

Essentiality Certificate-cum Statement of Expenditure Certified by Treating Specialist for OPD Treatment
(See sub-clause 12 (3) & clause 7 (1))

- #### **4. Details of expenditure :**

- | SI No. | Description of items | Amount Claimed | Amount admissible (for official use) |
|--------|---|----------------|--------------------------------------|
| (a) | Consultation fee (indicate total no. of consultations) | | |
| (b) | Pathological investigation (give Break-up in a separate annexure with code no.) | | |
| (c) | Radiological investigation (attach separate list, if required, with code no.) | | |
| (d) | Medicines (give details of purchase in separate annexure, if required) | | |
| (e) | Special devices like hearing aid / artificial appliances etc. (specify) | | |
| (f) | Miscellaneous (specify) | | |

(Rupees:)Only.

Signature of claimant _____

Name in Block Letter :

Address:

1. Certified that the relevant bills / vouchers have been verified by me in pursuance of the latest approved rates of the WBHS, 2008 and the expenditures shown above are correct and the treatment services prescribed and provided were essential and minimum that required for the recovery of the patient.

2. Certified that the patient , has been suffering from Neurological Disorder as listed in Sl. No. (VI) for the WBHS OPD list below. *

Countersigned by

(Signature of the Treating Specialist with official seal)

Administrative officer/ Medical Superintendent of
The empanelled / recognized Hospital With official seal

***OPD Disease List as per clause-7 of the WBHS,08**

(i) Malignant diseases, (ii) Tuberculosis, (iii) Hepatitis B / C and other liver diseases, (iv) insulin-dependent diabetes, (v) Heart diseases, (vi) Neurological disorders / Cerebrovascular disorder, (vii) Malignant malaria, (viii) Renal failure, (ix) Thallasaemia / Bleeding disorders / Platelet disorders, (x) Injuries caused by accident. (xi) None of above list (specify name of the ailment)