Form –C3

Reimbursement for cost of Cashless In-Patient Department (IPD) treatment in Empanelled Hospital

under **West Bengal Health Scheme**

(*Applicable for those who are not able to claim through online by himself/herself and online entry shall have to be done by the office of Head of Office)*

Part-I[General Information]

1. Details of Employee/Pensioner			
Full Name *(in Block letters)*		HRMS ID / PPO No.	
Enrollment ID No.		Claim Application ID. *(To be filled at the time of online entry from the end of Head of Office)*	

2. **Details of Patient, Treating Hospital and Condonation Requirement, if any**				
2.1	Name of Patient			
2.2	Name of Empanelled/Enlisted hospital where treatment was availed			
2.3	Requirement of approval of delay Condonation, if any (Mark in appropriate box)	Yes ☐	No☐	Not known☐

3. Details of Claimant *(applicable in case of death of employee or pensioner or family pensioner)*		
Sl. No.	Name of claimant	Relation
3.1		

4. Permission Details (If any)		
Sl. No.	Permission sought	Details of permission approval
4.1	For treatment availed in empanelled private hospital within West Bengal[*see clause 14 of Order No. 796 and 797, dated 31.01.2011, 11253-F(MED), dated; 16.12.2011 and 7578-F(MED) dated;04.09.2012]*	Permission ID : Permission approved for:

Part-II [Expenditure Statement of IPD treatment]

5. Details of Treatment in Cashless Mode					
Sl. No.	Particulars			Details	
5.1	Transaction ID of Cashless Treatment *(See Form-H or D4 supplied by hospital at the time of discharge)*				
5.2	Treatment Period	Admission Date		Discharge Date	
5.3	Total Treatment Cost (Rs.)				
5.4	Cashless Admissible Reimbursement Certificate (CARC)No.				
5.5	Amount paid to hospital (Rs.)				
5.6	Amount admissible for reimbursement against CARC(Rs.) *(See Row no. 16 of CARC generated through system)*				
	Total Claim of Indoor Cashless Treatment (Rs.) *(amount mentioned in 5.6)*				
	Total nos. of Vouchers/Money Receipts				

Part-III [Details of Expenditure Statement of Indoor related OPD treatment]

6. Indoor related OPD treatment		
Do you want to claim Indoor related OPD treatment		

cost i.e cost of OPD treatment 30 days prior to admission and 30 days after discharge? (Tick mark in appropriate box)	**Yes** ☐	**No**☐

7. Details of Indoor related OPD Consultation

Dates	Nos. of Consultation

8. Details of Indoor related OPD treatment Expenditure

Sl. No.	Name of Components					Amount Claimed (Rs.)
8.1	Consultation Fees					
8.2	Cost of Pathological and Radiological Investigations					
8.3	Cost of Medicines					
	Period of medicine consumption	From		To		
8.4	Cost of Special Devices					
8.5	Miscellaneous (specify)					
					Total claim of indoor related OPD(Rs.)	
					Nos. of Vouchers	

Part-IV [Medical Advance]

9. Details of Medical Advance, if any

Name of Treasury from where it was drawn	DDO Code	Designation of DDO	Treasury Voucher No.	Treasury Voucher Date	Amount (Rs.)

Part-V [Refund of Medical Advance]

10. Details of Refund of Medical Advance, if any

Name of Treasury from where it was drawn	DDO Code	Designation of DDO	Treasury Challan No.	Treasury Challan Date	Amount (Rs.)

Net Claim: *[Part-II plus Part-III minus Part IV] or [Part-II plus Part-III minus Part IV plus Part-V]*	
Rs. ;	In words; Rupees

Part-VI [Declaration of Employee/Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement is true to the best of my knowledge and belief. The person, for whom medical expenses are incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrollment certificate at the time treatment. I will be personally responsible and liable for any disciplinary action taken against me in terms of WBS (CCA) Rules 1971 if the claim finds false and malafide due to any suppression of facts. I am enclosing the following instruments to substantiate my claim in sequential manner.

[List of Enclosures]

Sl. No.	Name/Particulars of enclosures to be attached	Enclosed or not	
1	Enrollment Certificate of beneficiary	Yes ☐	No ☐
2	Bill Summary of Indoor Treatment and OPD treatment sequentially	Yes ☐	No ☐
3	Money Receipts of both Indoor and OPD treatment sequentially	Yes ☐	No ☐
4	Copy of related OPD Prescriptions sequentially (if claimed)	Yes ☐	No ☐
5	Copy of Discharge Summary (Case summary in case of death) and OT note copy of death certificate	Yes ☐	No ☐
6	Copy of Form-H	Yes ☐	No ☐
7	Copy of Form-D4	Yes ☐	No ☐
8	Copy of all investigations/ tests report of Indoor related OPD treatment sequentially	Yes ☐	No ☐
9	In case of death of Employee, Pensioner and Family Pensioner; a. An, affidavit on stamp paper by claimant b. No objection from other legal heirs on stamp papers c. Copy of death certificate	Yes ☐ Yes ☐ Yes ☐	No ☐ No ☐ No ☐
10	Filled ECS mandate form in case of those, whose bank details is not available in IFMS (in case of first claim only)	Yes ☐	No ☐
11	Any other instruments (Specify)	Yes ☐	No ☐

Date:

Signature of the Employee/Pensioner/Claimant :
Name in Block Letters :
Designation/Last Designation :