relief , if either of them opts to come under the said scheme.
 - iii) If husband and wife both are employees or pensioners of PR Bodies, they may exercise option separately to come under the said scheme. In those cases they will get enrolment certificates as per their entitlement of accommodation along with their dependent family members.
 - iv) If the spouse of an employee or pensioner of PR Bodies, is an employee of Central Govt. /Bank or employed in a corporation / undertaking financed wholly or partly by the Central or State Government, local bodies, aided institutions and private organisations, which provide medical services, the medical facility can be availed of at one place only. Therefore, if spouse wants to get the benefits under the "West Bengal Health Scheme for Employees and Pensioners of the Panchayati Raj Bodies, 2023" an official certificate from his/ her employer is to be obtained first regarding relinquishment of medical allowance and medical benefits available from his/ her employer.

- v) An employee may exercise his/her option for enrolment within 2 years from the date of his/her joining in the service.
- vi) An employee of PR Bodies whose PF No. has not been allotted yet, is eligible to be enrolled without PF No. Similarly, a pensioner of PR Bodies whose PPO No has not been allotted yet, is eligible to be enrolled without PPO No. However, after allotment of PF No and PPO No. as the case may be, shall be updated in the enrolment certificate by the concerned Office.
- vii) Pensioners of PR Bodies who were enrolled under the Scheme at the time of their retirement will be deemed to be remaining under the Scheme with effect from the date of retirement unless a retired employee of PR Bodies opts out of the Scheme.
- viii) The concerned Authority as mentioned in clause 4(b) will issue fresh enrolment Certificate under the Scheme to the pensioner whose pension has already been settled.
- ix) If an employee and pensioner opts out of the Scheme, such employee and pensioner will get medical allowance and shall not be entitled to any facilities under the Scheme and such retired employee will not be allowed to enrol under the Health Scheme in future.

5. Issue of Enrolment certificate to the Employee / Pensioner and their beneficiaries:

- (i) The Employee or Pensioner and his/her beneficiaries shall be issued a Digitally signed enrolment certificate in Form -B, by the issuing authority.

Explanation: For the purpose of the clause the expression "Issuing authority" shall mean

- (i) In case of employees and pensioners of Gram Panchayat, Executive Officer of Panchayat Samiti Concerned.
- (ii) In case of employees and Pensioners of Panchayat Samitis, the Executive Officer of Panchayat Samiti concerned.
- (iii) In case of employees and pensioners of Zilla Parishad the Executive Officer of Zilla Parishad/ Mahakuma Parishad concerned.

Detailed procedure and guidelines for online application will also be provided in the website.

- (ii) For the purpose of availing the benefit under the scheme, the Employee or Pensioner and his/her Beneficiary shall show his/her enrolment certificate to the Hospital, Laboratory or Institution where he/she receives medical attendance and treatment.
- (iii) The Enrolment certificates issued under the scheme shall be surrendered to the issuing authority at the time of retirement/ resignation / on being relieved from service.

6. Facilities:

An employee/ pensioner of PR Body or his/her beneficiary shall be entitled to the following facilities, namely:-

- (a) Medical attendance and treatment as an indoor patient in a hospital or an institution on reimbursement mode only; and
- (b) Medical attendance and treatment at outpatient department of a hospital or an institution, or a clinic attached to such hospital or institution for such diseases, and under such circumstances, as specified under clause 7 on reimbursement mode.

Note: For the purpose of availing benefit of Medical Attendance and treatment at Hospitals/Institution, Laboratories/ Diagnostic Centres, F.D. Notification No. 3473-F dated 11/05/2009, as revised time to time, may be consulted and an updated list in this respect is available at WBHS portal.

7. Medical attendance and treatment as an indoor patient in a hospital

An employee/ pensioner of PR Bodies shall be entitled to get reimbursement of the cost of his/her or his/her beneficiary's medical attendance and treatment, as an indoor patient in a hospital or an institution.

Explanation- For the purpose of this clause, the expression "cost of medical attendance and treatment" shall include -

- (a) the amount charged by the hospital or institution in accordance with the approved rates;
- (b) the cost of medicines/ implants purchased from outside on the advice of the attending physician at the hospital or institution.
- (c) the charges for such pathological, bacteriological, radiological or other methods of investigations as are considered necessary by the attending physician and carried out, on the advice of the attending physician, in a laboratory or institution, other than the hospital or institution in which the patient is treated.

8. Medical attendance and treatment as an OPD (Out-Patient Department) patient in hospital

- (1) An employee/ pensioner of PR Bodies shall be entitled to get reimbursement of the cost of his/her or his/her beneficiary's medical attendance and treatment as an OPD patient in a hospital or institution in the following cases –
 - (i) Malignant diseases, (Mainly cancer cases are considered as Malignant diseases)
 - (ii) Tuberculosis.
 - (iii) Hepatitis B/C and other liver diseases.
 - (iv) Type-1 Insulin Dependent Diabetes,
 - (v) Heart diseases,
 - (vi) Neurological disorders/ cerebrovascular disorders,
 - (vii) Malignant malaria,
 - (viii) Renal failure,
 - (ix) Thalassaemia / Bleeding disorders/ Platelet disorders,
 - (x) Injuries caused by accidents. (Animal Bite cases will come under the purview of Injuries caused by the accidents).
 - (xi) Rheumatoid Arthritis
 - (xii) Systematic Lupus Erythematosus (LUPUS)
 - (xiii) Crohn's Disease.
 - (xiv) Endodontic Treatment (Root Canal Treatment)
 - (xv) COPD (Chronic Obstructive Pulmonary Disease)
 - (xvi) Ankylosing Spondylitis
 - (xvii) Selective Investigations (vide Para 10 of F.D. Memo No. 797-F(Med) dt. 31/01/2011)
 - (xviii) Prosthesis and special devices. (Vide F.D. Memo No. 77-F(Med) dt. 16/07/2020)
- (2) An employee/ pensioner of PR Body or his/her beneficiary shall also be entitled to get reimbursement of the cost of follow-up medical attendance and treatment relating to
 - i) Neuro Surgery
 - ii) Cardiac Surgery (Including Coronary Angioplasty and Implants),
 - iii) Cancer Surgery/ Chemotherapy/ Radiotherapy,
 - iv) Renal Transplant,
 - v) Hip/Knee replacement Surgery and
 - vi) Accident cases received as an OPD patient in a hospital or institution.

Note : Annexure –I is not required for the claims preferred under clause 8(1)(xvii) and 8(1)(xviii).

9. Accommodation :

- 1) In the case of medical attendance and treatment as an indoor patient in a hospital or an institution, an employee/ pensioner or his/her beneficiary shall be entitled to get such accommodation as tabled below:-

Sl. No.	Category of Employee/ Pensioner	Employee Basic Pay	Pensioners Basic Pension	Type of Accommodation
1.	I	Rs. 69390/- and above	Rs. 34695/- and above	Private Ward
2.	II 69390/-per p.m.	Rs. 46260/- p.m. and above but less than Rs.	Rs. 23130/- and above but less than Rs. 34695/-	Semi-Private Ward
3.	III	Below Rs. 46260/- p.m	Below Rs. 23130/-	General Ward

2) Where the type of accommodation in a hospital does not correspond to the nomenclature as referred to above, the Government shall in consultation with the authorities of the hospital concerned, determine the entitlement of the beneficiary.

10. **Tenure** – Notwithstanding anything contained in this scheme and without prejudice to the provisions of sub-clause (2) of clause 8, the cost incurred on account of related medical attendance and treatment received in a hospital or an institution during the period up to 30 days prior to hospitalisation and 30 days from the date of discharge, shall be reimbursable.

11. **Claims for reimbursement of the cost of Medical Attendance and treatment:**

(A) An application for reimbursement of cost of medical attendance and treatment shall be made by an employee and a pensioner in the prescribed Forms (C1, C2, C4, C5 & C6) as applicable in his/her case.

(B) **The application for settlement of claim under this scheme shall be made to :**

(i) The Executive Officer of Panchayat Samiti concerned in case of employees and pensioners of Gram Panchayat.

(ii) The Executive Officer of Panchayat Samiti concerned in case of employees and pensioners of Panchayat Samitis.

(iii) The Executive Officer of Zilla Parishad/ Mahakuma Parishad concerned in case of employees and pensioners of Zilla Parishad.

Note : 1) Where medicines are to be taken for indefinite period, advance purchase for more than three months period will not be entertained and three months period of preferring claim is to be counted from the date of purchase of medicines in such cases.

2) In case of OPD treatment, where medicine is prescribed for indefinite period, Employee can submit his/her successive reimbursement claim with copy of this annexure only once.

3) In case of occasional OPD Consultation, employee/pensioner/family pensioner can claim reimbursement under WBHS only once with Original copy of Annexure-I.

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

5) Beneficiary has to submit his/her reimbursement claim under “West Bengal Health Scheme for the Employees and Pensioners of Panchayati Raj Bodies, 2023” under the Department of Panchayats & Rural Development, Government of West Bengal within 6 (Six) months from date of discharge for In-patient Department or date of consultation for Out-Patient Department.

