FROM "E "					
Check list for Reimbursement of Medical Claims / Sanction of Advance					
$(C \downarrow \downarrow 2 \downarrow 1 \downarrow 12)$					

(See sub-clause 3 of clause 12)

1.	Employee's Identification No. & Date of enrollment.	:		
2.	Full Name & Designation (Block Letter)	:		
3.	(a) Name of Office with Address	:		
	(b) Directorate	:		
	(c) Department	:		
4.	Whether claim is for employee's or his beneficiary, if for his beneficiary, mention (a) Name of the Beneficiary and relationship.	:		
	(b) Beneficiary's Identification No.	:		
	(c) Validity of the card up to	:		
5.	Entitlement of accommodation ( put tick mark )	: Private / Semi-	-Private/ General Ward	
6.	Disease	:		
	Name of the Hospital where treatment was done / to be done / is going on	:		
	Whether treatment was done in non-empanelled hospital if yes: (a) Name of the Hospital / Nursing Home with Clinical Establishment license No. & address	:		
9.	Period of Treatment : (a) OPD	: From	to	_
	(b) Indoor / Day care treatment	: From	to	_
10	. Details of Advance sanctioned (a) Amount	:		
	(b) Order No. & Date	:		
	(c) Sanctioning Authority	:		
11	. (a) Treatment done within the state (i) Copy of intimation letter furnished ( Vide clause-11 of the West Bengal Health Scheme,2008)	: Yes / No		
	<ul> <li>(ii) Copy of permission letter furnished</li> <li>(For human organ transplantation /A ICD / CRT / Dual Cha implementation , etc ) (vide clause 8 &amp; 9 of Finance Dependence)</li> </ul>			nts
	(b) Treatment done outside the state- copy of permission letter furnished	: Yes / No		
12	. (A) Whether the claim for Reimbursement has been preferred	d within	:	
	(i) three months from the date of discharge of indoor treatme	ent	:	
	(ii) three months from the date of consultation of OPD treat	ment	:	
	(iii) ) three months from the date of purchase of medicine, e	tc.	:	

(for continuous OPD treatment) (B) if not, whether delay in preferring claim has been condoned by the West Bengal Health Scheme Authority under the Finance Deptt. : 13. The following documents are submitted (please tick ( $\sqrt{}$ ) the relevant column) (a) Photocopy of the Health Scheme Identity Card of (I) Govt. Employee : Yes / No (II) Beneficiary : Yes / No (b) Essentiality Certificate (as specified) : Yes / No (c) Copy of discharge summary : Yes / No (d) Copy of OPD prescription : Yes / No (e) Total number of original bills & cash memos : (f) Detailed list / Statement of medicines furnished : Yes / No (g) Detailed list of investigations furnished : Yes / No (h) In case of losing of Original papers the following documents are submitted -(I) Photocopies of Claim Papers : Yes / No

(i) In case of death of Govt. Employee following documents are submitted -

(II) No objection from other legal heirs on Stamp Papers

Date :

(II) Affidavit n Stamp Paper

(III) Photocopy of Police Diary

(III) Copy of death certificate

(I) Affidavit on Stamp Paper by Claimant

Signature of the Applicant

: Yes / No

: Yes / No

: Yes / No

: Yes / No

: Yes / No