FROM " D₃ "

Essentiality Certificate-cum Statement of Expenditure Certified by Treating Specialist for treatment services taken from WB Health Scheme non-recognised Private Hospital / Nursing Home [Vide Notification no.10539 -F(MED), dated.21.11.2011]

1. Name of the Government Employee with identification No. :

2. Name of office of the Government employee with address. :

 Name of the patient, relationship with Govt. employee & Identification No. 	:
 <u>Details of expenditure :</u> i) Name of the disease 	:
ii) Name & address of the Hospital	:
iii) Period of Treatment	:
iv) Total No. of original vouchers	:

v) Details of Amount Claimed

(Give details in separate annexure, if required)

SI No.	Description of Items	Treatment Period	Amount Claimed (Rupees)	Amount Admissible (Rupees) (for official use)
i				
ii				
iii				
iv				

Total Rupees	only.	Total Rs	
	(Signature of cl	Signature of claimant)	
	Name in Block I	etter	
	Address :		
1. Certified that the patient had been admitted under my care at	Hospital / Nursing Home. The specific		
procedure / Operation performed was	0	n	
2. Certified that the relevant bills / vouchers have been verified by me an	d the expenditure show	vn is correct and the treatment	
services provided were essential and minimum that was required for the	recovery / stabilization	of the patient.	

Certified that the treatment was done in an organization having number of beds	_ and has a license
under the West Bengal Clinical Establishment Act and Rules bearing no.	

The license is valid up to ______.

Countersigned by Medical Superintendent / Administrative officer of the Private Hospital / Nursing Home With official seal (Signature of the Treating Specialist with official seal)