6) No one will be allowed to get reimbursement under “West Bengal Health Scheme for the Employees and Pensioners of Panchayati Raj Bodies, 2023” under the Department of Panchayats & Rural Development, Government of West Bengal against any claim submitted after 2 (Two) years from date of discharge for In-patient Department or date of consultation for Out-Patient Department under normal circumstances.

7) All other orders issued by Medical Cell, Finance Department, Govt. of West Bengal from time to time regarding time line for reimbursement claim submission is equally applicable for this scheme also .

(C) The application referred to in sub-clause-(A) shall be accompanied with the following documents:

Annexure-I or Annexure-II as the case may be.
Original bills in detail and vouchers
Original Money Receipts in chronological dates
Copy of discharge summary/death summary
Copy of compliance in terms of clause 3, 4 and 5 in terms of F.D. Memo No. 11253(80) F(Med) dt. 16/12/2011
Copy of OPD Prescription
Copy of permission granted if any
Original copy of Voucher/Tax Invoice of Implants purchased
Copy of all investigation/test reports sequentially.
Essentiality certificate supported with prescription and audiometric report from treating empanelled hospital/diagnostic centre (<i>Applicable only for claiming reimbursement of Digital Hearing Aid</i>).
In case of death of Employee/ Pensioner;
a. An affidavit on stamp paper by claimant
b. No objection from other legal heirs on stamp papers
c. Copy of death certificate

- (D) i) In case of delay in submission of claims beyond 6 months but within one year from the date of discharge / date of OPD consultation, the commissioner may condone such delay on reasonable ground.
- ii) In case of delay more than one year but within 2 years, from the date of discharge / date of OPD consultation, the case may be referred to the Medical Cell, Finance Department with the prayer of Employee/Pensioner mentioning the cause of such delay for necessary action.

12. Settlement of Claim:

- (i) Enrolled employee/pensioner will submit reimbursement claim using his/her individual login through West Bengal Health Scheme Portal. After online submission, she /he has to take a printout of submitted form and it has to be submitted physically to Head of the concerned PR Bodies attaching all necessary documents like money receipts, annexure, all treatment documents and any other instruments that are required to substantiate the claim.
- (ii) After receiving both hard and soft copy (attached with other instruments), Operator will check it carefully. If she/he detects any error, she/he will modify it. Then Operator will forward it to Head of the concerned PR Bodies. The Head of the concerned PR Bodies will check it again. She/he can modify mistakes or can return it to Operators. Once she/he finds the claim in correct way she/he will sanction it if the amount is within the admissible limit or recommend it to the appropriate authority for sanction if the claim is beyond the admissible limit of the Head of the Institution.
- (iii) The sanctioning authority will approve it and generate sanction order with his/her registered Digital Signature Certificate (DSC) and send it to the Head of the concerned PR Bodies.
- (iv) In all sanctioned claims, the Sanctioning Authority shall make necessary arrangement of stamping of "**Paid and Cancelled**" and signature by competent authority in all vouchers of such claim. The Sanctioning Authority then claimed necessary allotment of fund from the Administrative Department and the Administrative Department shall allocate necessary allotment to Competent Authority/DDO of Head of the concerned PR Bodies for submission of claim to link the Treasury concerned.
- (v) After getting DSC enabled sanction order and vouchers from competent authority, the Operator of the concerned office will prepare **Treasury Bill** (TR Form for the purpose to be specified by the Finance Department) in Portal and forward it to DDO for subsequent submission in WBIFMS (E-Billing module). Again DDO has to submit the said **Treasury Bill** using his/her registered DSC to linked Treasury accessing his/her login in WBIFMS Portal without attaching any vouchers and beneficiary list.

- (vi) All vouchers shall be preserved in the institution concerned for the purpose of future audit. DSC enabled sanction order shall be attached with **Treasury Bill** at the time of drawal of claim to Treasury.
- (vii) Moreover, for settling a claim, notification No. 3474-F dt.11.05.2009, No.3475-F dt.11.05.2009, 797-F(MED) dated 31.01.2011, 11253(80)-F(MED) dated 16.11.2011, No. 10539-F(Med) dt.21/11/2011 and other related order issued by Finance Department, Govt. of West Bengal shall be adhered strictly.
- (viii) List of inadmissible items, viz. Foods, Tonics, Medicines etc shall be guided as per Finance Department (Medical Cell) Memorandum No. 6586-F(MED) dated 29.06.2011 and list available in WBHS Portal.
- (ix) **The Forms of enrolment & reimbursement of claims along with the prescribed format for approval, recommendation and sanction of claim are annexed hereto.**

Sl. No.	Form No.	Subject
1	Form-A	Application for Enrolment
2	Form-B	Certificate of Enrolment
3	Claim Forms	PR GIA Form C1, C2, C4, C5 and C6
4	Form P	Approval of claim
5	Form Q	Recommendation for approval of claim
6	Form-R	Format of Sanction Order
7	Annexure-I	Essentiality Certificate for OPD claim
8	Annexure-II	Essentiality Certificate for claiming IPD Reimbursement for availing treatment at Non-empanelled Hospital or Institution within the state.

- (x) The admissible cost of medical attendance and treatment shall be worked out on the basis of the approved rates as per Finance Department's Notification no. 796-F(MED) dated 31.01.2011, as revised from time to time. List of Rate Chart is available in the Health Scheme Portal.
- (xi) The financial power for sanction of cost of medical attendance and treatment as indoor patient and OPD treatment is given here under:

Name of PR Bodies	Sanctioning Authority	Financial Power for purely reimbursement treatment	
		Indoor Treatment	OPD
ZillaParishads/MahakumaParishad/ Panchayat Samitis / Gram Panchayats	Commissioner, Panchayats & Rural Development	Full Power	Full Power
ZillaParishads/ Mahakuma Parishad/ Panchayat Samitis / Gram Panchayats	Executive Officer of Zilla Parishad	Rs. 1.00 Lakh	Rs. 10,000/-
Panchayat Samitis	Executive Officer of Panchayat Samiti	Rs. 50,000/-	Rs. 5000/-
Gram Panchayats	Executive Officer of Panchayat Samiti Concerned	Rs. 50,000/-	Rs. 5000/-

- xii) The fund for medical reimbursement in this regard will be debitale to the Heads of Account "40-2515-Other Rural Development Programmes-00-101-Panchayati Raj-033-Medical Reimbursement for West Bengal Health Scheme for employees and pensioners of the Panchayati Raj Bodies,2023[PN]-31-Grants-in-aid-GENERAL-02-Other Grants-V".

13. Medical attendance and treatment as an indoor patient in a Non-Empanelled Hospital.

An employee/ pensioner of PR Bodies shall be entitled to get reimbursement upto 60% or 80% of the Maximum Approved rate of the medical attendance and treatment, as an indoor patient in a non-empanelled hospital.

- a) Reimbursement of the cost of Indoor treatment will be made as per provisions under F.D. Notification No. 10539-F(Med) DT. 21/11/2011.
- b) Cost of Medicines advised in Generic name is admissible in full as per F.D. Memo No. 8687-F(Med) dt. 16/10/2012 and cost up to 60% or 80% is admissible according to bed capacity of the Hospital, if Medicines are advised in brand name vide F.D. Memo No. 131-F(Med) dt. 30/06/2022.

14. Treatment in a hospital or institution outside the State

(i) Notwithstanding anything contained elsewhere in this scheme, the Government may recognize specialized hospitals and institutions outside the State in terms of F.D. Notification No. 3473-F dt. 11/05/2009 read with F.D. Notification No. 3731-F(Med) dt. 10/05/2013 and 74-F(Med) dt. 21/08/2018.

(ii) Prior approval of the Commissioner, Panchayats & Rural Development shall be obtained before receiving medical attendance and treatment in these hospitals or institutions.

But, such permission may be given when treatment in such a hospital is essential and referred by a recognised hospital. To determine the essentiality of the treatment outside the state, the West Bengal Health Scheme Authority should be consulted (Vide Memo No. 9205-F(Med) dt. 05/10/2009)

(iii) Claim for reimbursement of the cost of medical attendance and treatment in these hospitals or institutions shall be allowed on the basis of the rates of various services provided by and investigations and procedures carried out by these hospitals/ institutions in the course of medical attendance and treatment.

(iv) Reimbursement of cost of train journey for medical attendance and treatment at speciality Hospitals outside the state with one attendant, both ways may be reimbursed as per entitled class of T.A. rules, if prior permission is accorded to the Employees of PR Bodies. It is clarified that Air Journey is not ordinarily admissible unless it is essentially advised by the attending physician of the Speciality Hospital under unavoidable circumstances, read with F.D. Memo No. 9226-F(Med) dt. 26/09/2011.

15. Medical Advance – (i) The sanctioning authority for reimbursement of the cost of medical attendance and treatment may grant medical advance on submission of a certified estimate from the hospital in which medical attendance and treatment is received as an indoor patient.

(ii) The advance shall not exceed 80 percent of the estimated cost of medical attendance and treatment.

