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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 darwing / 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;
- "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-
 - the employment of such pathological, bacteriological, radiological or other methods or investigations as are considered necessary by the attending physician;
 - 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.

Issue of Lucoiment certificate to the Employee | Pensioner and their beneficial

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 he 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 orders/ 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 Erythematous (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:

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.	Category of	Employee	Pensioners	Type of Accommodation
No.	Employee/ Pensioner	Basic Pay	Basic Pension	representation of perfections
1.	Ionegoro a o A	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

- 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.

- 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.
- 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.
- 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

recommendation and sanction of claim are anno

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 (Applicable only for claiming reimbursement of Digital Hearing Aid).

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.
- 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.

SI. 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		r purely reimbursement atment
		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 debitable 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 he 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

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15. Medical Advance — (i) The sanctioning submitty for combine constol the cost of codical attendance may great medical advance on submit ston of a certified estimate from the hospital in where made and treatment and treatment is neceived us an indicating submitted against the attendance and treatment.

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The Department of Commission & Rucar Development in consultation with the Finance Department (Medical Commission Commission of Commission Commission of Commission Commission of Commission Commission

Form A

Application for Enrolment

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13	E-Mail Addres	ss	a tha?		quotO	tion a	
14	Voter Card/PA	N/AADHAR	No.	m, sends, no	ciary ID Relat	plany Deneti	3. Name of Benefi
15	Bank details for	or claim disbu	rsement	Capital Toron	Gradien vigen	18974	
tails	of eligible fami	ly members in	cluding me a	re given below:	Crougs 2		
SI lo.	Name	Date of Birth	Relation	Beneficiary ID	Blood Group	Photo	angel Signature
		9 75 718	Femilie		dar#3	rig()	

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:

nfor	mation of Employee/Per	nsioner		THE RESERVE OF THE PARTY OF	
1.	Name (In Block Lett	er)	2.	Enrolment ID.	
3.		Designation of Employee/ Last Designation of Pensioner		Date of Entry Into service	100
5.	Address of Employee	:/Pensioner	6.	Date of Superannuation	Name of Br
Hosp	ital Accommodation En	titlement			
1.	Pay Bed in Governme	ent Hospital run by Govt. of	West Bengal		
2.	Tata Medical Centre,	Rajarhat			
3.	Other Private Empane	elled HCOs			that the U
Infor	mation of Beneficiaries	(Including Employee/pension	oner)		in in the party of
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 Crit	tical Diseases (If Any)		一种数据的	
Bene	eficiary Name	Beneficiary ID	Valid Up to	Certificate valid for D	isease

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				
7	The(Designation	n of Head of I	nstitution)	
	(Name of			
	(Office Ad	dress of Head	of Institution)	
Sir/M	adam,			
1	am submitting a claim of Rs (Rupees))
toward	is reimbursement for cost of Out-Patient Department (OPD)	treatment at rec	cognised/empane	elled/enlisted hospital
under of Pan	West Bengal Health Scheme for the Employees and Pensioner chayats & Rural Development, Govt. of West Bengal as pe	s of Panchayati	Raj bodies, 2023	under the Department
	only als at Natar Development, Govt. or West Bengar as pe	details stated t	below;	
	Part-I [General Info	rmation]		
. 1	. Details of Employee/ Pensioner			
Full N	Name	HRMSID (I	favailable)	end .
Enrol	lment ID No.	Claim Appli	cation ID.	
Bed F	Entitlement	Date of Enre	olment	
2	Details of Patient, Treating Hospital and Condonat	ion Requireme	ent, if any.	
2.1	Name of Patient	motal incu	(MELON) 5000 150	in to terms!
	Beneficiary ID	551751	f formigs in ally	mi 19 128.7
	Relationship with Employee/ Pensioner	To physic	desident in an	
2.2	Name of Empanelled/Enlisted hospital where treatment was availed.			ade 1
	Code of Hospital		ins (specify)	SKEN THE THE
	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 em	ployee/ pension	ier)	
Sl.No.	Name of claimant	ns inggresCi	Relation	y seasoff to come
3.1		erici		on lew i. wed.
4.	Permission Details, Ifany			
il.No.	Permission sought	Deta	ils of permission	approval
4.1	For treatment availed in enlisted hospital outside	Memo No.		:
	West Bengal	Date	/ A4L'4	:
		Designation/ U.O. No. an		:
			ott., West Benga	L if any:

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

5.	Details	s of OPD Treatment			- 10 mm	Detail	MACHEN P		
1. No.		Particulars			0(1)	STATE OF THE PARTY	As per clause	8(2) of	
5.1	appropri	y of OPD Claim (Tick ma ate box) [See list of disec Mentioned in clause 8(1)	ases/ and 8(2)]	OPD List	use 8(1) of	22 22 a	OPD List	0(2) 01	
5.2	Name of	OPD Disease/ Type of attendance and treatmen	follow-up			1			
5.3		OPD consultation			NOTES AND AND				
6.	Expen	diture Statement of O	PD treat	ment			THE STATE OF	Amo	ount
Sl. No.	. Name of Components							Claime	
6.1	Procedu	ocedure Charges				missible (Rs)	1111 111		
pasti is	Sl. No.	Name of Procedure	Pro	ocedure Code Amount Admissible (Rs)					o ^g raja <u>Lot H</u>
6.2	Consultation Fees								
6.3	Cost of	Pathological and Radiolo	gical Inve					127 17	
	Sl.No.	1 tunio or	ded/ n-Coded		de of estigation		nount missible (Rs)	× (1)	
6.4	Cost o	f Medicines	<u>Parada</u>	Les (i. p. a.)	x + y 1 2 12 -	off-e	niki da la	elegnes	1 10
0.1		of medicine consumption	From	1	То			20070	
6.5		f Implant /Special Devi					777	(15) 138	
	Sl. No.	Name of Implant/ Special Device	Code o	of Implant/ Amount Admissible (Rs)		ssible (Rs)	oor els:		
6.6	Miscel	llaneous (specify)					3 - 2 - 2		
						c. halos	Total	1	
		The second second				1	No. of vouchers	1-5-1-1	

Part-III [Medical Advance]

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 Refu	nd of Med	ical Advance, if any	y The State		
Name of Treasury from where it was drawn	STATE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	Designation of DDO	Treasury Voucher No.	Treasury Voucher Date	Amount (Rs.)
Net Claim: [Part-II minu	s Part III]	or [Part-II minus P			v ja liatu

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
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		
1	Annexure-I duly signed with proper stamp by Treating Specialist of an Empanelled/Enlisted Hospital (See notes of annexure-I carefully).	Yes 🗆	No 🗆
2	Original Money Receipts in chronological dates	Yes 🗆	No □
3	Copy of OPD Prescription	Yes 🗆	No □
4	Copy of permission granted if any	Yes 🗆	No □
5	Original copy of Voucher/Tax Invoice of Implants purchased	Yes □	No □
6	Copy of all investigation/test reports sequentially.	Yes 🗆	No □
7	Essentiality supported with prescription and audiometric report From treating empanelled hospital/diagnostic centre (Applicable only for claiming reimbursement of Digital Hearing Aid).	Yes	No 🗆
8	In case of death of Employee/ Pensioner;	rasted.	0000
	a. An, affidavit on stamp paper by claimant	Yes 🗌	No □
	b. No objection from other legal heirs on stamp papers	Yes 🗆	No 🗆
	c. Copy of death certificate	Yes □	No 🗆
9	Any other instruments (Specify)	Yes □	No 🗆

