

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

<https://wbllroa.in>