(iii) The medical advance shall be adjusted against the admissible cost of medical attendance and treatment, excess, if any, shall be refunded by the employee. If medical attendance and treatment is not received within 60 days of receipt of medical advance, the entire advance shall be refunded by the employee on the expiry of this period.

(iv) All other orders issued by Medical Cell, Finance Department, Govt. of West Bengal from time to time regarding drawal of medical advance for medical attendance and treatment is equally applicable for this scheme also.

(v) For major illness like Bypass Surgery, implantation of Pacemaker, Coronary angioplasty with Stenting, Kidney transplantation, etc. medical advance may be sanctioned and it shall only be sanctioned to an eligible Govt. pensioner if medical attendance and treatment of his/her or his/her family members are done in a Government Hospital. The sanctioning authority for reimbursement of the costs of medical attendance and treatment may grant 80 percent of the estimated cost including implants as advance directly to the Govt. hospital. The Sanctioning Authority shall take necessary steps for adjustment of the advance after obtaining Utilisation Certificate from the hospital.

16. Operational guidelines, clarifications etc.

(1) The Department of Panchayats & Rural Development, in consultation with the Finance Department (Medical Cell), wherever necessary, shall issue clarifications, orders, operational guidelines etc. for implementation of the scheme.

- (2) If any difficulty arises in the course of implementation of the scheme, it shall be referred to the Finance Department (Medical Cell) and the decision of the Finance Department (Medical Cell), thereon shall be final.
- (3) All other existing orders related to medical attendance and treatment under WBHS, issued from Finance Department, Medical Cell will be applicable for "West Bengal Health Scheme for Employees and Pensioners of the Panchayati Raj Bodies, 2023".

It has concurrence of the Finance Department vide its UO No. 47/Gr-R dated 31/05/2023.

By order of the Governor,

P.ULAGANATHAN

*Secretary to the Government of West Bengal
Panchayats & Rural Development Department*

Form A

Application for Enrolment

To

The (Designation of Head of Institution)

..... (Name of the Institution)

..... (Office Address of Head of Institution)

I, Sri/Smt./Miss (Name of employee/pensioner)

..... (Designation) do here by opt for coming under **West Bengal Health Scheme for Employees and Pensioners of Panchayati Raj Bodies, 2023** with effect from

The particulars of me are stated herein under:

Sl. No.	Particulars	Details
1	Name of Employee/ Pensioner	
2	Application ID	
3	Designation	
4	Gender	
5	Marital Status	
6	Residential Address	
7	Date of Birth	
8	Date of Entry into service	
9	Date of Superannuation	
10	Basic Pay/Basic pension (As per ROPA 2019)	
11	DDO Code of PR Body concerned	
12	Mobile No.	
13	E-Mail Address	
14	Voter Card/PAN/AADHAR No.	
15	Bank details for claim disbursement	

Details of eligible family members including me are given below:

Sl No.	Name	Date of Birth	Relation	Beneficiary ID	Blood Group	Photo	Signature

I do here by declare that upon enrolment under the above scheme, I shall forgo the regular Medical Allowance drawn by me as a part of salary and abide by the provision of the scheme issued by competent authority.

Encl: Copy of Payslip/break-up of pension, P.P.O, proof of Identity, bank detail & blood group of all beneficiaries and declaration of income of all eligible beneficiaries.

Signature of Employee/Pensioner:

Designation:

FORM-B

PANCHAYATS & RURAL DEVELOPMENT DEPARTMENT
Joint Administrative Building (6th to 10th floors)
HC-7, Sector-III, Kolkata-700106

Certificate for Enrolment under WBHS for the Employees and Pensioners of Panchayati Raj Bodies, 2023 under
P&RD Department

Reimbursement Only

Memo No. _____

Date: _____

Information of Employee/Pensioner					
1.	Name (In Block Letter)		2.	Enrolment ID.	
3.	Designation of Employee/ Last Designation of Pensioner		4.	Date of Entry Into service	
5.	Address of Employee/Pensioner		6.	Date of Superannuation	
Hospital Accommodation Entitlement					
1.	Pay Bed in Government Hospital run by Govt. of West Bengal				
2.	Tata Medical Centre, Rajarhat				
3.	Other Private Empanelled HCOs				
Information of Beneficiaries (Including Employee/pensioner)					
1.	Name of Beneficiary	Beneficiary ID :Relation With Employee/Pensioner: Date of Birth: Blood Group:	Space for Photo	Enrollment w.e.f.: Mobile No.: Email: Aadhaar No.:	Space for Signature
2.	Name of Beneficiary	Beneficiary ID :Relation With Employee/Pensioner: Date of Birth: Blood Group:	Space for Photo	Enrollment w.e.f.: Mobile No.: Email: Aadhaar No.:	Space for Signature
3.	Name of Beneficiary	Beneficiary ID :Relation With Employee/Pensioner: Date of Birth: Blood Group:	Space for Photo	Enrollment w.e.f.: Mobile No.: Email: Aadhaar No.:	Space for Signature
4.	Name of Beneficiary	Beneficiary ID :Relation With Employee/Pensioner: Date of Birth: Blood Group:	Space for Photo	Enrollment w.e.f.: Mobile No.: Email: Aadhaar No.:	Space for Signature
List of Beneficiary with Critical Diseases (If Any)					
Beneficiary Name		Beneficiary ID	Valid Up to	Certificate valid for Disease	

Certified that above mentioned employee/pensioner has been enrolled under the WBHS for the Employees and Pensioners of Panchayati Raj Bodies along with above mentioned family members to get medical treatment under the Scheme.

Name(in Block letters) :	Space for digital signature
Designation	Digitally signed. Does not require ink signature

PR GIA Form-C1

**Reimbursement of cost of Out-Door Patient (OPD) treatment
in recognised/empanelled/enlisted hospital under West Bengal Health Scheme for
Employees and Pensioners of Panchayati Raj Bodies, 2023 under the Department
of Panchayats and Rural Development, Govt. of West Bengal**

(Generated by Employees / Pensioners from WBHSP portal)

To

The(Designation of Head of Institution)

.....(Name of the Institution)

.....(Office Address of Head of Institution)

Sir/Madam,

I am submitting a claim of Rs..... (Rupees).....) towards reimbursement for cost of Out-Patient Department (OPD) treatment at recognised/empanelled/enlisted hospital under West Bengal Health Scheme for the Employees and Pensioners of Panchayati Raj bodies, 2023 under the Department of Panchayats & Rural Development, Govt. of West Bengal as per details stated below:

Part-I [General Information]

1. Details of Employee/ Pensioner			
Full Name		HRMSID (If available)	
Enrollment ID No.		Claim Application ID.	
Bed Entitlement		Date of Enrolment	
2. Details of Patient, Treating Hospital and Condonation Requirement, if any.			
2.1	Name of Patient		
	Beneficiary ID		
	Relationship with Employee/ Pensioner		
2.2	Name of Empanelled/Enlisted hospital where treatment was availed.		
	Code of Hospital	<input type="checkbox"/>	<input type="checkbox"/>
	Class of Entitlement of Hospital		
	Address of Hospital		
2.3	Requirement of approval of delay Condonation, if any (Tick mark in appropriate box)	Yes	No
			Not known
3. Detail of Claimant (Applicable in case of death of employee/ pensioner)			
Sl.No.	Name of claimant	Relation	
3.1			
4. Permission Details, if any			
Sl.No.	Permission sought	Details of permission approval	
4.1	For treatment availed in enlisted hospital outside West Bengal	Memo No. : Date : Designation/Authority : U.O. No. and date of Finance Deptt., West Bengal, if any :	

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

5. Details of OPD Treatment						
Sl. No.	Particulars			Details		
				As per clause 8(1) of OPD List	<input type="checkbox"/>	As per clause 8(2) of OPD List
5.1	Category of OPD Claim (Tick mark in appropriate box) [See list of diseases/ illness Mentioned in clause 8(1) and 8(2)]					
5.2	Name of OPD Disease/ Type of follow-up medical attendance and treatment					
5.3	Date of OPD consultation					
6. Expenditure Statement of OPD treatment						
Sl. No.	Name of Components					Amount Claimed (Rs.)
6.1	Procedure Charges					
	Sl. No.	Name of Procedure	Procedure Code	Amount Admissible (Rs)		
6.2	Consultation Fees					
6.3	Cost of Pathological and Radiological Investigations					
	Sl.No.	Name of Investigation	Coded/ Non-Coded	Code of Investigation	Amount Admissible (Rs)	
6.4	Cost of Medicines					
	Period of medicine consumption		From	To		
6.5	Cost of Implant /Special Device					
	Sl. No.	Name of Implant/ Special Device	Code of Implant/ Special Device		Amount Admissible (Rs)	
6.6	Miscellaneous (specify)					
					Total	
					No. of vouchers	

Part-III [Medical Advance]

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

Part-IV [Refund of Medical Advance]

B. Details of Refund 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.)
Net Claim: [Part-II minus Part III] or [Part-II minus Part-III plus Part IV]					
Rs. ;		In words; Rupees			

Part-V [Declaration of Employee/ Pensioner]

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

[List of Enclosures]

