Government of West Bengal
Finance Department
Medical Cell, Writers' Building

No. 184-F(MED)WB Dated-21/10/2022

MEMORANDUM

Sub:-Discontinuation of Form-H and introduction of comprehensive Form-D4 & preparation of claims in progressive manner by the private hospitals under WBHS

Private empanelled hospitals submit their claim for extending the benefit of cashless facility up to 1.5 lacs under West Bengal Health Scheme in Form-H (not applicable for TMC, Rajarhat) and Form-D4 attaching all other treatment related instruments to Medical Cell, Finance Department. In Form-H, general information of the enrolled employee/pensioner and beneficiary who availed medical treatment is generally mentioned. On the other hand, Form-D4 contains component wise cost of treatment as are provided by the hospital. At the time of discharging patient, hospital generates both these forms after incorporating all mandatory information. Signatures of three different signatories are also required in both Form-H and D4. As this paper works are to complete just before the discharge of patient, the beneficiary who availed the treatment under the Scheme is sometime forced to wait for a long time before final departure from hospital.

In order to minimize the paper works and to avoid idle time at hospital premises, restructuring of cashless claim Forms and introduction of claim preparation in progressive manner by the hospitals was under active consideration.

Now, after careful observation of all aspects, the Governor is pleased to reintroduce the following guidelines in this regard:

1. The earlier Form-H is discontinued permanently for all purposes of treatment under WBHS.
2. A comprehensive Form-D4 is introduced. In this revised Form-D4, there will be two signatories and they are employee/ pensioner/ beneficiary/ legitimate authority from the part of beneficiary and Medical Superintendent/ Administrative Officer/ Facility Director from the part of the treating hospital.
3. Progressive (date wise) claim preparation by the hospital against each patient under WBHS is introduced mandatorily.

This order will be applicable for all admission of IPD treatment in private empanelled hospital on and from 01.11.2022.

This has the approval of Additional Chief Secretary, Finance Department.

Enclosure: - Revised Form-D4

Sri Aloke Kumar Mukherjee, WBA & AS
Joint Secretary, Finance Department
Government of West Bengal

FORM-D4

(As per Order No. 184-F (MED) WB Dated 21.10.2022)

(Having treatment cost more than 1.5 lacs)

Statement of cost and essentiality Certificate for cashless treatment under WBHS

TRANSACTION ID:-

General Information

Details of Treating Hospital			Details of Enrolled Employee / Pensioner		
Sl. No.	Particulars	Details	Sl. No.	Particulars	Details
1.	Name of the Hospital		1.	Name of Employee/Pensioner	
2.	Address of the Hospital		2.	Enrollment Id	
			3.	Mobile No.	
			4.	Email Address	
3.	Contact Details		5.	Name of the Patient	
4.	Email Id of the Hospital		6.	Beneficiary Id of Patient	

Treatment Information

Sl. No.	Particulars	Details	Sl. No.	Particulars	Details
1.	Admission Date		2.	Discharge Date	
3.	Bill No.		4.	Bill Date	

Details of Treating Doctor

Sl. No.	Name of Doctor	Qualification	Registration No.	Specialization (If Any)	Doctor Category
1					

Cost Information

For Package Treatment

Sl. No.	Name of Packages	Code	Nature (Major/Minor)	Amount charged to WBHS (Rs.)	Amount admissible under WBHS (Rs.)
1					
2					

For Coded Implants

Sl. No.	Name of Implants	Code	Nature (Major/Minor)	Amount charged to WBHS (Rs.)	Amount admissible under WBHS (Rs.)
1					

For Non-Coded Implants

Sl. No.	Name of Implants	Total Amount (Rs.)	Inadmissible and collected from Patient (Rs.)	Amount charged to WBHS (Rs.)	Amount admissible Under WBHS (Rs.)
1					

Signature/Thumb Impression of Employee/Beneficiary

Signature and Seal of Medical Superintendent/ Administrative Officer/ A.O

For Non-Package Treatment (arranged by HCO)

Sl. No.	Name of Cost Components	Total Amount (Rs.)	Inadmissible and collected from Patient (Rs.)	Amount charged to WBHS (Rs.)	Amount admissible under WBHS (Rs.)
1.	Bed Rent				
2.	Doctor/Consultation Fees				
3.	Medicines				
4.	Investigations				
5.	Consumables				
6.	Implants				
7.	Artificial Devices				
8.	Special Nursing				
9.	Miscellaneous				

For Non-Package Treatment (arranged by Patient)

Sl. No.	Name of Cost Components	Total Amount (Rs.)	Amount charged to WBHS (Rs.)	Amount admissible under WBHS (Rs.)
1				

Total Treatment Cost (Rs.)		Amount Collected from Patient for Inadmissible Part (Rs.)	
Amount of Discount & Insurance (Rs.)		Amount Charged under WBHS (Rs.)	
Amount Claimed to Medical Cell (Rs.)		Amount Collected from Patient for Reimbursable Part (Rs.)	

