Form –C4

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

under **West Bengal Health Scheme**

(*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 Office)*

Part-I[General Information]

1. Details of Employee/Pensioner			
Full Name *(in Block letters)*		HRMS ID / PPO No.	
Enrollment ID No.		Claim Application ID. *(To be filled at the time of online entry from the end of Head of Office)*	

2. Details of Patient, Treating Hospital and Condonation Requirement, if any		
2.1	Name of Patient	
2.2	Name of Empanelled/Enlisted hospital where treatment was availed	
2.3	Requirement of approval of delay Condonation, if any (Tick mark in appropriate box)	Yes ☐ No ☐ Not known ☐

3. Details of Claimant *(applicable in case of death of employee or pensioner or family pensioner)*		
Sl. No.	Name of claimant	Relation
3.1		

4. Permission Details (If any)		
Sl. No.	Permission sought	Details of permission approval
4.1	For treatment availed in empanelled private hospital within West Bengal[*see clause 14 of Order No. 796 and 797, dated 31.01.2011, 11253-F(MED), dated; 16.12.2011 and 7578-F(MED) dated;04.09.2012]*	Permission ID : Permission approved for:
4.2	For treatment availed in enlisted hospital outside West Bengal *(see clause 14 of Order No.7287, dated 19.09.2008*).	Memo No. : Date: Designation / Authority : U.O. No. and date of Finance Deptt. West Bengal, if any:

Part-II [Expenditure Statement of IPD treatment]

5. Details of Treatment in Reimbursement Mode(If No is selected in Sl. No 3)				
Period of treatment	Admission Date		Discharge date	

6. Type of Discharge					
Sl. No.	Type of Discharge	(Tick mark in appropriate box)	Sl. No.	Type of Discharge	(Tick mark in appropriate box)
6.1	Normal	☐	6.3	Referral	☐
6.2	Risk Bond	☐	6.4	Death	☐

7.Amount Claimed for		
Sl. No.	Type of Treatment	(Tick mark in appropriate box)
6.1	Only Procedural/ Package Treatment	☐

6.2	Only Non- Procedural/ Non-Package Treatment	☐
6.3	Both Procedural/ Package and Non- Procedural/ Non-Package Treatment	☐

7.1 Details of Procedural/ Package Treatment

Period of Procedural/ Package Treatment	From		To	

Sl.No.	Name of Procedures/ Packages	Procedure Code	Amount Claimed(Rs.)
7.1.1			
7.1.2			
7.1.3			
7.1.4			
7.1.5			
		Total	

7.2 Details of Implants Used

Sl. No.	Name of Implants	Coded or Non-coded	Implants Code, if coded	Amount Claimed (Rs.)
7.2.1				
7.2.2				
7.2.3				
7.2.4				
7.2.5				
			Total (Rs.)	

7.3 Details of Non-Procedural/ Non-Package Treatment.

Period of Non-Procedural/ Non-Package Treatment.	From		To	

Sl. No.	Name of Component					Amount Claimed (Rs.)
7.3.1	Room/ Bed Rent					
	ICCU/ITU/ICU/NICU/PICU	From		To		
	HDU/SDU	From		To		
	Burn Unit	From		To		
	CRIB	From		To		
	General/Semi-Private/Private	From		To		
7.3.2	Consultation Fees.					
7.3.3	Pathological and Radiological Investigations.					
7.3.4	Medicines.					
7.3.5	Consumables					
7.3.6	Special Nursing/Aya Charges					
7.3.7	Miscellaneous. (If any specify)					
	Total Claim of Reimbursement Mode of Treatment(Rs.) (amount mentioned in 7.1+ 7.2+7.3)					
	No. of vouchers					

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

8. Indoor related OPD treatment

Do you want to claim Indoor related OPD treatment cost i.e cost of OPD treatment 30 days prior to admission and 30 days after discharge? (Tick mark in appropriate box)	**Yes ☐**	**No☐**

9. Details of Indoor related OPD Consultation

Dates	Nos. of Consultation

10. Details of Indoor related OPD treatment Expenditure

Sl. No.	Name of Components					Amount Claimed (Rs.)
10.1	Consultation Fees					
10.2	Cost of Pathological and Radiological Investigations					
10.3	Cost of Medicines					
	Period of medicine consumption	From		To		
10.4	Cost of Special Device					
10.5	Miscellaneous (specify)					
	Total claim of indoor related OPD(Rs.)					
	Nos. of vouchers					

Part-IV [Medical Advance]

12. Details of Medical Advance, if any

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

Part-V [Refund of Medical Advance]

13. Details of Refund of Medical Advance, if any

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

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

Part-VI [Declaration of Employee/Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses are incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrollment certificate at the time treatment. I will be personally responsible and liable for any disciplinary action taken against me in terms of WBS (CCA) Rules 1971 if the claim finds false and malafide due to any suppression of facts. I am enclosing the following instruments to substantiate my claim in sequential manner.

[List of Enclosures]

Sl. No.	Name/Particulars of enclosures to be attached	Enclosed or not	
1	Enrollment Certificate of beneficiary	Yes ☐	No ☐
2	Bill Summary of Indoor Treatment and OPD treatment	Yes ☐	No ☐
3	Money Receipts of both Indoor and OPD treatment in sequence manner (In chronological order)	Yes ☐	No ☐
4	Copy of related OPD Prescriptions (if claimed)	Yes ☐	No ☐
5	Copy of Discharge Summary (Case summary in case of death) and OT note copy of death certificate	Yes ☐	No ☐
5	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), dated 16/12/2011	Yes ☐	No ☐
8	Copy of Detailed Bill of Indoor Treatment	Yes ☐	No ☐
9	Original copy of Voucher/ Tax Invoice/Challan of Implants	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 and Family 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 ☐
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/Last Designation :