Sl. No.	Name/Particulars of enclosures to be attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1	Annexure-I duly signed with proper stamp by Treating Specialist of an Empanelled/Enlisted Hospital (<i>See notes of annexure-I carefully</i>).	<input type="checkbox"/>	<input type="checkbox"/>
2	Original Money Receipts in chronological dates	<input type="checkbox"/>	<input type="checkbox"/>
3	Copy of OPD Prescription	<input type="checkbox"/>	<input type="checkbox"/>
4	Copy of permission granted if any	<input type="checkbox"/>	<input type="checkbox"/>
5	Original copy of Voucher/Tax Invoice of Implants purchased	<input type="checkbox"/>	<input type="checkbox"/>
6	Copy of all investigation/test reports sequentially.	<input type="checkbox"/>	<input type="checkbox"/>
7	Essentiality supported with prescription and audiometric report From treating empanelled hospital/diagnostic centre (<i>Applicable only for claiming reimbursement of Digital Hearing Aid</i>).	<input type="checkbox"/>	<input type="checkbox"/>
8	In case of death of Employee/ Pensioner; a. An, affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9	Any other instruments (Specify)	<input type="checkbox"/>	<input type="checkbox"/>

Signature of the Employee/Pensioner/Claimant:

Name in Block Letters:

Designation:

Manual Application form

PR GIA Form-C1

**Reimbursement of cost of Out-Door Patient (OPD) treatment in
recognised/empanelled/enlisted hospital under West Bengal Health Scheme for
Employees and Pensioners of Panchayati Raj Bodies, 2023 under the Department
of Panchayats and Rural Development, Govt. of West Bengal**

*(Applicable for those who are not able to claim through online by himself or herself and online entry
shall have to be done by the office of the head of Institution where the employee or pensioner is attached)*

To

The(Designation of Head of Institution)
.....(Name of the Institution)
.....(Office Address of Head of Institution)

Sir/Madam,

I am submitting a claim of Rs..... (Rupees).....
towards reimbursement for cost of Out-Patient Department (OPD) treatment at recognised/empanelled/enlisted hospital
under West Bengal Health Scheme for the Employees and Pensioners of Panchayati Raj bodies, 2023 under the Department
of Panchayats & Rural Development, Govt. of West Bengal as per details stated below:

Part-I [General Information]

1. Details of Employee/ Pensioner			
Full Name		HRMSID (If available)	
Enrollment ID No.		Claim Application ID.	
Bed Entitlement		Date of Enrolment	
2. Details of Patient, Treating Hospital and Condonation Requirement, if any.			
2.1	Name of Patient		
	Beneficiary ID		
	Relationship with Employee/ Pensioner		
2.2	Name of Empanelled/Enlisted hospital where treatment was availed.		
	Code of Hospital	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Class of Entitlement of Hospital		
	Address of Hospital		
2.3	Requirement of approval of delay Condonation, if any (Tick mark in appropriate box)	Yes	No Not known
3. Detail of Claimant (Applicable in case of death of employee)			
Sl.No.	Name of claimant	Relation	
3.1			
4. Permission Details, If any			
Sl.No.	Permission sought	Details of permission approval	
4.1	For treatment availed in enlisted hospital outside West Bengal	Memo No. : Date : Designation/Authority : U.O. No. and date of Finance Deptt., West Bengal, if any :	

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

5. Details of OPD Treatment							
Sl. No.	Particulars			Details			
5.1	Category of OPD Claim (Tick mark in appropriate box) [See list of diseases/ illness Mentioned in clause 8(1) and 8(2)]			As per clause 8(1) of OPD List	<input type="checkbox"/>	As per clause 8(2) of OPD List	<input type="checkbox"/>
5.2	Name of OPD Disease/ Type of follow-up medical attendance and treatment						
5.3	Date of OPD consultation						
6. Expenditure Statement of OPD treatment							
Sl. No.	Name of Components					Amount Claimed (Rs.)	
6.1	Procedure Charges						
	Sl. No.	Name of Procedure	Procedure Code	Amount Admissible (Rs)			
6.2	Consultation Fees						
6.3	Cost of Pathological and Radiological Investigations						
	Sl.No.	Name of Investigation	Coded/ Non-Coded	Code of Investigation	Amount Admissible (Rs)		
6.4	Cost of Medicines						
	Period of medicine consumption		From	To			
6.5	Cost of Implant /Special Device						
	Sl. No.	Name of Implant/ Special Device	Code of Implant/ Special Device	Amount Admissible (Rs)			
6.6	Miscellaneous (specify)						
					Total		
					No. of vouchers		

Part-III [Medical Advance]

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

Part-IV [Refund of Medical Advance]

8. Details of Refund of Medical Advance, if any					
Name of Treasury from where it was drawn	DDO Code	Designation of DDO	Treasury Challan No.	Treasury Challan Date	Amount (Rs.)
Net Claim: [Part-II minus Part III] or [Part-II minus Part-III plus Part IV]					
Rs. ;		In words; Rupees			

Part-V [Declaration of Employee/ Pensioner]

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

[List of Enclosures]

Sl. No.	Name/Particulars of enclosures to be attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1	Annexure-I duly signed with proper stamp by Treating Specialist of an Empanelled/Enlisted Hospital (<i>See notes of annexure-I carefully</i>).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Enrolment Certificate of beneficiary	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Original Money Receipts in chronological dates	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Copy of OPD Prescription	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Copy of permission granted if any	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Original copy of Voucher/Tax Invoice of Implants purchased	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Copy of all investigation/test reports sequentially.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Essentiality certificate supported with prescription and audiometric report From treating empanelled hospital/diagnostic centre (<i>Applicable only for claiming reimbursement of Digital Hearing Aid</i>).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	In case of death of Employee/ Pensioner; a. An affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> No <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 1 st claim only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11	Any other instruments (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signature of the Employee/Pensioner/Claimant:

Name in Block Letters:

Designation:

Manual Application form

PR GIA Form-C2

Reimbursement of cost of In-Patient Department (IPD) treatment in Non-empanelled hospitals under West Bengal Health Scheme for Employees and Pensioners of Panchayati Raj Bodies, 2023 under the Department of Panchayats and Rural Development, Govt. of West Bengal

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

To
 The (Designation of Head of Institution)
 (Name of the Institution)
 (Office Address of Head of Institution)

Sir/Madam,

I am submitting a claim of Rs. (Rupees.) towards reimbursement of cost of In-Patient Department (IPD) treatment at non-empanelled hospital under West Bengal Health Scheme for the Employees and Pensioners of Panchayati Raj Bodies under Department of Panchayats & Rural Development, Govt. of West Bengal as per details stated below :

Part-I [General Information]

1. Detail of Employee/Pensioners.			
Full Name (in Block letters)		HRMSID (If available)	
Enrollment ID No.		Claim Application ID (To be filled at the time of online entry from end the Head of Office)	
2. Detail of Patient, Treating Hospital and Condonation Requirement, if any			
2.1	Name of Patient		
2.2	Name of Non-Empanelled/hospital where treatment was availed.		
2.3	Requirement of approval of delay Condonation, if Any (Tick mark in appropriate box)	Yes <input type="checkbox"/>	No <input type="checkbox"/> Not known <input type="checkbox"/>
3. Detail of Claimant (Applicable in case of death of employee)			
Sl. No.	Name of claimant	Relation	
3.1			

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

4. Period of treatment					
Admission Date		Discharge Date			
5. Type of Discharge					
Sl. No.	Type of Discharge	Tick mark in appropriate box	Sl. No.	Type of Discharge	Tick mark in appropriate box
5.1	Normal	<input type="checkbox"/>	5.3	Referral	<input type="checkbox"/>
5.2	Risk Bond	<input type="checkbox"/>	5.4	Death	<input type="checkbox"/>

6. Amount Claimed for						
Sl. No.	Type of Treatment				Tick mark in appropriate box	
6.1	Only Procedural/Package Treatment				<input type="checkbox"/>	
6.2	Only Non-Procedural Package Treatment				<input type="checkbox"/>	
6.3	Both Procedural/Package and Non-Procedural/Package Treatment				<input type="checkbox"/>	
6.1 Details of Procedural/Package Treatment						
Period of Procedural/Package Treatment				From		To
Sl. No.	Name of Procedures/Packages				Amount Claimed (Rs.)	
6.1.1						
6.1.2						
6.1.3						
6.1.4						
6.1.5						
				Total		
6.2 Details of Implants Used						
Sl. No.	Name of Implants				Amount Claimed (Rs.)	
6.2.1						
6.2.2						
6.2.3						
6.2.4						
				Total		
6.3 Details of Non-Procedural/Package Treatment						
Period of Non-Procedural/Package Treatment				From		To
Sl. No.	Name of Components				Amount Claimed (Rs.)	
6.3.1	Room/Bed Rent					
	ICCU/ITU/ICU/NICU/PICU	From		To		
	HDU/SDU	From		To		
	Burn Unit	From		To		
	CRIB	From		To		
	General/Semi-Private/Private	From		To		
6.3.2	Consultation Fees					
6.3.3	Pathological and Radiological Investigations					
6.3.4	Medicines					
6.3.5	Consumables					
6.3.6	Special Nursing/Aya Charges					
6.3.7	Miscellaneous. (If Any Specify)					
				Total		
				No. of Vouchers		
				Total Treatment Cost [6.1+6.2+6.3]		