C' . C1	F 1	/D	. 10	11.
Signature of the	Emplo	yee/Pen	sioner/C	laimant

Name in Block Letters:

Designation:

To

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)

The	e(Desig	nation of Head of Institution)	
	(Nam(Offic	e of the Institution)	
Sir/Mad	am,	es))
nder W	reimbursement for cost of Out-Patient Department (lest Bengal Health Scheme for the Employees and Pen hayats & Rural Development, Govt. of West Bengal	as per details stated below:	Department
	Part-I [Genera	Information]	
	Details of Employee/ Pensioner	HRMSID (If available)	
Full Na	2 (3.25)	Claim Application ID.	-
	ment ID No.	Date of Enrolment	1
Ped Er	Details of Patient, Treating Hospital and Con	1/51 11 1/85 6 7 1 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1	
2.1	Name of Patient	uonation Requirement, ii any	-
2.1	Beneficiary ID	discussion on the more made by up-	
	Relationship with Employee/ Pensioner	And how the street street wild be seen at he had a	
2.2	Name of Empanelled/Enlisted hospital where treatments was availed.	embursament of Diquel Bearing 1st tennes	
0	Code of Hospital	manti 1 voru areas 1 obstruit	n l
LI	Class of Entitlement of Hospital	ans reserved by strange such persople on .	S.
	Address of Hospital	Augustus and the Adam	
2.3	Requirement of approval of delay Condonation, if (Tick mark in appropriate box)	any Yes No No	t known
3.	Detail of Claimant (Applicable in case of death	of employee)	
Sl.No.	Name of claimant	Relation	
3.1	The state of the s	erger,	
4.	Permission Details, If any	PK.	
Sl.No.	Permission sought	Details of permission approva	
4.1	For treatment availed in enlisted hospital outside West Bengal	Memo No.	
		Designation/Authority U.O. No. and date of Finance Deptt., West Bengal if any:	

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

5	. Deta	ils of OPD Treatment							
SL No		Particulars				Details			erse
5.1	approp	tegory of OPD Claim (Tick mark in propriate box) [See list of diseases/ less Mentioned in clause 8(1) and 8(2)]		As per clause OPD List	8(1) of		As per clause OPD List	8(2) of	
5.2	1	of OPD Disease/ Type o			Pünk	22,419	10 (1 <u>1</u>		28
5.3	Date o	f OPD consultation	PHONE TO SERVICE				1 100		
6	Exp	enditure Statement of (OPD treatm	nent			this administra		
Sl. No	Name of Components						Amo		
6.1	Procee	dure Charges	Smith Lander	ar is the more than	t graved.	ng the lin	esolume ess ! !	ool to no	oran qu
	Sl. No.	Name of Procedure	Proc	edure Code	Am	mount Admissible (Rs)		potand to rei	
6.2	Consu	Itation Fees	100.75	SUL 20, EV 1947	1.00	PARTE	Tanak .		7,4
6.3	Cost of Pathological and Radiological Investigations					DYSGIA	1		
	Sl.No.		ded/ n-Coded	Code of Investig		Amount Admissible (Rs)			
		The state of the s			- V	ie Ir Lou	OPEN CONTROL	in the s	h 5 -
6.4	Cost o	f Medicines	Loss	langung pund	To he has	nt rai se	danse la japo	Original	
	Period	of medicine consumption	From	ylluoro	То	ga kölü	mazor avarde	30 2007	
6.5	Cost o	Cost of Implant /Special Device					anneg I		
	Sl. No.	Name of Implant/ Special Device	Code of Special D	67 0011	Amount Admissible (Rs)		reger c		
m	w I	Electrical Services		100	by clarit	andre de	generale ameso a natz apotivolajíc	rok a	
6.6	Miscell	aneous (specify)		คือสุดสุ สุภเผล คอ	al berrs	other leg	hoff to a site	old of	16.5
	1					Many	Total	10	
						No	o. of vouchers	Principal .	

Part-III [Medical Advance]

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

Part-IV [Refund of Medical Advance]

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 minu	s Part III] In words;		art-III plus Part IV	7	

Part-V [Declaration of Employee/ Pensioner]

I do hereby declare that the statements made in t	he application of claim for reimbursement is true to the best of my
knowledge and belief. The person, for whom medic	cal expenses incurred, is a beneficiary of the stated scheme and
possessed a valid enrolment certificate at the time tre	atment. 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
	strument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

Sl. No.	Name/Particulars of enclosures to be attached	and annual	2000 J 1 A
1	Annexure-I duly signed with proper stamp by Treating Specialist of an Empanelled/Enlisted Hospital (See notes of annexure-I carefully).	Yes	No 🗆
2	Enrolment Certificate of beneficiary	Yes 🗆	No 🗆
3	Original Money Receipts in chronological dates	Yes 🗆	No 🗆
4	Copy of OPD Prescription	Yes 🗆	No 🗆
5	Copy of permission granted if any	Yes 🗆	No 🗆
6	Original copy of Voucher/Tax Invoice of Implants purchased	Yes 🗆	No 🗆
7	Copy of all investigation/test reports sequentially.	Yes 🗆	No 🗆
8	Essentiality certificate supported with prescription and audiometric report From treating empanelled hospital/diagnostic centre (Applicable only for claiming reimbursement of Digital Hearing Aid).	Yes 🗌	No 🗆
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 □ Yes □ Yes □	No 🗆 No 🗆 No 🗆
10	Filled ECS mandate form in case of those, whose bank details is not available in IFMS (in case of 1st claim only)	Yes 🗆	No 🗆
11	Any other instruments (Specify)	Yes 🗆	No □

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)

То					
The		(Designatio			
		(Name of			
		(Office Ad		f Institution)	
		(Office Add	uless of flead o	1 Institution)	
					4.1.0
Sir/Mac					6.1.5
towards Health Develop	reimbursement Scheme for the I oment, Govt. of	a claim of Rs	eatment at non-er i Raj Bodies unde	mpanelled hospi er Department o	ital under West Bengal
(in B	lock letters)				1 1 2 0
Enrol	lment ID No.	TID No. Claim Application ID (To be filled at the time online entry from end to Head of Office)		at the time of from end the	Period of Non-P
1	deal of this	it, Desting Hospital and Condomitio	n Requirement,	if any	
2.1	Name of Patier	nt			9 5
2.2	Name of Non-I	Empanelled/hospital where treatment wa	s availed.	Larry Sanzalas	Carried St.
2.3	Requirement of	f approval of delay Condonation, if k in appropriate box)	1	Yes □ No	□ Not known □
	Debits of Claim	ant (Applicable in case of death of em	oloyee)		
Sl. No.		Name of claimant		Relati	ion
3.1		100	3.	EVITTO VITTO	196 11/0/1915
		Part-II [Details and Expenditure St	atement of IPD	treatment]	o.3 1 Patrologica

d Pa	fied of treatment					
Admission Date			Discharge	Date	seldemission 7, 7, 6,	
5. Typ	e of Discharge					
Sl. No.	Type of Discharge	Tick mark in appropriate box	SI . No.	Type of Discharge	Tick mark in appropriate box	
5.1	Normal	Clo oM 🔲	5.3	Referral		
5.2	Risk Bond	Frestmor	5.4	Death		

