

Form - C3

Reimbursement for cost of Cashless In-Patient Department (IPD) treatment in Recognised/Empanelled/Enlisted Hospital/Nursing Home/Health Care Organisation Under West Bengal Health Scheme

(As per Order No.127-F(MED)WB, dated 26.11.2021)

To

The COMMANDANT

OFFICE OF THE COMMANDANT, BORDER WING HOME GUARDS BATTALION,
SUKANTA PALLY, P.O-HALISAHAR, P.S- BIZPUR, DIST- NORTH 24 PARGANAS,
PIN NO- 743134.

Sir / Madam,

I am submitting a claim of Rs. 7556 (Rupees. Seven Thousand Five Hundred and Fifty Six) towards reimbursement of cost of cashless In-Patient Department (IPD) treatment in recognised /empanelled / enlisted hospital under West Bengal Health Scheme as per details stated below:

Part-I[General Information]

1. Details of Pensioner/Family Pensioner			
Full Name	KAMANAMOY BISWAS	HRMS ID	NA
Enrolment ID No.	WB/PEN/55/000179241	Claim Application ID	P20263014354
Bed Entitlement	SEMI-PRIVATE	Date of Enrolment	01/02/2023
2. Details of Patient, Treating Hospital and Condonation Requirement, if any.			
2.1	Name of Patient	KAMANAMOY BISWAS	
	Beneficiary ID	112380762/1/3	
	Relationship with Pensioner	SELF	
2.2	Name of the hospital where treatment is availed.	GITARAM HOSPITAL	
	Code of Hospital	0412206	
	Class of Entitlement of Hospital	Class-2	
	Address of Hospital	NH-34 KHAGRAGHAT,BERHAMPORE,MURSHIDABAD-742187	
2.3	Requirement of approval of delay Condonation, if any	YES	
3.Details of Claimant (Applicable in case of death of pensioner or family pensioner)			
Sl. No.	Name of Claimant	Relation	
3.1		SELF	
4.Permission Details (If any)			
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; 16.11.2011 and 7578-F(MED) dated;04.09.2012]	Permission ID : Permission approval Message:	

Part-II [Expenditure Statement of IPD treatment]

5. Details of Treatment in Cashless Mode		
Sl. No.	Particulars	Details

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5.1	Transaction ID of Cashless Treatment		WBCTR\$041220609142026577953		
5.2	Treatment Period	Admission Date	14/09/2026	Discharge Date	18/09/2026
5.3	Total Treatment Cost (Rs.)			64815	
5.4	Cashless Admissible Reimbursement Certificate(CARC)No. (Not mandatory to put at the time of online claiming.Put if CARC generated)				
5.5	Amount paid to hospital (Rs.)			0	
5.6	Amount admissible for reimbursement against CARC (Rs.) (Not mandatory to put at the time of online claiming.Put the figure if CARC generated)				
Total Claim of Indoor Cashless Treatment(Rs.)					
Total nos. of Vouchers/Money Receipts				3	

5.7 Expenditure of Medicine ,Investigations & Others Item arranged by Patient Party from out Side (if any) during cashless IPD treatment Vide 68-F (Med) dated 27/04/2023

Medicine (Rs.)	Investigation (Rs.)	Others (Rs.)	Details of Others (If Any)	Total (Rs.)
3856		3700	NON PAYABLE CONSUMABLE CHARGES, CHATHETER REMOVAL	7556

Part-III [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		Name of Consultant
8. Details Expenditure of Indoor related OPD treatment		
Sl. No.	Name of Component	Amount Claimed (Rs.)
8.1	Consultation Fees	
8.2	Cost of Pathological and Radiological Investigations	0
8.3	Cost of Medicines	
	Period of post discharge medicine consumption (from to)	
8.4	Cost of Special Devices	
8.5	Miscellaneous (specify)	
Total claim of indoor related OPD (Rs.)		0
Nos. of Vouchers		

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Net Claim: [Part-II plus Part-III]

7556

Seven Thousand Five Hundred and Fifty Six Only

Part-VI [Declaration of Pensioner]

I hereby declare that the statements made in the application of claim for reimbursement are 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 enrolment certificate at the time treatment. I will be held responsible and liable to face any disciplinary action taken against me in terms of WBS (CCA) Rules 1971 if the claim is found false and malafide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claims in sequential manner.

[List of Enclosures]

Sl. No.	Name/Particulars of enclosures to be attached	Enclosed or not (Please Tick)	
1.	Bill Summary of Indoor Treatment and OPD treatment sequentially	Yes ☐	No ☐
2.	Original Money Receipts of both Indoor and OPD treatment in chronological dates	Yes ☐	No ☐
3.	Copy of related OPD Prescriptions sequentially (if claimed)	Yes ☐	No ☐
4.	Copy of Discharge Summary (Case summary in case of death)	Yes ☐	No ☐
5.	Copy of all investigations/ tests report of Indoor related OPD treatment sequentially	Yes ☐	No ☐
6.	In case of death of Pensioner or 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 ☐
7.	Any other instruments (Specify)	Yes ☐	No ☐

Date:

Signature of the Pensioner/Claimant:

Name in Block Letters :

Designation :