Part-III [Details of Discount and Insurance Coverage]

7. Details of Discount and Insurance Coverage, if any			
Sl. No.	Particulars	Amount (Rs.)	Remarks
1	Discount		
2	Insurance Coverage		
Net Claim : (Part-II minus Part-III)			
Rs. ;	In words; Rupees		

Part-IV [Declaration of Employee/Pensioner]

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

[List of Enclosures]

Sl. No.	Name/Particulars of enclosures to be attached	Enclosed or not	
1.	Annexure-II duly signed with proper stamp by the Medical Superintendent/ Administrative Officer of a Non-Empanelled Hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Enrolment Certificate of beneficiary	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Bill Summary	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Original Money Receipts in chronological dates	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Copy of Discharge Summary (case summary and copy of death Certificate in case of death) and OT note	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Detailed Bill	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Original copy of Voucher/Tax Invoice of Implants used	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Copy of all investigation/test reports sequentially	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	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"/>
10.	In case of death of Employee/Pensioner;	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	a. An affidavit on stamp paper by claimant		
	b. No objection from other legal heirs on stamp papers		
	c. Copy of death certificate		
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/Pensioner/Claimant :

Name in Block Letters :

Designation :

Online Application form

PR GIA Form-C2

Reimbursement of cost of In-Patient Department (IPD) treatment in Non-empanelled hospitals under West Bengal Health Scheme for Employees and Pensioners of Panchayati Raj Bodies, 2023 under the Department of Panchayats and Rural Development, Govt. of West Bengal

(Generated by employee or pensioner from WBHS portal)

To

The (Designation of Head of Institution)

..... (Name of the Institution)

..... (Office Address of Head of Institution)

Sir/Madam,

I am submitting a claim of Rs. (Rupees.) towards reimbursement of cost of In-Patient Department (IPD) treatment at non-empanelled hospital under West Bengal Health Scheme for the Employees and Pensioners of Panchayati Raj Bodies, 2023 under Department of Panchayats & Rural Development, Govt. of West Bengal as per details stated below :

Part-I [General Information]

1. Details of Employees/Pensioners.			
Full Name (in Block letters)		HRMSID (If available)	
Enrollment ID No.		Claim Application ID (To be filled at the time of online entry from end the Head of Office)	
2. Detail of Patient, Treating Hospital and Condonation Requirement, if any			
2.1	Name of Patient		
2.2	Name of Non-Empanelled/hospital where treatment was availed.		
2.3	Requirement of approval of delay Condonation, if Any (Tick mark in appropriate box)	Yes <input type="checkbox"/>	No <input type="checkbox"/> Not known <input type="checkbox"/>
3. Detail of Claimant (Applicable in case of death of employee)			
Sl. No.	Name of claimant	Relation	
3.1			

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

4. Period of treatment					
Admission Date			Discharge Date		
5. Type of Discharge					
Sl. No.	Type of Discharge	Tick mark in appropriate box	Sl. No.	Type of Discharge	Tick mark in appropriate box
5.1	Normal	<input type="checkbox"/>	5.3	Referral	<input type="checkbox"/>
5.2	Risk Bond	<input type="checkbox"/>	5.4	Death	<input type="checkbox"/>

6. Amount Claimed for					
Sl. No.	Type of Treatment				Tick mark in appropriate box
6.1	Only Procedural/Package Treatment				<input type="checkbox"/>
6.2	Only Non-Procedural Package Treatment				<input type="checkbox"/>
6.3	Both Procedural/Package and Non-Procedural/Package Treatment				<input type="checkbox"/>
6.1 Details of Procedural/Package Treatment					
Period of Procedural/Package Treatment			From	To	Amount Claimed (Rs.)
Sl. No.	Name of Procedures/Packages				
6.1.1					
6.1.2					
6.1.3					
6.1.4					
6.1.5					
Total					
6.2 Details of Implants Used					
Sl. No.	Name of Implants				Amount Claimed (Rs.)
6.2.1					
6.2.2					
6.2.3					
6.2.4					
Total					
6.3 Details of Non-Procedural/Package Treatment					
Period of Non-Procedural/Package Treatment			From	To	Amount Claimed (Rs.)
Sl. No.	Name of Components				
6.3.1	Room/Bed Rent				
	ICCU/ITU/ICU/NICU/PICU		From	To	
	HDU/SDU		From	To	
	Burn Unit		From	To	
	CRIB		From	To	
	General/Semi-Private/Private		From	To	
6.3.2	Consultation Fees				
6.3.3	Pathological and Radiological Investigations				
6.3.4	Medicines				
6.3.5	Consumables				
6.3.6	Special Nursing/Aya Charges				
6.3.7	Miscellaneous. (If Any Specify)				
Total					
No. of Vouchers					
Total Treatment Cost [6.1+6.2+6.3]					

Part-III [Details of Discount and Insurance Coverage]

7. Details of Discount and Insurance Coverage, if any			
Sl. No.	Particulars	Amount (Rs.)	Remarks
1	Discount		
2	Insurance Coverage		
Net Claim : (Part-II minus Part-III)			
Rs. ;	In words; Rupees		

Part-IV [Declaration of Employee/Pensioner]

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

[List of Enclosures]

Sl. No.	Name/Particulars of enclosures to be attached	Enclosed or not	
1.	Annexure-II duly signed with proper stamp by the Medical Superintendent/ Administrative Officer 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.	Original Money Receipts in chronological dates	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Copy of Discharge Summary (case summary and copy of death Certificate in case of death) and OT note	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 of Implants used	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Copy of all investigation/test reports sequentially	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/Pensioner;	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	a. An affidavit on stamp paper by claimant	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b. No objection from other legal heirs on stamp papers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c. Copy of death certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Any other instruments (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Date :

Signature of the Employee/Pensioner/Claimant :

Name in Block Letters :

Designation :

Manual Application Form

PR GIA Form-C4

Reimbursement of cost of In-Patient Department (IPD) treatment and Indoor related OPD treatment in recognised/empanelled/enlisted hospitals under West Bengal Health Scheme for Employees and Pensioners of Panchayati Raj Bodies, 2023 under the Department of Panchayats and Rural Development, Govt. of West Bengal

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

To

The.....(Designation of Head of Institution)

.....(Name of the Institution)

.....(Office Address of Head of Institution)

Sir/Madam,

I am submitting a claim of Rs.....(Rupees.....). Towards reimbursement of cost of In-Patient Department (IPD) treatment at recognised/empanelled/enlisted hospital under West Bengal Health Scheme for the Employees and Pensioners of Panchayati Raj Bodies, 2023 under the Department of Panchayats & Rural Development, Govt. of West Bengal as per details stated below:

Part-I [General Information]

1. Details of Employees/Pensioners.			
Full Name (in Block letters)		HRMSID (If available)	
Enrollment ID No.		Claim Application ID <i>(To be filled at the time of online entry from end the Head of Office)</i>	
2. Detail of Patient, Treating Hospital and Condonation Requirement, if any			
2.1	Name of Patient		
2.2	Name of Non-Empanelled/hospital where treatment was availed.		
2.3	Requirement of approval of delay Condonation, if Any (Tick mark in appropriate box)	Yes <input type="checkbox"/>	No <input type="checkbox"/> Not known <input type="checkbox"/>
3. Detail of Claimant <i>(Applicable in case of death of employee/pensioner)</i>			
Sl. No.	Name of claimant	Relation	
3.1			
4. Permission Details (If any)			
Sl. No.	Permission sought	Details of permission approval	
4.1	For treatment availed in empanelled private hospital within West Bengal [see clause 14 of Order No. 796 and 797, dated 31.01.2011, 11253-F(MED), dated; 16.12.2011 and 7578-F(MED) dated; 04.09.2012]	Permission ID : Permission approved for:	
4.2	For treatment availed in enlisted hospital outside West Bengal	Memo No. : Date: Designation/Authority: U.O .No. and date of Finance Deptt. West Bengal, if any:	

Part-II [Expenditure Statement of IPD treatment]

5. Details of Treatment in Reimbursement Mode					
Period of treatment	Admission Date		Discharge date		
6. Type of Discharge					
Sl. No.	Type of Discharge	(Tick mark in appropriate box)	Sl. No.	Type of Discharge	(Tick mark in appropriate box)
6.1	Normal	<input type="checkbox"/>	6.3	Referral	<input type="checkbox"/>
6.2	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				
7.2	Only Non-Procedural/ Non-Package Treatment				
7.3	Both Procedural/ Package and Non- Procedural/ Non-Package Treatment				
7.1 Details of Procedural/ Package Treatment					
Period of Procedural/ Package Treatment			From	To	
Sl. No.	Name of Procedures/Packages		Procedure Code	Amount Claimed (Rs.)	
7.1.1					
7.1.2					
7.1.3					
7.1.4					
7.1.5					
Total					
7.2 Details of Implants Used					
Sl. No.	Name of Implants	Coded or Non-coded	Implants Code, if coded	Amount Claimed (Rs.)	
7.2.1					
7.2.2					
7.2.3					
7.2.4					
7.2.5					
Total(Rs.)					
7.3 Details of Non-Procedural/Non-Package Treatment.					
Period of Non-Procedural /Non-Package Treatment.			From	To	
Sl. No.	Name of Component	Amount Claimed (Rs.)			
7.3.1	Room/Bed Rent				
	ICCU/ITU/ICU/NICU/PICU	From	To		
	HDU/SDU	From	To		
	Burn Unit	From	To		
	CRIB	From	To		
	General/Semi-Private/Private	From	To		