6.4	mount Claimed for						
Sl. No.		e of Treatment	ET AN		dad at to 1		ick mark in propriate box
6.1	Only Procedural/Package Treatmen	t national la es			depart and	make.	e d □ +ki Jan
6.2	Only Non-Procedural Package Trea	tment	(Hersh t)	krost ekser	ed and he		
6.3	Both Procedural/Package and Non-				i, ism is a	e week	W- 🔲 - W
61	Details of Procedural/Package Tre	atment	W12				
Peri	iod of Procedural/Package Treatme	ent	From			То	
Sl. No.	Name of to be to be	Procedures/Pack	500	Charles .		CI	Amount aimed (Rs.)
6.1.1	The second secon	and ell to em	WI	04.000	101 1 101 101		
6.1.2	continuitzat to boot	to weeth of	1-11				
6.1.3							
6.1.4	The second of the second			- Z			Sept. mis
6.1.5					41.7		
Sept. Dis	and other bringers by the commencer	I management and a second	and the second	Leading	Total	Luc. 56	zuelro
6.2	Details of Implants Used	earth built was					
Sl. No.	Name of Implants				Cl	Amount aimed (Rs.)	
6.2.1	193	Principal Control of the Control	27211 1 7 20				
6.2.2		X-100		33.315m	part contra	god & ho	The costs
6.2.3	(Selizina) aliquido	1311					o Television
6.2.4						156	other for Hin
	Of settering/ in	self ()			Total	76	M Inscaller :
6.3	Details of Non-Procedural/Packag	Treatment					
Per	iod of Non-Procedural/Package Tro	atment	From			То	
Sl. No.	Name of Components				The state of the s	Amount aimed (Rs.)	
6.3.1	Room/Bed Rent					-	
(Feel)	ICCU/ITU/ICU/NICU/PICU	From	THE RESERVE	То	SAME SUBJECT		
Elitaji	HDU/SDU	From	Control Said	То	ne more of	u made	
	Burn Unit	From		То		and the same	- 64 - A F
2 12	CRIB	From		То	See M	HIEROP F.	CAPILL C.
	General/Semi-Private/Private	From		То			
6.3.2	Consultation Fees						
6.3.3	Pathological and Radiological Invest	igations	MARKA I D	it signif	Partiel Line		
6.3.4	Medicines					orașe la vent la la	
6.3.5	Consumables	Lagradian (1					
6.3.6	Special Nursing/Aya Charges				-39-	- T	Comment of the
6.3.7	Miscellaneous. (If Any Specify)	31. 5	er dome	90.1			
Zqr!	sudjegnišķi ji		You sign	CD; or	Total	tad soft	
	Research	153	0	No. o	f Vouchers	WITH A	111
	Dianh Danh	Total T	reatment (1+6.2+6.31		

Part-III [Details of Discount and Insurance Coverage]

7. De	tails of Discount and Insurance Coverage, if s	ny .	
Sl. No.	Particulars	Amount (Rs.)	Remarks
president	Discount Discount	property to a per	respond to smarts? witcool legand
2	Insurance Coverage	all family bas on	gudesia i In
	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
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	d or not
1.	Annexure-II duly signed with proper stamp by the Medical Superintendent/ Administrative Officer of a Non-Empanelled Hospital	Yes 🗆	No 🗆
2.	Enrolment Certificate of beneficiary	Yes 🗆	No 🗆
3.	Bill Summary	Yes 🗆	No 🗆
4.	Original Money Receipts in chronological dates	Yes 🗆	No 🗆
5.	Copy of Discharge Summary (case summary and copy of death Certificate in case of death) and OT note	Yes 🗆	No 🗆
6.	Detailed Bill	Yes 🗆	No 🗆
7.	Original copy of Voucher/Tax Invoice of Implants used	Yes 🗆	No 🗆
8.	Copy of all investigation/test reports sequentially	Yes 🗆	No 🗆
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 🗆	No 🗆
10.	In case of death of Employee/Pensioner;	Yes 🗆	No 🗆
	a. An affidavit on stamp paper by claimant	2511 349	
	b. No objection from other legal heirs on stamp papers	3/10/1	
	c. Copy of death certificate		UN IS
11.	Filled ECS mandate form in case of those, whose bank details is not available in IFMS (in case of first claim only)	Yes 🗆	No 🗆
12.	Any other instruments (Specify)	Yes 🗆	No 🗆

12.	Any other in	istruments (Specify)		ies 🗆	NO L
Date	e:				
		Shreepell to add.	Signature of the Employee	e/Pensioner/Claima	
3100			Name in Block Letters :		
		Death	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 I	nstitution)	
		(Name of the	Institution)		
Countrie (7)	Ev ligace of the si	(Office Addre	ess of Head o	of Institution)	
Sir/Mada	ım,				
towards i Health Se	reimbursement of co cheme for the Empl	im of Rs (Rupees. est of In-Patient Department (IPD) treat oyees and Pensioners of Panchayati R west Bengal as per details stated below	tment at non-e aj Bodies, 202	mpanelled hospita	al under West Benga
		Part-I [General Infor	mation]		
1,1	Details of Employ	es/Pensioners.	greene -		
Full Na (in Blo	ame ock letters)	HRMSID (If av		available)	oros Idela III.
Enroll	ment ID No.	or analytis's dissistence and the even	Claim Application ID (To be filled at the time of online entry from end the Head of Office)		10 (479.) - 2 21 9' 10
2.1	Detail of Patient, I	reating Hospital and Condonation I	Requirement,	If any	
2.1	Name of Patient	All the market back to the area and the second	lateria de la		
2.2	Name of Non-Emp	anelled/hospital where treatment was a	vailed.	u se a metavas	refor bado
2.3	Requirement of app Any (Tick mark in	proval of delay Condonation, if appropriate box)		Yes □ No □	Not known □
3, 1	Detail of Claimant	(Applicable in case of death of employ	vee)		
Sl. No.	11.00	Name of claimant	2	Relation	
3.1	The state of the s	Stact was a mar etimest, since seemen ye	uru u seustai	conseller k	M Lad Train
	Par	rt-II [Details and Expenditure State	ment of IPD	treatment]	e) Stadi

Admission Date			Discharge	Date	
5. T	pe of Discharge				
Sl. No.	Type of Discharge	Tick mark in appropriate box	SI . No.	Type of Discharge	Tick mark in appropriate box
5.1	Normal		5.3	Referral	
5.2	Risk Bond		5.4	Death	