1. The expenditures shown above are correct and the treatment services provided were essential and minimum that required for the recovery of the patient.
2. Certified that the relevant bills/vouchers have been verified by me as per rate list issued vide order no 796-F(MED)WB dated 19.09.2013.
3. Name of specific surgery performed.
4. Type of Treatment is **Non-Covid.**
5. Attached certificate of non-availability of medicines from stores & test facility in the hospital and copy of money receipt & test report arranged by the patient relatives from outside of the hospital.

Signature/Thumb Impression of Employee/Beneficiary

Signature and Seal of Medical Superintendent/ Administrative Officer/ A.O

FORM-D4

(As per Order No. 184-F (MED) WB Dated 21.10.2022)

(Having treatment cost less than 1.5 lacs)

Statement of cost and Essentiality Certificate for cashless treatment under WBHS

General Information

Details of Treating Hospital			Details of Enrolled Employee / Pensioner		
Sl. No.	Particulars	Details	Sl. No.	Particulars	Details
1.	Name of the Hospital		1.	Name of Employee/Pensioner	
2.	Address of the Hospital		2.	Enrollment Id	
			3.	Mobile No.	
			4.	Email Address	
3.	Contact Details		5.	Name of the Patient	
4.	Email Id of the Hospital		6.	Beneficiary Id of Patient	

Treatment Information

Sl. No.	Particulars	Details	Sl. No.	Particulars	Details
1.	Admission Date		2.	Discharge Date	
3.	Bill No.		4.	Bill Date	

Details of Treating Doctor

Sl. No.	Name of Doctor	Qualification	Registration No.	Specialization (If Any)	Doctor Category
1					

Cost Information

For Package Treatment

Sl. No.	Name of Packages	Code	Nature (Major/Minor)	Amount charged to WBHS (Rs.)	Amount admissible under WBHS (Rs.)
1					
2					

For Coded Implants

Sl. No.	Name of Implants	Code	Nature (Major/Minor)	Amount charged to WBHS (Rs.)	Amount admissible under WBHS (Rs.)
1					

For Non-Coded Implants

Sl. No.	Name of Implants	Total Amount (Rs.)	Inadmissible and collected from Patient (Rs.)	Amount charged to WBHS (Rs.)	Amount admissible under WBHS (Rs.)
1					

Signature/ Thumb Impression of Employee/ Beneficiary

Signature and Seal of Medical Superintendent/ Administrative Officer/ A.O

For Non-Package Treatment (arranged by HCO)

Sl. No.	Name of Cost Components	Total Amount (Rs.)	Inadmissible and collected from Patient (Rs.)	Amount charged to WBHS (Rs.)	Amount admissible under WBHS (Rs.)
1.	Bed Rent				
2.	Doctor/Consultation Fees				
3.	Medicines				
4.	Investigations				
5.	Consumables				
6.	Implants				
7.	Artificial Devices				
8.	Special Nursing				
9.	Miscellaneous				

Total Treatment Cost (Rs.)		Amount Collected from Patient for inadmissible Part (Rs.)	
Amount of Discount & Insurance (Rs.)		Amount Charged under WBHS (Rs.)	
Amount Claimed to Medical Cell (Rs.)		Amount Collected from Patient for Reimbursable Part (Rs.)	

1. The expenditures shown above are correct and the treatment services provided were essential and minimum that required for the recovery of the patient.
2. Certified that the relevant bills/vouchers have been verified by me as per rate list issued vide order no 796-F(MED)WB dated 19.09.2013.
3. Name of specific surgery performed.
4. Type of Treatment is **Non-Covid.**

Signature/ Thumb Impression of Employee/ Beneficiary

Signature and Seal of Medical Superintendent/ Administrative Officer/ A.O