7.3.2	Consultation Fees.	
7.3.3	Pathological and Radiological Investigations.	
7.3.4	Medicines.	
7.3.5	Consumables	
7.3.6	Special Nursing/ Aya Charges	
7.3.7	Miscellaneous.(If any specify)	
Total Claim of Reimbursement Mode of Treatment (Rs.) (amount mentioned in 7.1+7.2+7.3)		
		No. of vouchers

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

8. Indoor related OPD treatment					
Do you want to claim Indoor related OPD treatment cost i.e. cost of OPD treatment 30 days prior to admission and 30 days after discharge? (Tick mark in appropriate box)				Yes	No
9. Details of Indoor related OPD Consultation					
Dates			Nos. of Consultation		
10. Details Expenditure of Indoor related OPD treatment					
Sl. No.	Name of Components				Amount Claimed (Rs.)
10.1	Consultation Fees				
10.2	Cost of Pathological and Radiological Investigations				
10.3	Cost of Medicines				
	Period of medicine consumption	From		To	
10.4	Cost of Special Device				
10.5	Miscellaneous(specify)				
Total claim of indoor related OPD (Rs.)					
					Nos. of vouchers

Part-IV [Medical Advance]

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

Part-V [Refund of Medical Advance]

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

Part-VI [Details of Discount and Insurance Coverage]

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

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

Rs. ;	In words; Rupees
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Part-VII [Declaration of Employee/Pensioner]

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

[List of Enclosures]

Sl.No.	Name/Particulars of enclosures to be attached	Enclosed or not	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
1	Enrolment Certificate of beneficiary	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Bill Summary of Indoor Treatment and OPD treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Original Money Receipts of both Indoor and OPD treatment in chronological dates	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Copy of related OPD Prescriptions (if claimed)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Copy of Discharge Summary (case summary and copy of death certificate in case of death) and OT note	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Copy of permission granted ,if any	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Copy of compliance of clause(3) or (4) or (5) as per Memo No. 11253(80) F(MED), dated 16/12/2011, if any	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Copy of Detailed Bill of Indoor Treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	Original copy of Voucher/ Tax Invoice of Implants used	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10	Copy of all investigations/ tests report of Indoor and Indoor related OPD treatment sequentially	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11	In case of death of Employee/ Pensioner;		
	a. An, affidavit on stamp paper by claimant	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b. No objection from other legal heirs on stamp papers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c. Copy of death certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12	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"/>
13	Any other instruments (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Date:

Signature of the Employee/Pensioner/Claimant:

Name in Block Letters:

Designation:

PR GIA Form-C4

Reimbursement of cost of In-Patient Department (IPD) treatment and Indoor related OPD treatment in recognised/empanelled/enlisted hospitals under West Bengal Health Scheme for Employees and Pensioners of Panchayati Raj Bodies, 2023 under the Department of Panchayats and Rural Development, Govt. of West Bengal

(Generated by employee or pensioner from WBHS portal)

To

The.....(Designation of the Head of Institution)

.....(Name of the Institution)

.....(Office Address of the Head of Institution)

Sir/Madam,

I am submitting a claim of Rs.....(Rupees.....) towards reimbursement of cost of In-Patient Department (IPD) treatment at recognised/empanelled/enlisted hospital under West Bengal Health Scheme for the Employees and Pensioners of Panchayati Raj Bodies, 2023 under the Department of Panchayats & Rural Development, Govt. of West Bengal as per details stated below:

Part-I [General Information]

1. Details of Employees/Pensioners.			
Full Name (in Block letters)		HRMSID (If available)	
Enrollment ID No.		Claim Application ID <i>(To be filled at the time of online entry from end the Head of Office)</i>	
2. Detail of Patient, Treating Hospital and Condonation Requirement, if any			
2.1	Name of Patient		
2.2	Name of Non-Empanelled/hospital where treatment was availed.		
2.3	Requirement of approval of delay Condonation, if Any (Tick mark in appropriate box)	Yes <input type="checkbox"/>	No <input type="checkbox"/> Not known <input type="checkbox"/>
3. Detail of Claimant (Applicable in case of death of employee/pensioner)			
Sl. No.	Name of claimant	Relation	
3.1			
4. Permission Details (If any)			
Sl. No.	Permission sought	Details of permission approval	
4.1	For treatment availed in empanelled private hospital within West Bengal [see clause 14 of Order No. 796 and 797, dated 31.01.2011, 11253-F(MED), dated; 16.12.2011 and 7578-F(MED) dated; 04.09.2012]	Permission ID : Permission approved for:	
4.2	For treatment availed in enlisted hospital outside West Bengal	Memo No. : Date: Designation/Authority: U.O .No. and date of Finance Deptt. West Bengal, if any:	

Part-II [Expenditure Statement of IPD treatment]

5. Details of Treatment in Reimbursement Mode					
Period of treatment		Admission Date		Discharge date	
6. Type of Discharge					
Sl. No.	Type of Discharge	(Tick mark in appropriate box)	Sl. No.	Type of Discharge	(Tick mark in appropriate box)
6.1	Normal	<input type="checkbox"/>	6.3	Referral	<input type="checkbox"/>
6.2	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				
7.2	Only Non-Procedural/ Non-Package Treatment				
7.3	Both Procedural/ Package and Non- Procedural/ Non-Package Treatment				
7.1 Details of Procedural/ Package Treatment					
Period of Procedural/ Package Treatment			From	To	
Sl. No.	Name of Procedures/Packages		Procedure Code	Amount Claimed (Rs.)	
7.1.1					
7.1.2					
7.1.3					
7.1.4					
7.1.5					
Total					
7.2 Details of Implants Used					
Sl. No.	Name of Implants	Coded or Non-coded	Implants Code, if coded	Amount Claimed (Rs.)	
7.2.1					
7.2.2					
7.2.3					
7.2.4					
7.2.5					
Total(Rs.)					
7.3 Details of Non-Procedural/Non-Package Treatment.					
Period of Non-Procedural /Non-Package Treatment.			From	To	
Sl. No.	Name of Component				Amount Claimed (Rs.)
7.3.1	Room/Bed Rent				
	ICCU/ITU/ICU/NICU/PICU	From	To		
	HDU/SDU	From	To		
	Burn Unit	From	To		
	CRIB	From	To		
	General/Semi-Private/Private	From	To		

7.3.2	Consultation Fees.	
7.3.3	Pathological and Radiological Investigations.	
7.3.4	Medicines.	
7.3.5	Consumables	
7.3.6	Special Nursing/ Aya Charges	
7.3.7	Miscellaneous.(If any specify)	
Total Claim of Reimbursement Mode of Treatment (Rs.) (amount mentioned in 7.1+7.2+7.3)		
No. of vouchers		

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

8. Indoor related OPD treatment						
Do you want to claim Indoor related OPD treatment cost i.e. cost of OPD treatment 30 days prior to admission and 30 days after discharge? (Tick mark in appropriate box)					Yes	No
9. Details of Indoor related OPD Consultation						
Dates				Nos .of Consultation		
10. Details Expenditure of Indoor related OPD treatment						
Sl. No.	Name of Components					Amount Claimed (Rs.)
10.1	Consultation Fees					
10.2	Cost of Pathological and Radiological Investigations					
10.3	Cost of Medicines					
	Period of medicine consumption	From		To		
10.4	Cost of Special Device					
10.5	Miscellaneous(specify)					
Total claim of indoor related OPD (Rs.)						
Nos. of vouchers						

Part-IV [Medical Advance]

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

Part-V [Refund of Medical Advance]

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

Part-VI [Details of Discount and Insurance Coverage]

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

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

Rs. ;	In words; Rupees
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Part-VII [Declaration of Employee/Pensioner]

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

[List of Enclosures]

Sl.No.	Name/Particulars of enclosures to be attached	Enclosed or not	
1	Bill Summary of Indoor Treatment and OPD treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Original Money Receipts of both Indoor and OPD treatment in chronological dates	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 and copy of death certificate in case of death) and OT note	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), dated16/12/2011, if any	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 of Implants used	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	Copy of all investigations/ tests report of Indoor and Indoor related OPD treatment sequentially	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10	In case of death of Employee/ Pensioner; a. An, affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> No <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/Pensioner/Claimant:

Name in Block Letters:

Designation:

Manual Advance Application Form

PR GIA Form-C5

Advance for the OPD treatment in recognised/empanelled/enlisted hospitals under West Bengal Health Scheme for Employees and Pensioners of Panchayati Raj Bodies, 2023 under the Department of Panchayats and Rural Development, Govt. of West Bengal

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

To
The.....(Designation of Head of the Institution)
.....(Name of the Institution)
.....(Office Address of Head of the Institution)

Sir/Madam,

I am submitting a prayer for advance of Rs.....(Rupees.....) related to the cost of Out-Patient Department (OPD) treatment at recognised/empanelled/enlisted hospital under West Bengal Health Scheme for the Employees and Pensioners of Panchayati Raj Bodies, 2023 under the Department of Panchayats & Rural Development, Govt. of West Bengal as per details stated below:

Part-I [General Information]

1. Details of Employees/Pensioners.			
Full Name (in Block letters)		HRMSID (If available)	
Enrollment ID No.		Claim Application ID <i>(To be filled at the time of online entry from end the Head of Office)</i>	
2. Detail of Patient, Treating Hospital			
2.1	Name of Patient		
2.2	Name of Empanelled/Enlisted hospital from where estimate is received.		

Part-II [Details of Cost Component of Estimate]

3. Estimate of Hospital							
3.1 No. of days for which hospital produced Estimated Expenditure					() Days		
3.2 Details of OPD Diseases for which advance is sought							
Sl. No.	Particulars	Name of diseases					
3.2.1	Name of OPD Diseases for which advance is required (Tick mark in appropriate box)	<input type="checkbox"/>	Beta Thalassaemia	<input type="checkbox"/>	Hepatitis C	<input type="checkbox"/>	Carcinoma including Multiple Myelomas

4. Cost Component of OPD treatment as per estimate submitted by Empanelled/ Enlisted hospital					
Sl. No.	Name of Component	Nos.	Period		Amount(Rs.)
			From	To	
4.1	Consultation Fees				
4.2	Cost of Pathological and Radiological Investigations				
4.3	Cost of Medicines				

Sl. No.	Name of Component	Nos.	Period		Amount(Rs.)
			From	To	
4.4	Cost of Implant/ Special Device				
4.5	Miscellaneous(specify)				
Total					

Part-III[Advance Amount Selection Clause]

Sl.No.	Particulars	Amount(Rs.)
1	Maximum admissible amount for Advance (80% of total of sl. no.4)	
2	Amount of Advance Applied for	

Amount of Advance Claim: [Lowest amount of Sl.No.1 and 2 of Part-III]

Rs:	
In words:	Rupees

Part-IV [Details of Advance Claimant]

Sl. No.	Name of Claimant	Relation
1		

Part-V [Declaration of Employees/Pensioner]

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

[List of Enclosures]

Sl.No.	Name/Particulars of enclosures to be attached	Enclosed or not	
1	Enrolment Certificate of patient	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Original Estimate issued by Empanelled/ Enlisted hospital for seeking advance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Prognosis Report of patient issued by Treating Specialist	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	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"/>
5	Any other instruments (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Date:

Signature of the

Employees/Pensioner/Claimant

Name in Block Letters:

Designation:

Manual Advance Claim Form

PR GIA Form-C6

Advance for the In-patient Department (IPD) treatment in recognised/empanelled/enlisted hospitals under West Bengal Health Scheme for Employees and Pensioners of Panchayati Raj Bodies, 2023 under the Department of Panchayats and Rural Development, Govt. of West Bengal

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

To

The.....(Designation of Head of the Institution)

.....(Name of the Institution)

.....(Office Address of Head of the Institution)

Sir/Madam,

I am submitting a prayer for advance of Rs.....(Rupees.....) related to the cost of In-Patient Department (IPD) treatment at recognised/empanelled/enlisted hospital under West Bengal Health Scheme for the Employees and Pensioners of Panchayati Raj Bodies, 2023 under the Department of Panchayats & Rural Development, Govt. of West Bengal as per details stated below:

Part-I [General Information]

1. Details of Employees/Pensioners.			
Full Name (in Block letters)		HRMSID (If available)	
Enrollment ID No.		Claim Application ID <i>(To be filled at the time of online entry from end the Head of Office)</i>	
2. Details of Patient, Treating Hospital			
2.1	Name of Patient		
2.2	Name of Empanelled/Enlisted hospital where treatment availed		

Part-II [Details of Cost Component of Estimate]

3. Estimate of Hospital			
3.1 No. of days for which hospital produced Estimated Expenditure		(<input type="text"/>) Days	
3.2 Estimate cost of Procedural/Package Treatment			
Sl. No.	Name of Procedures/Packages	Procedure Code	Amount(Rs.)
3.2.1			
3.2.2			
3.2.3			
3.2.4			
3.2.5			
			Total

Sl.No.	Name of Implants	Coded or Non-coded	Implants Code, if coded	Amount(Rs.)
3.3.1				
3.3.2				
3.3.3				
3.3.4				
3.3.5				
Total(Rs.)				

3.4 Estimated cost of Non-Procedural/ Non-Package Treatment.

Sl. No.	Name of Component				Amount(Rs.)
3.4.1	Room/Bed Rent				
	ICCU/ITU/ICU/NICU/PICU	From		To	
	HDU/SDU	From		To	
	Burn Unit	From		To	
	CRIB	From		To	
	General/Semi-Private/Private	From		To	
3.4.2	Consultation Fees.				
3.4.3	Pathological and Radiological Investigations.				
3.4.4	Medicines.				
3.4.5	Consumables				
3.4.6	Special Nursing/Aya Charges				
3.4.7	Miscellaneous.(If any specify)				
Amount of Total Estimate submitted by Hospital (Rs.) (amount mentioned in 3.2+3.3+3.4)					

Part-III [Advance Amount Selection Clause]

Sl.No.	Particulars	Amount(Rs.)
1	Maximum admissible amount for Advance (80% of total of sl. no.4)	
2	Amount of Advance Applied for	

Amount of Advance Claimed (Difference of Sl.No.1 and 2 of Part-III)	
Rs:	
In words:	Rupees

Part-IV [Details of Advance Claimant]

Sl. No.	Name of Claimant	Relation
1		

Part-V [Declaration of Employees/Pensioner]

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

[List of Enclosures]

Sl.No.	Name/Particulars of enclosures to be attached	Enclosed or not	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
1	Enrolment Certificate of patient	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Original Estimate issued by Empanelled/ Enlisted hospital for seeking advance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Prognosis Report of patient issued by Treating Specialist	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	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"/>
5	Any other instruments (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Date:

Signature of the

Employees/Pensioner/Claimant

Name in Block Letters:

Designation:

Online Advance Application Form

PR GIA Form-C6

Advance for the In-patient Department (IPD) treatment in recognised/empanelled/enlisted hospitals under West Bengal Health Scheme for Employees and Pensioners of Panchayati Raj Bodies, 2023 under the Department of Panchayats and Rural Development, Govt. of West Bengal

(Generated by employee or pensioner from WBHS portal)

To

The.....(Designation of Head of the Institution)

.....(Name of the Institution)

.....(Office Address of Head of the Institution)

Sir/Madam,

I am submitting a prayer for advance of Rs.....(Rupees.....) related to the cost of In-Patient Department (IPD) treatment at recognised/empanelled/enlisted hospital under West Bengal Health Scheme for the Employees and Pensioners of Panchayati Raj Bodies, 2023 under the Department of Panchayats & Rural Development, Govt. of West Bengal as per details stated below:

Part-I [General Information]

1. Details of Employees/Pensioners.			
Full Name (in Block letters)		HRMSID (If available)	
Enrollment ID No.		Claim Application ID <i>(To be filled at the time of online entry from end the Head of Office)</i>	
2. Details of Patient, Treating Hospital			
2.1	Name of Patient		
2.2	Name of Empanelled/Enlisted hospital where treatment availed		

Part-II [Details of Cost Component of Estimate]

3. Estimate of Hospital			
3.1 No. of days for which hospital produced Estimated Expenditure		(<input type="text"/>) Days	
3.2 Estimate cost of Procedural/Package Treatment			
Sl. No.	Name of Procedures/Packages	Procedure Code	Amount(Rs.)
3.2.1			
3.2.2			
3.2.3			
3.2.4			
3.2.5			
Total			

3.3 Estimated cost of Implants Used				
Sl.No.	Name of Implants	Coded or Non-coded	Implants Code, if coded	Amount(Rs.)
3.3.1				
3.3.2				
3.3.3				
3.3.4				
3.3.5				
Total(Rs.)				
3.4 Estimated cost of Non-Procedural/ Non-Package Treatment.				
Sl. No.	Name of Component			Amount(Rs.)
3.4.1	Room/Bed Rent			
	ICCU/ITU/ICU/NICU/PICU	From	To	
	HDU/SDU	From	To	
	Burn Unit	From	To	
	CRIB	From	To	
	General/Semi-Private/Private	From	To	
3.4.2	Consultation Fees.			
3.4.3	Pathological and Radiological Investigations.			
3.4.4	Medicines.			
3.4.5	Consumables			
3.4.6	Special Nursing/Aya Charges			
3.4.7	Miscellaneous.(If any specify)			
Amount of Total Estimate submitted by Hospital (Rs.)				
(amount mentioned in 3.2+3.3+3.4)				