6.	Amount Claimed for	William William William	150 IC - 50 VI ACRE	MITS AND VINE	E CA ORNATO - MARKAN		
SI. No.		oe of Treatment					
							Fick mark in opropriate box
6.1	Only Procedural/Package Treatme	nt		-	In all the		
6.2	Only Non-Procedural Package Tre	atment		-		-	
6.3	Both Procedural/Package and Non	Description 1	age Treatr	nent	A STORY	+	
Por	BUREAU STREET, CARLOTTE STORE STORE STREET						
Sl. No.	riod of Procedural/Package Treatm		From			То	
31. 140.	Name of	Procedures/Pack	ages	1/1-2	te.y		Amount
6.1.1	a de expendenciament a test backle e	air lo agreci ga	stock n si	north etc	paradata seri se	-	Claimed (Rs.)
6.1.2	evices and it that tarried a stop.	WW 0. BUT 195		197	d messages	15.05	er water organis
6.1.3	de also many tone paint the object of			100			-
6.1.4	anti-latin appropriate in yet a small	Filipport Felipporte	miletti o tivat	all a s	10.0	100	All leagues
6.1.5					at Marie and I		201 25 10 650
60	Details of Implants Used				Total		o. 6 500
Sl. No.							
	Na Na	me of Implants				1-one	Amount
6.2.1				-	di Lancia	C	laimed (Rs.)
6.2.2	20.00			_		17, CO	
6.2.3			-	7	- possil -	47-10	organia – i
6.2.4	Control Actions	100	PRINCE OF THE PR	100111			
					Total	e and	
	Details of Non-Procedural/Packag						
Per	iod of Non-Procedural/Package Tr	eatment	From	* TALLES # 18		То	
Sl. No.	Name	e of Components	وطوروني مد	orig lo	8863 L 51 V		Amount laimed (Rs.)
6.3.1	Room/Bed Rent	Annual State of the State of th	7 10-100		***		iaimea (RS.)
	ICCU/ITU/ICU/NICU/PICU	From		To	elanti la da		
	HDU/SDU	From	Mark and A	То	Janes Contract	ESH SH	
	Burn Unit	From	c uo centr	То	THE THE PARTY OF	pirin .	
E y 131	CRIB	From		То		In m	
4	General/Semi-Private/Private	From		То	1 1111	and the contract	
6.3.2	Consultation Fees				The Apple		Service short
6.3.3	Pathological and Radiological Invest	tigations					
6.3.4	Medicines	Shamalik	Mary 1	Veneza	Wat State		
6.3.5	Consumables	n de la	nd f				
6.3.6	Special Nursing/Aya Charges						
6.3.7	Miscellaneous. (If Any Specify)	Helia Maria.	April .	AT PLAN			
					Total		
				No.	of Vouchers		
		Total T	reatment (Cost [6	.1+6.2+6.31		

Part-III [Details of Discount and Insurance Coverage]

7. Details	of Discount and Insurance Coverage, if a	y Links	
Sl. No.	Particulars	Amount (Rs.)	Remarks
1 1	Discount	A A A A	American Company
2	Insurance Coverage	trionelite i ses	AW THE SECTION AND ASSESSMENT OF THE SECTION AND ASSESSMENT OF THE SECTION ASSESSMENT OF THE SEC
Net C	Claim: (Part-II minus Part-III)		
Rs.;	In words; Rupees	ABSTRICT SOFT	FIGURE SERVICE SERVICE SERVICES

Part-IV [Declaration of Employee/Pensioner]

[List of Enclosures]

Sl. No.	Name/Particulars of enclosures to be attached	Enclose	d or not
1,	Annexure-II duly signed with proper stamp by the Medical Superintendent/ Administrative Officer of a Non-Empanelled Hospital	Yes 🗆	No 🗆
2.	Bill Summary	Yes 🗆	No 🗆
3.	Original Money Receipts in chronological dates	Yes 🗆	No □
4.	Copy of Discharge Summary (case summary and copy of death Certificate in case of death) and OT note	Yes 🗆	No 🗆
5.	Detailed Bill	Yes 🗆	No 🗆
6.	Original copy of Voucher/Tax Invoice of Implants used	Yes 🗆	No 🗆
7.	Copy of all investigation/test reports sequentially	Yes 🗆	No 🗆
8.	Copy of OT Note in case of procedural/package treatment and treatment summary or bed head ticket in case of non-procedural/package treatment	Yes 🗆	No 🗆
9.	In case of death of Employee/Pensioner;	Yes 🗆	No 🗆
	a. An affidavit on stamp paper by claimant	Yes 🗆	No 🗆
badad	b. No objection from other legal heirs on stamp papers	Yes 🗆	No 🗆
	c. Copy of death certificate	Yes 🗆	No 🗆
10.	Any other instruments (Specify)	Yes 🗆	No 🗆

•		HIS TON	THE RESERVE	
Date:				
			Pensioner/Claim	
	Name in B	lock Letters:		
	Designatio	n·		

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, 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** HRMSID (If available) (in Block letters) 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 Co 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 Yes 🗌 No 🗆 Not known □ Any (Tick mark in appropriate box) 3. Detail of Claimant (Applicable in case of death of employee/pension Sl. No. Name of claimant Relation 3.1 Permission Details (If any) SI. Permission sought Details of permission approval No. 4.1 For treatment availed in empanelled private hospital within Permission ID: West Bengal [see clause 14 of Order No. 796 and 797, Permission approved for: dated 31.01.2011,11253-F(MED),dated;16.12.2011 and 7578-F(MED)dated;04.09.2012] 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 Det	ils of Treatmen	nt in Reimburseme	nt Mode	· 第二次		Tee Const		
the sample of the	of treatment	Admission Date	THE PROPERTY OF	(I) telepole	Dis	scharge da	te	team a see mySt
NAME OF STREET	e of Discharge	Control of the second	THE S					in Milate
Sl. No.	Type of Disc		mark in	Sl. No.	Туре	of Dischar	rge	(Tick mark in appropriate box)
6.1	Normal	- A sea me to control of		6.3	alpo tota s	Referral		
6.2	Risk Bon	d		6.4	To the second	Death		
7. Am	ount Claimedie							
Sl. No.	n distribution	Туре	of Treatmen	t sms 200				rick mark in propriate box)
7.1	Only Procedu	ral/ Package Treatme	ent attbA	oiff(0)			11132	
7.2	Only Non-Pro	cedural/ Non-Packaş	ge Treatmen	t				sayA Europe, 1
7.3	Both Procedur	ral/ Package and No	n- Procedura	l/ Non-Pac	kage Treat	ment	ion a cla	nonaug mc f
7.1 Der	the or tracedy	at Package Treats	pent					
K) HINELY	Period of Pro	cedural/ Package T	reatment	From	eld hour	1 testar	То	sud A caveriers
Sl. No.	Nam	ne of Procedures/Pag	ckages	n east	Procedi	are Code	Amour	nt Claimed (Rs.)
7.1.1								
7.1.2					-61900	r na % 20%	Asign ?	to stripted to
7.1.3		visitifit evaluetti	511					- Sales Allega
7.1.4			1 100					N 31/3 (31.3 1/3 1/3 1/3 1/3 1/3 1/3 1/3 1/3 1/3 1/
7.1.5		in the art the con-					131	Karamatan da karangan
		A been much cause on	lit a l			Total		
72. Del	ik oʻlimplana	Uned		a Company				and the second
Sl. No.	Nan	ne of Implants		Coded or Ion-coded		ts Code, oded	Amour	nt Claimed (Rs.)
7.2.1			estra e acional	ton lead 519	alle Estimati	gene fleet 'n	mB-noV	2.2 hume of
7.2.2	Not Jok			Ti_noissant	delay Doh	lu lavoro	pi to mu	. 23 Requires
7.2.3					TAISTON	industrial	E VISCIL X	2017
7.2.4		The said of the said		CECS OF		MD PARTY	The line of	M REEL CO.
7.2.5	19007913				1 1010	361307		100
		215.3000 (2010) (2010) (2010)	PROPERTY OF THE PROPERTY OF		To	tal(Rs.)	And the second section of the second	× 5.20 × 60 × 60 × 60 × 60 × 60 × 60 × 60 ×
73.000	illi of Nan-Pro	cedural/NonePacka	ge Treatmer	it.				
Period o	of Non-Procedu	ral /Non-Package T	reatment.		From	e managere	То	18
Sl .No.		Name	of Componer	nt negot stev	ne Leffen:	care at be	Amour	nt Claimed (Rs.)
7.3.1	Room/Bed Ren	Permission approvi		Ve 746 a		later 14	1991 109	West Ben
	ICCU/ITU/ICU	J/NICU/PICU	bee it	From	То	DO 80 8	17,2571.	10 10 10 10 10 10 10 10 10 10 10 10 10 1
	HDU/SDU	Mama No	tanimal s	From	То	Tipo ny fia		
	Burn Unit	:eisf]		From	То	2117 01 10	THE REAL PROPERTY.	1 1:01 realing
	CRIB	Designation Author		From	То			
	General/Semi-I	Private/Private		From	То			

7.3.2	Consultation Fees.	and the second of the
7.3.3	Pathological and Radiological Investigations.	a version of alter of St
7.3.4	Medicines.	0 1000000000000000000000000000000000000
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)	Control of the Contro
	No. of vouchers	

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

8.	Indoor related OPD treatme	mt		
	Do you want to claim Indoor i.e. cost of OPD treatment 30 days after discharge? (Tick	days prior to admission and	Yes Teath the drawn to	No
9.	Details of Indoor related OP	D Consultation		
	Dates		Nos .of Consultation	n'i mandana kaominina
The first	e-the subject	banasa or discovery	Name/Particulary of ea	1.000
	SCLE TENS		CHANGE OF BRIDE	resoluted 1
		Annual Property (Property)	The state of	ione - Bed Levi
1-1-	3.10Y	fluor continu		7.11
10.	Details Expenditure of Indo	or related OPD treatment		
Sl. No.	Yest) on Clay	Name of Components	mining ACMO hata	Amount Claimed (Rs.)
10.1	Consultation Fees	July T	Les idias	stantistica.
10.2	Cost of Pathological and Radio	logical Investigations	The state of the series	V90 3
10.3	Cost of Medicines	7 55 A 06 to 12 to 141 to	(fine only a propertion	e to van 1 F
	Period of medicine consumption	on From	То	351 mg
10.4	Cost of Special Device	Line Asset of Shifting	all rectains to total lesings	Charles 1
10.5	Miscellaneous(specify)	hose contains to ease	ent out tacket of reces	o tempo
	Total claim of indoor related C	OPD (Rs.)	y bo book a se	e la valor de
		1.11.5	Nos. of vouchers	on action

Part-IV [Medical Advance]

Name of Treasury from where it was drawn	DDO Code	Designation of DDO	Treasury Voucher No.	Treasury Voucher Date	Amount(Rs.)
er on and it is ear	7	ten a smith take not it	rout lifetation	normalization 21	R bellet 1
		100	Constitution of the	1 20041	defaiting as

Part-V [Refund of Medical Advance]

2. Details of Refund of	STATE OF THE PARTY OF	THE RESERVE OF THE PARTY OF THE	The state of the s		
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]

3. Details of Disco	ont and Insurance Coverage, if any		Jack Policy
Sl. No.	Particulars	Amount(Rs.)	Remarks
1	Discount		
2	Insurance Coverage	4504 202	o b room.

Net Claim: [Part-in minus Part VI]	I plus Part-III minus Part IV minus Part VI] or [Part-II plus Part-III minus Part IV plus Part V
Rs.;	In words; Rupees

Part-VII [Declaration of Employee/Pensioner]

[List of Enclosures]

Sl.No.	Name/Particulars of enclosures to be attached	Enclose	ed or not
1	Enrolment Certificate of beneficiary	Yes 🗆	No 🗆
2	Bill Summary of Indoor Treatment and OPD treatment	Yes 🗆	No □
3	Original Money Receipts of both Indoor and OPD treatment in chronological dates	Yes 🗆	No 🗆
4	Copy of related OPD Prescriptions (if claimed)	Yes □	No 🗆
5	Copy of Discharge Summary (case summary and copy of death certificate in case of death) and OT note	Yes 🗆	No 🗆
6	Copy of permission granted ,if any	Yes 🗆	No 🗆
7	Copy of compliance of clause(3) or (4) or (5) as per Memo No. 11253(80) F(MED), dated16/12/2011, if any	Yes 🗆	No 🗆
8	Copy of Detailed Bill of Indoor Treatment	Yes 🗆	No 🗆
9	Original copy of Voucher/ Tax Invoice of Implants used	Yes 🗆	No 🗆
10	Copy of all investigations/ tests report of Indoor and Indoor related OPD treatment sequentially	Yes 🖂	No 🗆
11	In case of death of Employee/ Pensioner; a. An, affidavit on stamp paper by claimant	Yes 🗆	No 🗆
10-24	b. No objection from other legal heirs on stamp papers	Yes 🗆	No 🗆
	c. Copy of death certificate	Yes	No 🗆
12	Filled ECS mandate form in case of those, whose bank details is not available in IFMS (in case of first claim only)	Yes 🗆	No 🗆
13	Any other instruments (Specify)	Yes 🗆	No 🗆

Date:

Signature of the Employee/Pensioner/Claimant:

Name in Block Letters:

Designation:

Online 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

(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 HRMSID (If available) (in Block letters) 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 Yes 🗌 No 🗆 Not known Any (Tick mark in appropriate box) 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) SI. Permission sought Details of permission approval No. 4.1 For treatment availed in empanelled private hospital within Permission ID: West Bengal [see clause 14 of Order No. 796 and 797, Permission approved for: dated 31.01.2011,11253-F(MED),dated;16.12.2011 and 7578-F(MED)dated;04.09.2012] 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. Deta	alls of Treatment in Rela	mbursement Mode	TAMES OF			
Period	of treatment Admiss	ion Date	of house	Discharge of	late	ALIN ST.
6. Type	e of Discharge	not seemed begins	THE DE	E ALPH WENT	世上為 可以 (47)	
Sl. No.	Type of Discharge	(Tick mark in appropriate box)	Sl. No.	Type of Disch		rick mark in propriate box)
6.1	Normal	A CARROL AND THE SECOND	6.3	Referral		
6.2	Risk Bond		6.4	Death		
7. Amo	ount Claimedfor					
Sl. No.	(1993)	Type of Treatme	nt	Value 1	N. S. S. S.	mark in riate box)
7.1	Only Procedural/ Packa	ge Treatment	with the	10 10 10 10 10 10 10		A STATE OF
7.2	Only Non-Procedural/	Non-Package Treatme	nt			mapaly as
7.3	Both Procedural/ Packa	ge and Non- Procedu	ral/ Non-Pac	kage Treatment	o guarastes	ige on L
7.1 Deta	ils of Procedural/ Pack	age Treatment			1200	97
	Period of Procedural/	Package Treatment	From	Just the Bend Chapter	То	Prochesels &
Sl. No.	Name of Pro	cedures/Packages	layares 11 de	Procedure Code	Amount Cl	aimed (Rs.)
7.1.1						
7.1.2				A salashar di sa	organis to H	egt st t
7.1.3	THE COLUMN	STEET CHAPTE				STOKE HELL I
7.1.4					18300	M ALUICI III;
7.1.5	To seed while	June date				HELD FIGURE 11 SEE SEE
	\$5. Late 11.	4 1-1-1 100,000		Total		
7.2 Det	alls of Implants Used					
Sl. No.	Name of Imp		Coded or Non-coded	Implants Code, if coded	Amount C	laimed (Rs.)
7.2.1		1910 (1911)	desertives are	PATH WANTE	I-mix' i	5,2
7.2.2	MAR BAR TO LOT		lipatoritati de	Make the training	a la mana	par 1 85 1
7.2.3	T 20 20 27		resiles s			
7.2.4						
7.2.5						
				Total(Rs.)		TO THE STREET OF STREET
7,3 Det	ails of Non-Procedural/N	ion-Package Treatme	ent.			
Period	of Non-Procedural /Non-	-Package Treatment.		From	То	10
Sl .No.	11 m	Name of Compon	ent	ng kabupatan ng Kabupatan	Amount Cl	laimed (Rs.)
7.3.1	Room/Bed Rent		F 96 X	The first of the	Aug Bearer	18-/V/
112	ICCU/ITU/ICU/NICU/P	ICU	From	То	The Carry 3	7
	HDU/SDU	ar onest Language	From	То	and the state of	
	Burn Unit	Date	From	То	MARK STRUCTURE	
	CRIB	o contract	From	То	1	
	General/Semi-Private/Pr	ivate	From	То		

7.3.2	Consultation Fees.	
7.3.3	Pathological and Radiological Investigations.	DRAMES OF STREET OF STREET
7.3.4	Medicines.	a regional Chinasoli G. ata
7.3.5	Consumables	
7.3.6	Special Nursing/ Aya Charges	
7.3.7	Miscellaneous.(If any specify)	
A	Total Claim of Reimbursement Mode of Treatment (Rs.) (amount mentioned in 7.1+7.2+7.3)	(Vir. 1977) America
	No. of vouchers	

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

8.	Indoor related OPD treatment	The second of the second		
	Do you want to claim Indoor related (i.e. cost of OPD treatment 30 days pri 30 days after discharge? (Tick mark in	or to admission and	Yes	No de la companya de
9.	Details of Indoor related OPD Consul	tation		STEPPEN STREET,
	Dates		Nos .of Cons	ultation
	Finches de la company		and the complete	emel.
		10-100 0 100 100	Section 1 10	30 /35 100 /3 10 /5
	The state of the s	Statements	Shall be assessed	and the second
10.	Details Expenditure of Indoor related	OPD treatment		at hemolesses
Sl. No.		Components		Amount Claimed
10.1	Consultation Fees			
10.2	Cost of Pathological and Radiological Invo	estigations		
10.3	Cost of Medicines	va. Marring de	VILLE FATHE	11.75 T.403 FE
	Period of medicine consumption	From	То	b (self: to mo)
10.4	Cost of Special Device	the state have be a manual	H P. T.	7 L 80 8
10.5	Miscellaneous(specify)			
	Total claim of indoor related OPD (Rs.)		Vicano	- mark 2017 (F)
		i i i i i i i i i i i i i i i i i i i	Nos. of vou	ichers

Part-IV [Medical Advance]

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

Part-V [Refund of Medical Advance]

Freasury oucher Date	Amount(Rs.)
ı	icher Date

Part-VI [Details of Discount and Insurance Coverage]

. Details of Disco	unt and Insurance Coverage, if any		了在1995
Sl. No.	Particulars	Amount(Rs.)	Remarks
1	Discount		
2	Insurance Coverage	100	

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

Part-VII [Declaration of Employee/Pensioner]

[List of Enclosures]

Sl.No.	Name/Particulars of enclosures to be attached	Enclose	d or not
1	Bill Summary of Indoor Treatment and OPD treatment	Yes 🗆	No 🗆
2	Original Money Receipts of both Indoor and OPD treatment in chronological dates	Yes 🗆	No 🗆
3	Copy of related OPD Prescriptions (if claimed)	Yes 🗆	No 🗆
4	Copy of Discharge Summary (case summary and copy of death certificate in case of death) and OT note	Yes 🗆	No 🗆
5	Copy of permission granted ,if any	Yes 🗆	No 🗆
6	Copy of compliance of clause(3) or (4) or (5) as per Memo No. 11253(80) F(MED), dated16/12/2011, if any	Yes 🗆	No 🗆
7	Copy of Detailed Bill of Indoor Treatment	Yes 🗆	No 🗆
8	Original copy of Voucher/ Tax Invoice of Implants used	Yes 🗆	No 🗆
9	Copy of all investigations/ tests report of Indoor and Indoor related OPD treatment sequentially	Yes 🗆	No 🗆
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	Yes Vec	No 🗆
	c. Copy of death certificate	Yes □ Yes □	No □
11	Any other instruments (Specify)	Yes 🗆	No 🗆

_					
т	•			-	
		•	п		

Signature of the Employee/Pensioner/Claimant:

Name in Block Letters:

Designation:

Cost of Medicines

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(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.....(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 HRMSID (If available) (in Block letters) 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 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) Days Expenditure 3.2 Details of OPD Diseases for which advance is sought Name of diseases SI. **Particulars** No. Beta Thalassaemia Hepatitis C Carcinoma 3.2.1 Name of OPD Diseases П П including Multiple for which advance is required (Tick mark in Myelomas appropriate box) 4. Cost Component of OPD treatment as per estimate submitted by Empanelled/ Enlisted hospital Nos. Period SI. Name of Component Amount(Rs.) From No. To 4.1 Consultation Fees Cost of Pathological and Radiological Investigations 4.2 4.3

SI.	Name of Component	Nos.	Period		Amount(Rs.)
No.	Name of Component	1	From	То	
4.4	Cost of Implant/ Special Device	0.020001	and mis	17) 1797	all of a call
4.5	Miscellaneous(specify)	na ditua	Completed by	Int sa	entiger I mit mit de
	Halletter of the Wall	SAME IN	at turks	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	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	Continue of the continue of the continue of	

Part-V [Declaration of Employees/Pensioner]

[List of Enclosures]

Sl.No.	I.No. Name/Particulars of enclosures to be attached		Enclosed or not	
1	Enrolment Certificate of patient	Yes 🗆	No □	
2	Original Estimate issued by Empanelled/ Enlisted hospital for seeking advance	Yes 🗆	No 🗆	
3	Prognosis Report of patient issued by Treating Specialist	Yes 🗆	No 🗆	
4	Filled ECS mandate form in case of those, whose bank details is not Available in IFMS (In case of first claim only)	Yes 🗆	No 🗆	
5	Any other instruments (Specify)	Yes 🗆	No 🗆	

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)

	done	by the office of Hea	d of Institution where	Employee/ Pensi	oner is attached)		4189
Го				zmproyeer rens.	oner is underledy		
			(Designation		Institution)	is ignered	
	R JANESON AND THE STREET		(Name of the	he Institution)			
			(Office Add	ress of Head of	the Institution)		
Sir/Mad						ICCUR	
SII/Iviau	aiii,	To				HDES	
I a	m submitting a	prayer for advance	of Rs(Rupees)
Bengal Panchay	Health Scheme ats & Rural De	for the Employees velopment, Govt. of	nt (IPD) treatment at and Pensioners of Pa West Bengal as per d	etails stated below	lies, 2023 under the	e Departi	ment of
Part-I	General Infor	mation		cal Investigations		Paggore	2.4.6
- 1.	Details of Em	ployees/Pensioners					
Full N (in B	Name lock letters)			HRMSID (If a	vailable)	Sported	3.4.6
Enro	llment ID No.	by Hospital (Rs.) ed in 3.2+3.3+1.4)	Estimate submitted (smount marphone	Claim Applica (To be filled a online entry fi Head of Office	t the time of com end the	Advant	III-ive
2.	Details of Pati	ent, Treating Hosp	oital	Constitution of the second			AUST
2.1	Name of Patie	ent (4.0	r Is to Isrot to \$08)	sonwisk (a) Jana	man admissible an	ixeM	1 .
2.2	Name of Emp	anelled/Enlisted hos	pital where treatment	availed	lggA, soutevhA to in	on nA	2
	THE STATE OF	Part-II [I	Details of Cost Com	ponent of Estim	ate]	Al Park	St. Out.
3. Es	stimate of Hos	pital					
3.1 N		which hospital prod	luced Estimated	() Days		W 11
	A THE RESERVE OF THE PARTY OF T	7 100	Treetment				CO ALPE

3. Estima	te of Hospital		
3.1 No. of o	And A Sw III		
3.2 Estima	te cost of Procedural/Package Treatment		
Sl. No.	Name of Procedures/Packages	Procedure Code	Amount(Rs.)
3.2.1			
3.2.2	t-V Duckstuden of Europayers Prostance		
3.2.3	wests made in the approximant of chains for reimburscosess is true to the	design of the states	t do sereby dec
3.2.4	when eachers canened sounced is a beneficiary of the stated	i acran on i	sind bloc (gl) alwood
3.2.5	show the state of	To sorte	or son lemses or a
Tarissi	to following instrumentally) to substantine my claims as something and	Total	significant and facial

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Sl.No.	Name of Implants	Coded o		
3.3.1		restriction and the second	po de constitución	medical sections
3.3.2	Support Harman To the American	round to left back its	attraction to the state of	MA DES
3.3.3				
3.3.4	managa ya maya da sa ka			10.10
3.3.5				
			Total(R	s.)
3.4 Est	limeted cost of Non-Procedure// Non-Fa	Stage Treatment.		
Sl. No.	Name of	f Component		Amount(Rs.)
3.4.1	Room/Bed Rent	all against		
	ICCU/ITU/ICU/NICU/PICU	From	То	
	HDU/SDU	From	То	
	Burn Unit	From	То	ing a to the management
Pro A	CRIB	From	То	
30 207	General/Semi-Private/Private	From	То	
3.4.2	Consultation Fees.	The same of the sa	Target Hearth and	
3.4.3	Pathological and Radiological Investigations.			in old to openly h
3.4.4	Medicines.			
3.4.5	Consumables		- Barrell	in the second
3.4.6	Special Nursing/Aya Charges			
347	Miscellaneous (If any specify)			

Part-III [Advance Amount Selection Clause]

Sl.No.	Particulars	Amount(Rs.)
1	Maximum admissible amount for Advance (80% of total of sl. no.4)	1 1 10 10 10 10 10 10 10 10 10 10 10 10
2	Amount of Advance Applied for	see mattalance of table

Amount of Total Estimate submitted by Hospital (Rs.)

(amount mentioned in 3.2+3.3+3.4)

Almony	ACTEL to Claim (Contest unbin) of St No.1 and 2 of Park [1]
Rs:	
In words:	Rupees

Part-IV [Details of Advance Claimant]

Sl. No.	Name of Claimant	Relation
1		

Part-V [Declaration of Employees/Pensioner]

[List of Enclosures]

Sl.No.	Name/Particulars of enclosures to be attached	Enclosed or not	
1	Enrolment Certificate of patient	Yes	No
2	Original Estimate issued by Empanelled/ Enlisted hospital for seeking advance	Yes 🗆	No 🗆
3	Prognosis Report of patient issued by Treating Specialist	Yes 🗆	No 🗆
4	Filled ECS mandate form in case of those, whose bank details is not Available in IFMS (In case of first claim only)	Yes 🗆	No 🗆
5	Any other instruments (Specify)	Yes 🗆	No 🗆

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Signature of the

Employees/Pensioner/Claimant

Name in Block Letters:

Designation:

3.2.5

Online Advance Application Form

Total

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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 employe	e or pensioner from WBH	S portal)	
o o					PORTAGOA.
he		(I	Designation of Head of	the Institution)	
		(Name of the Institution)	
	V	IDEALIN J. POROSTIO	Office Address of Head	of the Institution)	
ir/Mac		lock Lutters:			
		ayer for advance of Rs Patient Department (IPD) to	(Rupees		
Bengal	Health Scheme for	or the Employees and Pensicolopment, Govt. of West Ben	oners of Panchayati Raj I	Bodies, 2023 under	
	[General Inform		6		
1.	Details of Emplo	yees/Pensioners.			
	Name		HRMSID (I	favailable)	
(in B	Block letters)	100			
Enrollment ID No.		Assessed of Total	Claim Application ID (To be filled at the time of online entry from end the Head of Office)		
2.	Details of Patien	t, Treating Hospital		16 A. 1849	
2.1	Name of Patient				
2.2	Name of Empane	elled/Enlisted hospital where	treatment availed		
N.		Part-II [Details of (Cost Component of Estin	mate]	
3. E	stimate of Hospita	ı			
	o. of days for which appenditure	ch hospital produced Estin	nated) Days	
3,2 E	stimate cost of Pr	ocedural/Package Treatme	ent		Service Control
Sl. No. Name of Procedures/Packages		Packages	Procedure Code	Amount(Rs.)	
3.2.	1				
3.2.	2				
3.2	3		THE RESERVE AND ADDRESS OF		
3.2.	4		e or 1. Mill increase or		

3.3 Est	imated cost of Implants Used	Chill Colored	leaster at the		
Sl.No.	Name of Implants	A CONTRACTOR OF THE PARTY OF TH	ed or	Implants	Amount(Rs.)
3.3.1	and the second be	Non-	coded	Code, if coded	z-i LansinO i
3.3.2	God Day America		77		sementer
3.3.3	Day Disay	TO DESCRIP	vel bonnes	testing to range	a assertion?
3.3.4			(70)	estruments (Spc.	Any other i
3.3.5	2775				
	aff to grain	13.4		Total/Da	5480
3.4 Est	imated cost of Non-Procedural/ Non-Package Tre	atment		Total(Rs.)	
Sl. No.	Name of Compone				Amount(Rs.)
3.4.1	Room/Bed Rent mestages 1				Amount(Rs.)
	ICCU/ITU/ICU/NICU/PICU	From		To	1 000
	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					
3.4.5	Consumables				
3.4.6	Special Nursing/Aya Charges				
3.4.7	Miscellaneous.(If any specify)				
	Amount of Total Estima	te subm	itted by	Hospital (Rs.)	
	(an	nount me	entioned	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]

[List of Enclosures]

CINO	Name/Particulars of enclosures to be attached	Enclosed or not	
Sl.No.	Original Estimate issued by Empanelled/ Enlisted hospital for seeking advance	Yes 🗆	No 🗆
2	Prognosis Report of patient issued by Treating Specialist	Yes 🗆	No 🗆
3	Any other instruments (Specify)	Yes 🗆	No 🗆

	advance		
2	Prognosis Report of patient issued by Treating Specialist	Yes 🗆	No 🗆
3	Any other instruments (Specify)	Yes 🗆	No 🗆
te:	Signature of the		
ω.	large and breaker to be at these transfer and the second		

Employees/Pensioner/Claimant

Name in Block Letters:

Designation:

FORM-P

CLAIM ID:

Government of West Bengal Name of the office Office address

••

Dated:

APPROVAL OF CLAIM

Sl.No.	Particulars	Details
1	Enrolment ID.of Employee/ Pensioner	Taylor down Tay VV VXXIV VIII
2	Name of Employee/ Pensioner	
3	Name of Patient	and the comment of the last and the last them
4	Beneficiary ID of Patient	ay er euworgeja voltakusten yn detalest, tel eller
5	Relationship with the Employee/ Pensioner	ne reserve a vian munorus bisve area batt
6	Designation of Head of Institution	8
7	DDO Code of Drawing & Disbursing Officer	narregue at leading in more requestions
8	Designation of Drawing & Disbursing Officer	The amount shall be payable to the Ste
9	Head of Account	early M. Aber in cast which if I in cloves
10	Type of Treatment	
11	Name of Hospital where treatment availed	County The Page
12	Type of Hospital	and the same of th
13	Amount Claimed (Rs.)	Var. (1/4)
14	Amount Sanctioned in figure (Rs.)	and antique with it will below and was
15	Amount Sanctioned in words (Rupees)	Settlem belong on the part of the set
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 Signature



Form-Q Name of the Office Office Address

	Offic	e Address		
No.		To toomsmoot of	Date:	
To.				
1.	The Commissioner, Directorate of Panchayats		Government of West Benga	1.
2.	The District Magistrate & Executive Officer,	Zill	a Parishad.	
	Recommendation	for Approval of Claim		
Sir/Mada	(in some and some of the sound and someone of the sound o			
Rein	nbursement claim amounting to Rs.		(In words & Numeric	figure) of
	(Benificiary's name and ID N			
	family members at (na YYYY is hereby forwarded for approval.	me of the hospital) durir	ng the period from DD/MM/	YYYY to
modified a	certified that all the submitted original bills/v as per schedule of approved rates. The eligible occording necessary approval as per existing Go approved amount may be sanctioned in favour	consolidated claim is for vernment Order. of the above referred be	warded along with original eneficiary under the Head of	vouchers,
admissible	and allotment amount of medical reimbursement.		of the DDO Code for payme	ent of the
The a	amount shall be payable to the Shri / Smt			Spouse
	ember in case where the employee is already de		Impa A to both	opeuse,
			Sd/- good Fredrices -\black	
		Signature of the F	Recommending Authority	
		Designation:		
No. (1/4)			Date:	
Copy forw	rarded for information to:-		Amount Sancjusted to t	
	The Head of the Institution/ DDO of the conce	rned claimant	Amount Smetioned in s	
	Shri/ Smt.		Name of Claimant (No.	93
	in case where the employee is already deceased)/ (Name of Spouse/ Family	Member
	require any Intersuper		rigiG	
			Sd/-	
		Ciamatura - Ed - D		
	oranicy Budding, Kot-700001.		Recommending Authority	
	Andrew Solman (1186)	Designation:		277

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

•	10	

SI. No.

Application No.

Name of

the employee/

Date:

Patient's

WBHS ID

Amount (Rs.)

SANCTION ORDER

Sanction is hereby accorded for the total amount of Do			
Sanction is hereby accorded for the total amount of Rs	(in	words	8
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.

Patient's

Beneficiary

WBHS ID

of Employee's /

		Pensioner	Pensioner's	Name		
	1/5/21		utDepartment, foots i	nempole rail sen	LA WIN MODE THE ORIGINA	1,771
				7	a mantibago promi	Č
	1.	- de	ati izon) sedara ne da	10-11-11-11-11-11-11-11-11-11-11-11-11-1	E STATE OF THE STA	-
				A Marian Sala		
	Total			ine of Hospital	is/	
Th	ne Amount is chargeabl	e under the	e head of account		k()fr	rom the
	provision of the financia				OPD Cour Patient Department	
No	utilization certificate i	s required t			ed in favour of beneficiary aga	
	f medical reimbursemen				As per clause c(1) of	
Pa	yment shall be made to	the Claima	nt directly into the Ban	k Account in to	erms of G.O. No	.viNe.
dated	of Panchayats	& Rural I	Development Departme	ent accompany	ring the copy of sanction order	with the
bill.			remain Liquis	12 50	Yuberculosis.	
					Sd/-	
	Cancer surgery		on Discuse	ignature of the	e Recommending Authority	
Maler			T	Designation:	Liver diseases	
No	Amelganera tenga		ledaria francou (Ro ati Tresponent)	and #1	Type-1 Insulin Deposition Date:	4
	orwarded for informatio		designation I contracted (R)	I4 Ens	InstangeC aducat 1-aqql	4 5
	orwarded for informatio	n to:- General (A	&E), West Bengal, Ko	olkata-700001	Date: Since Description Date: Discrete Discretes	5
Copy fo	orwarded for informatio	n to:- General (A	&E), West Bengal, Ko	olkata-700001	Date: Since Description Date: Discrete Discretes	5 6
Copy for 1	Principal Accountant Treasury Officer,	n to:- General (A	&E), West Bengal, Ko	olkata-700001	Date: Date:	Officer
Copy fo	Principal Accountant Treasury Officer,	n to:- General (A	A&E), West Bengal, Ko	olkata-700001	Type-I breadin Deparation Dialettes Heart Diameter Normologion Diameter Cerebe	Officer
Copy fo 1 2. 3.	Principal Accountant Treasury Officer, for sub allotment of	fund to DD	O in E-Bantan of IFM	olkata-700001 S. sed beneficiary.	Date: Date: Separation of the property of th	Officer
Copy for 1	Principal Accountant Treasury Officer, for sub allotment of The Head of Instituti	fund to DD	A&E), West Bengal, Ko	olkata-700001 S. sed beneficiary.	Date: Date: Separation of the property of th	Officer

Sd/-

Annexure-l

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
	Real partiette inter spilatere	is a beneficia	ry of the scheme stated above.
2.	She/he has been	suffering from	(specify name
		The state of the s) clause or follow-up medical attendance and dt
	Issued by Panch	ayats & Rural Development Department, Go	ovt. of West Bengal.
3.	Date of consult	ation is	
4.	Date:	Signature of Treating Specialist/Con	sultant:
		Registration No.:	
		Name of Hospital:	
		Official Seal of the Hospital:	
List of O	OPD (Out Patient I	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
all liew	Malignant Diseases.	11	Rheumatoid Arthritis.	on State	Neuro Surgery.
2	Tuberculosis.	12	Systematic Lupus Erytthematous (LUPUS)	2	Cardiac Surgery (Including Coronary Angioplasty and implants).

Hepatitis B/C and other 13 Crohn's Disease 3 Cancer Surgery/ Liver diseases Chemotherapy/Radiotherapy. Type-I Insulin Dependent 14 Endodontic Treatment (Root 4 4 Renal Transplant. Canal Treatment). Diabetes 5 Heart Diseases. 15 COPD (Chronic Obstructive 5 Hip/ Knee replacement Pulmonary Disease). Surgery. 6 Neurological Disorder/ Cerebra 16 Ankylosing Spondylitis Accident cases. Vascular Disorders. 17 7 Malignant Malaria. Covid-19 8 Renal Failure. 18 None of the above list [Vide

para 10 of 797-F(MED),
Dated 31.01.2011]

9 Thallasaemia/ Bleeding orders/
Platelet Disorders.

18 Notic of the above list (vide para 10 of 797-F(MED),
Dated 31.01.2011]

Prosthesis and Special
Devices

10 Injuries Caused by Accident 20 Outside prior permitted OPD (including Animal Bite).

Annexure-II

reimbu	ertification of Medical Superintendent/Administrative Officer of treating Non-Empanelled Hospital for claiming rement of only "Indoor" treatment under West Bengal Health Scheme for the Employees and Pensioners of
Pancha	yati Raj Bodies, 2023 under Panchavats & Rural Development Department, Govi. of West Designation
1.	having
2.	(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: