

## **Annexure-II**

Certification of Medical Superintendent/ Administrative Officer and Treating Specialist of treating in **Non-Empanelled Hospital** for claiming reimbursement of only **“Indoor”** treatment under WBHS

1. Certified that the patient, Sri/Smt. \_\_\_\_\_ is a beneficiary of West Bengal Health Scheme having the Beneficiary ID is \_\_\_\_\_ availed indoor treatment from \_\_\_\_\_ to \_\_\_\_\_.
2. Certified that the Hospital/Nursing Home/Health Care Organisation has \_\_\_\_\_ ( \_\_\_\_\_ ) 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 Medical Superintendent**

..... **Hospital**

**Official Seal of the Hospital**