Part-III [Advance Amount Selection Clause]

Sl.No.	Particulars	Amount(Rs.)
1	Maximum admissible amount for Advance (80% of total of sl. no.4)	
2	Amount of Advance Applied for	

Amount of Advance Claim: [Lowest amount of Sl.No.1 and 2 of Part-III]

Rs:	
In words:	Rupees

Part-IV [Details of Advance Claimant]

Sl. No.	Name of Claimant	Relation
1		

Part-V [Declaration of Employees/Pensioner]

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

[List of Enclosures]

Sl.No.	Name/Particulars of enclosures to be attached	Enclosed or not	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
1	Original Estimate issued by Empanelled/ Enlisted hospital for seeking advance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Prognosis Report of patient issued by Treating Specialist	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Any other instruments (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Date:

Signature of the

Employees/Pensioner/Claimant

Name in Block Letters:

Designation:

FORM-P**CLAIM ID:****Government of West Bengal****Name of the office****Office address****No:****Dated:****APPROVAL OF CLAIM**

Sanction is hereby accorded for total amount of Rs. (in words and numeric figure) in favour of the beneficiary mentioned below against his/her reimbursement claim under West Bengal Health Scheme for the Employees and Pensioners of Panchayati Raj Bodies, 2023

Sl.No.	Particulars	Details
1	Enrolment ID.of Employee/ Pensioner	
2	Name of Employee/ Pensioner	
3	Name of Patient	
4	Beneficiary ID of Patient	
5	Relationship with the Employee/ Pensioner	
6	Designation of Head of Institution	
7	DDO Code of Drawing & Disbursing Officer	
8	Designation of Drawing & Disbursing Officer	
9	Head of Account	
10	Type of Treatment	
11	Name of Hospital where treatment availed	
12	Type of Hospital	
13	Amount Claimed (Rs.)	
14	Amount Sanctioned in figure (Rs.)	
15	Amount Sanctioned in words (Rupees)	
16	Name of Claimant (In case of death) and Relation	NA

Digitally Signed. Does not require any Ink Signature.SPACE FOR DSC
STAMPING

Copy to the

1. The Principal Account General (A & E), West Bengal, Treasury Building, Kol-700001.
2. The.....(Head of the Institution)
3. Treasury Officer, (Treasury), Address of Name of Treasury

Digitally Signed. Does not require any Ink SignatureSPACE FOR DSC
STAMPING

Form-Q
Name of the Office
Office Address

No.

Date:

To.

1. The Commissioner, Directorate of Panchayats & Rural Development, Government of West Bengal.
2. The District Magistrate & Executive Officer,.....Zilla Parishad.

Recommendation for Approval of Claim

Sir/Madam,

Reimbursement claim amounting to Rs. _____ (In words & Numeric figure) of Shri/ Smt _____ (Beneficiary's name and ID No. Designation _____ for medical treatment of his/her family members at _____ (name of the hospital) during the period from DD/MM/YYYY to DD/MM/YYYY is hereby forwarded for approval.

It is certified that all the submitted original bills/vouchers are checked & rates claimed in bills are corrected/ modified as per schedule of approved rates. The eligible consolidated claim is forwarded along with original vouchers/ bills for according necessary approval as per existing Government Order.

The approved amount may be sanctioned in favour of the above referred beneficiary under the Head of Account _____ and allotment may be given in favour of the DDO Code for payment of the admissible amount of medical reimbursement.

The amount shall be payable to the Shri / Smt.....(name of the claimant)/ (Name of Spouse / Family Member in case where the employee is already deceased).

Sd/-

Signature of the Recommending Authority

Designation:

No. (1/4)

Date:

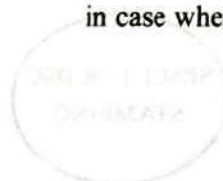
Copy forwarded for information to:-

1. The Head of the Institution/ DDO of the concerned claimant
2. Shri/ Smt. _____ .Name of the Claimant)/ (Name of Spouse/ Family Member in case where the employee is already deceased).

Sd/-

Signature of the Recommending Authority

Designation:



Form-R**Government of West Bengal****Name of the Office****Office Address**

No. _____

Date: _____

SANCTION ORDER

Sanction is hereby accorded for the total amount of Rs. (in words & Numeric figure) in favour of following beneficiaries against the approved medical reimbursement claim.

The sanctioned amount will be drawn by the (Name of Institute) from the Treasury to which the drawing officer of the institute attached in TR from No. 31 for medical treatment of following beneficiaries.

Sl. No.	Application No.	Name of the employee/ Pensioner	WBHS ID of Employee's / Pensioner's	Patient's Beneficiary Name	Patient's WBHS ID	Amount (Rs.)
Total						

The Amount is chargeable under the head of account _____ from the budget provision of the financial year _____.

No utilization certificate is required to be submitted for the grant sanctioned in favour of beneficiary against the claim of medical reimbursement.

Payment shall be made to the Claimant directly into the Bank Account in terms of G.O. No. dated of Panchayats & Rural Development Department accompanying the copy of sanction order with the bill.

Sd/-

Signature of the Recommending Authority

Designation: _____

Date: _____

No.

Copy forwarded for information to:-

- Principal Accountant General (A&E), West Bengal , Kolkata-700001
- Treasury Officer, _____ (Sub-Allotting Officer)
- _____ for sub allotment of fund to DDO in E-Bantan of IFMS.
- The Head of Institution / Office / DDO of the concerned beneficiary.
- Shri/ Smt. _____ (Name of the Claimant) / (Name of Spouse / Family Member in case where the employee/ pensioner is already deceased).

Sd/-

Signature of the Sanctioning Authority

Annexure-I

Certification of Treating Specialist/Consultant of **Recognized/Empanelled/Enlisted** Hospital for claiming reimbursement of "**Out Patient Department (OPD)**" treatment under West Bengal Health Scheme for the employees and pensioners of Panchayti Raj Bodies, 2023 under Panchayats & Rural Development Department, Govt. of West Bengal.

[Not applicable for selected investigation vide clause 10 of FD Memo No. 797-F(Med) dt. 31/01/2011 and Prosthesis and Special Devices.]

1. Certified that the Patient, Sri/Smt. _____, having Beneficiary ID _____ is a beneficiary of the scheme stated above.
2. She/he has been suffering from _____ (specify name of disease) as listed in Sl. No. of the OPD list as per 7(1) clause or follow-up medical attendance and treatment of as per 7(2) clause of Order No..... dt.....
Issued by Panchayats & Rural Development Department, Govt. of West Bengal.
3. Date of consultation is _____.
4. Date: _____ Signature of Treating Specialist/Consultant:
Registration No.: _____
Name of Hospital: _____
Official Seal of the Hospital: _____

List of OPD (Out Patient Department) Diseases _____

As per clause 8(1) of.....			As per clause 8(2) of.....		
Sl. No	Name of the Disease	Sl. No	Name of Disease	Sl. No	Name of the Disease
1	Malignant Diseases.	11	Rheumatoid Arthritis.	1	Neuro Surgery.
2	Tuberculosis.	12	Systematic Lupus Erythematous (LUPUS)..	2	Cardiac Surgery (Including Coronary Angioplasty and implants).
3	Hepatitis B/C and other Liver diseases	13	Crohn's Disease	3	Cancer Surgery/ Chemotherapy/ Radiotherapy.
4	Type-I Insulin Dependent Diabetes	14	Endodontic Treatment (Root Canal Treatment).	4	Renal Transplant.
5	Heart Diseases.	15	COPD (Chronic Obstructive Pulmonary Disease).	5	Hip/ Knee replacement Surgery.
6	Neurological Disorder/ Cerebra Vascular Disorders.	16	Ankylosing Spondylitis	6	Accident cases.
7	Malignant Malaria.	17	Covid-19		
8	Renal Failure.	18	None of the above list [Vide para 10 of 797-F(MED), Dated 31.01.2011]		
9	Thalassaemia/ Bleeding orders/ Platelet Disorders.	19	Prosthesis and Special Devices		
10	Injuries Caused by Accident (including Animal Bite).	20	Outside prior permitted OPD treatment		

Annexure-II

Certification of Medical Superintendent/ Administrative Officer of treating **Non-Empanelled Hospital** for claiming reimbursement of only "**Indoor**" treatment under West Bengal Health Scheme for the Employees and Pensioners of Panchayati Raj Bodies, 2023 under Panchayats & Rural Development Department, Govt. of West Bengal.

1. Certified that the Patient, Sri/Smt. _____, having Beneficiary ID is a beneficiary of the scheme stated above and he/she availed an indoor treatment for period from _____ to _____.
2. Certified that the Hospital/ Nursing Home/ Health Care Organisation has _____ (in word) nos. of bed.
3. Certified that the Hospital/ Nursing Home/ Health Care Organisation obtained a License under the West Bengal Clinical Establishment Act and Rules bearing no. _____ and this License is valid up to _____.

Date:

Signature of Superintendent/Administrative Officer

Name of Hospital:

Official Seal of the Hospital: