

MEMORANDUM

Sub: Extension of fresh enrolment under West Bengal Health Scheme

Indented employees & pensioners of Govt. of West Bengal and in-service officers & pensioners of AIS category who are rendering or have rendered service for the Govt. of West Bengal can enrol themselves under West Bengal Health Scheme through online using WHBS Portal, **if not already enrolled**. As per existing order no. 39 - F(MED)WB dated 25.06.2019, last date of such enrolment is 31.03.2020.

On assessment, it is found that still a significant number of interested employees or pensioners have not been able to enrol them under this scheme.

Extension of last date of enrolment was under active consideration since some time past.

After careful observations, for the benefit of the eligible Employees and Pensioners as mentioned above, the Governor is now pleased to notify that the :

- A. **Last date for submission of online application for fresh enrolment** by any eligible or earlier left out employees / pensioners of Govt. of West Bengal or AIS officers who are serving or have served for the Government of West Bengal **is extended till 31.01.21.**
- B. **Last date for uploading** photo, signature and incorporating blood group of each enrolled beneficiaries **is also extended till 31.01.21.**
- C. **Last date for approval by the Head of Office** in the WBHS Portal for such fresh application or uploaded photo, signature, etc. of all cases mentioned in sl. no. (A) & (B) **is 31.03.2021.**

It is further reiterated that the **Application for Enrolment in WBHS, its processing and approval has to be performed online through WBHS Portal (www.wbhealthscheme.gov.in) by employees / pensioners and Head of Office as per the standard procedure.**

However, a **Group – D Employee or Pensioner (both superannuated and family)** has the option to submit his/her application of enrolment in **prescribed physical Form (can be downloaded from the WBHS Portal)** to the Head of Office, who shall arrange for its entry, processing and approval through the WBHS Portal.



(P. A. Siddiqui, IAS)
Secretary
Finance Department
Government of West Bengal

Government of West Bengal
Finance Department
Medical Cell

No. 44-F (MED) WB

Dated-16/03/2020

MEMORANDUM

**Sub: Codification of Service Charges for medical treatment in Pay Bed/
Pay Clinic of Government Medical College & Hospital under West
Bengal Health Scheme.**

The beneficiaries under the West Bengal Health Scheme get reimbursement of the cost incurred in connection with medical attendance and treatment in Pay Ward / Pay Clinic (newly set up) in all Medical Colleges and Hospitals run under direct control of Health and Family Welfare Department, Govt. of West Bengal in terms of Government Order No. 8-F (MED) WB, Dated 20.01.2020. Service Charges applicable for treatments in these categories of Pay Bed/Pay Clinic were specified and circulated vide Notification No. HF/O/MERT/1459/7S-02/17 Dated 25.09.17 and Notification No. HF/O/MERT/328/7S-02/17 Dated 20.03.18 of Health and Family Welfare Department, Govt. of West Bengal.


Digital codification of these Service Charges was felt necessary for online reimbursement claim processing through WBHS Portal and it was under active consideration since some time past.

After careful observations, the Governor is now pleased to codify the different rate of service charges keeping in view the following conditions:

- 1) Total no. of digits for each service code is restricted to 8(eight) only.
- 2) First 2 (two) digits of the same depict Institution Code and is fixed with '07'.
- 3) Next 3 (three) digits depict the code of service category and it is within the range '001' to '017'.
- 4) Last 3 (three) digits are continuous number start with '001' and end at the last of a particulars service category.

This order shall come into effect from the date of its issuance.

Annexure: Codified Rate Chart of service charges.


**OSD & EO Joint Secretary
Finance Department
Govt. of West Bengal
(Alok Kumar Mukherjee)
O.S.D & E.O. Joint Secretary
Medical Cell, Finance Department
Government of West Bengal**

Government of West Bengal

Finance department

Audit Branch

Medical cell

No: 39 -F (MED) WB

Date: 25 .06.2019

Notification

The existing, retired State Government employees/Family Pensioners, AIS & IFS Officers rendering their services in this State and also retired AIS Officers rendered their services in the affairs of the State have been getting the benefit of medical treatment as provided under the "West Bengal Health For All employees and Pensioners Cashless Medical Treatment Scheme,2014." In terms of Finance Department Memorandum No:101-F(MED)WB;Dated-11.10.2018,enrolment, re-enrolment as well as uploading of Photo, Signature and Blood Group in the W.B.Health Portal were open from 11.10.2018 to 31.03.2019. However, on further assessment it has been found that still a substantial number of Government Employees and especially Pensioners have yet to enrol themselves under the said Scheme.

Now, the Governor is pleased to order that:

- 1) the existing ,retired State Government employees ,Pensioners, Family Pensioners, AIS,IFS and retired AIS officers who have not enrolled their names under the W.B. Health Scheme may be allowed to enrol their names under the Scheme up to 31.03.2020.
- 2) the last date of uploading Photo, Signature and Blood Group in the W.B. health portal(<https://wbhealthscheme.gov.in>) by the already enrolled Govt. employees/Pensioners including Family Pensioners is hereby also extended till 31.03.2020.
- 3) such Employees/Pensioners including Family pensioners who have already opted out of the Scheme may also enrol their names under the W.B.H.S. within 31.03.2020 from the date of issuance of this notification.
- 4) new entrants into the Government service shall, however, be allowed to exercise option and complete enrolment under the Scheme within 2(two) years of their appointment into the Government service.
- 5) the applications for enrolment under the W.B.H.S. should be submitted online keeping adequate time in hand so that the entire process for enrolment should be completed by 31.03.2020.
- 6) the Issuing Authority of the enrolment certificate should ensure that the enrolment process could be completed within 31.03.2020.

By Order of the Governor,



(H.K.Dwivedi)

Additional chief secretary
Government of West Bengal

**Government of West Bengal
Higher Education Department
College Sponsored Branch
Bikash Bhavan, Salt Lake, Kolkata – 700 091**

No. 546-Edn (CS)/1M-01/2017

Dated, Kolkata the 8th March, 2019

NOTIFICATION

In partial modification of this department's Notification No. 1020-Edn(CS) dt. 29.08.2018 and No. 01-Edn(CS) dt. 02.01.2019, the Governor is further pleased to lay the following guidelines in respect of modalities of processing of re-imbursement of claims for the medial benefit under "*West Bengal Health Scheme for the Beneficiaries of Grant-in-aid Colleges and Universities*":

I. Approval against the claims preferred by the beneficiaries of West Bengal Health Scheme for Grant-in-aided Colleges and Universities :

The concerned authority i.e. Teacher-in-Charge/Vice-Principal/ Registrar/Vice Chancellor of Grant-in-Aid College /University shall approve the claim of the Beneficiary up to the monetary limit specified in G.O. No. 01-Edn(CS)/EH/O/1M-01/2017 dt. 02/01/2019 of Department of Higher Education and for cases beyond the limit, the authority mentioned hereinabove shall forward the claim to DPI/Higher Education Department along with original voucher for necessary approval.

In all cases original vouchers should be kept in the office of the approving authority for audit.

II. Sanctioning Authority of medical reimbursement claim for beneficiaries of Grant-in-aided Colleges and Universities.

State Government Office (herein Higher Education Department/DPI as the case may be) will sanction fund against the approved cases, for all beneficiaries of Grant-in-Aid Colleges/Universities irrespective of any amount of claim.

Sanction Order shall specifically mention the name of individual in whose favour sanction is made.

Once the sanction is accorded by the DPI/HE Department there is no need for further sanction of the same by the college/university authority as the case may be.

III. Allotment of fund in IFMS to DDO from Department/DPI:

After sanctioning of the claim amount by DPI/HE Department, DDO wise fund shall be allotted through e-Bantan Module of IFMS by DPI/HE Department in favour of the concerned DDO of College/University for payment.

IV. TR Form & Voucher for drawal of reimbursement amount by DDO (College/University):

The claim for Medical Benefit shall be drawn in TR Form No. 31 mentioning beneficiary details. No physical voucher is required to be attached at the time of submission of bill to Treasury as per existing provision. Only sanction letter of DPI/HE department shall be submitted to Treasury at the time of drawal of claim. The medical reimbursement claim shall be drawn by DDO of Grant-in-aid College and University under Head of Account, "70-2202-03-104-00-015-Medical Reimbursement for Government-Aided Colleges Teacher -31-02- Other Grants" and "70-2202-03-102-00-026-Medical Reimbursement for State Aided University Teachers -31-02-Other Grants" respectively.

Moreover, the guidelines for settlement of claims shall be followed as per Finance Department (Medical Cell) Memorandum No. 797-F(MED) dt. 31.01.2011 read with Memo No. 3474-F dt. 11.05.2009, as amended from time to time by Finance Department.

List of inadmissible items, viz. Foods, Tonics, Toilets, Medicines etc shall be guided as per Finance Department (Medical Cell) Memorandum No. 6586-F(MED) dt. 29.06.2011, as amended from time to time by Finance Department.

The Forms of enrolment & re-imbursement of claims along with the prescribed format for approval, recommendation and sanctioned of claim are annexed hereto.

1. Form A : Application for Enrolment
2. Form B : Certificate of Enrolment
3. Form C : Application form for settlement of claim for reimbursement.
4. Form D : Essentiality certificate-cum-statement of expenditure certified by treating specialist.
5. Form E : Checklist for reimbursement of medical claims.
6. Form P : Approval of claim
7. Form Q : Recommendation for approval of claim
8. Form R : Sanction Order

This order is issued with the concurrence of Finance Department vide their U.O. No. Group-T/2018-2019/1491 dt. 05.03.2019.

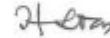
By order of the Governor,

Hemas

Joint Secretary

Copy forwarded for information and necessary action to:

1. Accountant General (A&E), West Bengal, Treasury Building, Kolkata-700001.
2. Principal Accountant General (Audit) West Bengal, Treasury Building Kolkata-700001
3. Pay & Accounts Officer, Kolkata Pay & Accounts Office-1, 81/2/2 Phears Lane, Kolkata-700073.
4. Pay & Accounts Officer, Kolkata Pay & Accounts Office-II, Kolkata-700073
5. Pay & Accounts Officer, Kolkata Pay & Accounts Office-III, IB Market' 1st Floor Sector-III, IB Block, Kolkata-700106
6. Finance Department (Medical Cell), Govt of West Bengal.
7. Finance Department (Group-T), Govt of West Bengal.
8. Finance (Budget) Department, Govt of West Bengal.
9. Director of Public Instruction, W.B, Bikash Bhavan, Salt Lake, Kolkata-700091
10. Special Secretary, University Branch of This Department, Bikash Bhavan, Salt Lake, Kolkata-700091.
11. Special Secretary, C.S. Branch of This Department, Bikash Bhavan, Salt Lake, Kolkata-700091.
12. P.S. to Hon'ble MIC., Department of Higher Education, Govt. of West Bengal, Bikash Bhavan, Salt Lake, Kolkata-700091.
13. P.S. to Hon'ble MOS., Health and Family welfare Department, Swasthya Bhavan, Govt. of West Bengal, , Salt Lake, Kolkata-700091.
14. P.S. to Additional Chief Secretary of this Department, Bikash Bhavan, Salt Lake, Kolkata-700091.
15. P.S. to Additional Chief Secretary, Health and Family welfare Department, Swasthya Bhavan, Govt. of West Bengal, Kolkata-700091.
16. IT Cell of this department for uploading a copy of this notification in the departmental website.
17. Guard File



Joint Secretary

Annexure to Notification No.546-Edn(CS)/1M-01/2017

dt. 08/03/2019

FORM A

Application for Enrolment

To

The(College Authority/University Authority)

I, Shri/Smt
.....(designation).....attached
to.....(College/University), District..... under Department of
Higher Education, Government of West Bengal do hereby opt for coming under the West
Bengal Health Scheme for the beneficiaries of Grant-in-aid Colleges and Universities, 2017,
with effect from

The particulars of the members of my family as defined in the Scheme is as follows:

Name of Employee: :
Employee HRMS/ Unique ID(if available) :
Designation :
Residential address with District name :
Gender :
Marital Status :
Date of joining in College/ University :
Date of Superannuation :
Present pay (Band + Grade Pay) :
DDO Code :
Mobile No :
Email ID :
Voter Card / Aadhaar/VID No. :
PAN Card No. :
Details of Family :

Sl. No.	Name	DOB	Relationship	Identity Proof No.	Monthly income (Rs.)
1					
2					
3					
4					
5					

I do hereby declare that upon enrolment under the above scheme I shall forgo the regular medical allowance drawn by me as part of salary. I shall also abide by the provisions of the West Bengal Health Scheme for the beneficiaries of Grant -in -aid Colleges and Universities, 2017, as may be in force from time to time.

Enclosure: Recent colour Passport size Photograph , Signature /LTI, copy of Identity proof of all eligible beneficiaries.

Signature of the Applicant

FORM B

Certificate of Enrolment

Memo No.....

Date.....

Certified that Shri/Smt(Designation) attached to
.....

.....(College/University) under Department of Higher Education, has
been enrolled under the West Bengal Health Scheme for the beneficiaries of Grant -in -aid
Colleges and Universities, 2017 with effect from

The particulars of the members of his family as defined in para of the Scheme are as follows :

Name of the Employee :
Employee HRMS/Unique ID (if available) :
Designation :
Residential address with District name :
Date of joining in College/ University :
Date of superannuation :
Present pay (Band + Grade Pay) :
Mobile No :
Email ID :
PAN Card No. :

Details of Family

Beneficiary ID No.	Name	DOB	Relationship	Identity Proof No.	Photo	Signature

Signature of the Head of the Institution / DDO
DDO Code /Designation :

Memo No.....(1/1)

Date.....

Copy forwarded for information and necessary action to :

1. Shri/Smt(Designation)
2. The(Drawing and Disbursing Officer).

He/she is requested to discontinue the drawal of regular medical allowance in respect of
Shri/Smt.....with effect from
.....

Signature of the Head of the Institution / DDO
DDO Code /Designation :

FORM C

Application Form for settlement of claim for reimbursement
(To be filled in by the applicant)

To

The(College Authority/University
Authority)

Sir/Madam,

I,

Shri/Smt

.....(Designation).....attached to
.....(Grant-in-Aid College/University), District..... under
Department of Higher Education, Government of West Bengal, do hereby furnish the
reimbursement claim coming under the West Bengal Health Scheme for the beneficiaries of
Grant -in -aid Colleges and Universities, 2017.

The particulars of the claims are as follows:

1. Health Scheme Beneficiary ID No. of Employee :
2. Full name of the Employee with designation :
(in Block letters)
3. Full Address :
(i) College/University :
(ii) Residence :
4. Name of the patient :
5. Relationship with the Employee :
5. Health Scheme Beneficiary ID of patient :
6. Pay (Band Pay + Grade Pay) :
7. Name of the Hospital with address :
8. Total amount claimed : Rs;
(a) For OPD treatment : Rs:
(b) For Indoor treatment : Rs:
(c) For Indoor and Indoor related OPD treatment : Rs:
9. Date of AdmissionDate of Discharge.....
10. Details of permission (if required)
11. Details of Medical advance, if any

Declaration

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me. I am a beneficiary of the West Bengal Health Scheme for the beneficiaries of Grant -in -aid Colleges and Universities, 2017 and the Enrolment Certificate issued under the Scheme was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Date :

Signature of the Employee / Claimant

Relationship with the Employee:

FORM D
Essentiality Certificate-cum-Statement of Expenditure Certified by Treating Specialist

(to be submitted in duplicate)
(Strike out whichever is not applicable)

1. Health Scheme Beneficiary ID of Patient:
 2. Name of the patient and relationship with employee:
 3. Name of Hospital, address and Code, if any:
 4. Whether Hospital is Empanelled under WBHS or Not:
 5. Total amount claimed : Rs
.....(Rupees.....) only
- (A) For OPD Treatment :
Rs.....(Rupees.....) only
- (B) For Only Indoor Treatment:
Rs.....(Rupees.....) only
- (C) For Indoor and Indoor related OPD
Rs.....(Rupees.....) only

(A) OPD Treatment Details:

(I) Name of OPD Disease [As mentioned in 6(1) clause of Notification No.1020-Edn(CS) dt 08.03.19] :

(II) Date of OPD consultation:

(III) Total No. of vouchers :

(IV) Amount claimed : Rs;

(Indicate serial number of individual vouchers with name and address of the shops with date against each sub- heading in a separate annexure wherever required)

	Amount Claimed (Rs.)	Amount Admissible
(Rs.)		

[To be filled up by office (College/ University)]

(a) Consultation fees.

(Specify number of consultations)

(b) Cost of pathological and radiological Investigations.

(Give break up in a separate annexure with code no.)

(c) Cost of Medicines.

(Give details of purchase in separate annexure)

(d) Cost of Consumables.

(Give details of purchase in separate annexure)

(e) Miscellaneous (specify)

Sectional Total of SL.(A) : Rs;

(B) Indoor Treatment Details:

(To be marked N.A. wherever necessary)

(Details of Hospital Bill and other vouchers pertaining to the period of indoor treatment)

(a) Period of Bill From _____ To _____

(b) Amount claimed for

i) Package Treatment :

ii) Non-Package Treatment:

(indicate serial number of individual vouchers with name and address of shops with date against each sub- heading in a separate annexure wherever required)

(I) for Package treatment from _____ to _____ : [Code start with '01']

(College/University)]			Amount Claimed	Amount Admissible [To be filled up by office]
Sl. No.	Procedure Name	Procedure Name	Rs.	Rs.
(1)	(2)	(3)	(4)	(5)

(i)

(ii)

(iii)

(iv)

Total Rs:

(II) for Non-Package treatment from _____ to _____

Amount Claimed (Rs.)

Amount Admissible (Rs.)

[To be filled up by Office]

(i) Consultation Fees.

(Specify number of consultations)

(ii) Room Rent.

Ward : From: To:

ICU/ICCU/ITU/

PICU/NICU: From: To:

HDU/SDU/

Burn Unit : From: To:

CRIB (Critical

Ward Bed) From: To:

(iii) Cost of pathological and radiological investigations.

(Give break up in a separate annexure with code no.)

(iv) Cost of Medicines.

(Give details of purchase in separate annexure)

(v) Cost of Consumables .

(Give details of purchase in separate annexure)

(vi) Cost of Implants.

(vii) Artificial Devices.

(viii) Special Nursing

(Give details in

Separate annexure)

(ix) Miscellaneous (If Any)

(Give details in

Separate annexure)

Total:

Sectional Total of Sl. (B) [(I) + (II)] : Rs.

(C) Indoor Related OPD Treatment (Includes 30 days' prior admission and 30 days after discharge):

(I) Dates of Related OPD consultation:

(II) Total No. of vouchers :

(III) Amount claimed : Rs.

(Indicate serial number of individual vouchers with name and address of the shops with date against each sub- heading in a separate annexure wherever required)

Amount Claimed (Rs.)

Amount Admissible (Rs.)

[To be filled up by office (College/University)]

(a) **Consultation fees.**

(Specify number of consultations)

(b) **Cost of pathological and radiological Investigations.**

(Give break up in a separate annexure with code no.)

(c) **Cost of Medicines.**

(Give details of purchase in separate annexure)

(d) **Cost of Consumables.**

(Give details of purchase in separate annexure)

(e) **Miscellaneous (specify)**

Total (Rs.):

Sectional Total of SL.(C) (Rs.) :

Total claim [Either only (A) or (B) or (B) + (C)]

(Signature of Claimant)

Name in Block Letters with Health Scheme beneficiary ID (if available)

Relationship with Employee:

Address :

1. Certified that the relevant bills/vouchers have been verified by me as per latest approved rates of the WBHS, 2008 and 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 treatment was done in an organization having number of beds _____ and having a License under the West Bengal Clinical Establishment Act and Rules bearing no. _____. The License is valid up to _____.
3. Certified that the patient, Sri/Smt. _____ was/ has been suffering from _____ as listed in Sl. No. _____ of the WBHS OPD.
4. _____ (Name of Specific procedure/Operation) performed was on _____.
5. Conservative treatment provided from _____ to _____.
6. Certified that the patient had been admitted/consulted under at _____ Hospital/Nursing Home
7. Certified that the relevant bills/vouchers have been verified by me and the expenditure shown is correct and the treatment services provided were essential and minimum that was required for the recovery/stabilization of the patient.

Signature

Medical Superintendent/Administrative officer

**Signature of the Treating Specialist
with official Seal**

..... Hospital

Official Seal

FORM E

Checklist For Reimbursement of Medical Claims

- 1.Name of Patient (BLOCK Letters)
- 2.Relationship with employee
- 3.Health Scheme Beneficiary ID No. of the patient
- 4. Entitlement Private/Semi-Private
- 5. Full name of Employee (BLOCK letters)
- 6.Designation of Employee
- 7.The following documents are submitted (please tick the relevant column)

- a)Photocopy of the Enrolment Certificate YES/NO
- b) Essentiality Certificate YES/NO
- c) Number of original bills YES/NO
- d) Whether original bills/vouchers have been verified YES/NO
- e)Copy of discharge summary YES/NO
- (f)Copy of permission letter YES/NO

- (g) Whether the hospital has given break up for lab investigations YES/NO

(i) In case of Original papers have been lost the following documents are submitted

- (I) Photocopies of claim paper YES/NO
- (II) Affidavit on stamp paper YES/NO

(ii) In case of death of Employee the following documents are submitted:

- (I) Affidavit on stamp paper by claimant YES/NO
- (II) No objection from other legal heirs on stamp papers YES/NO
- (III) Copy of death certificate YES/NO

Dated.....

Signature of the Applicant

Relationship with Employee

FORM-P

Name of the Office-
Office Address-

No.

Date:

To,

- 1) Additional Chief Secretary/Principal Secretary/ Secretary/ Joint Secretary
- 2) Director, Directorate of Public Instruction
Higher Education Department, Government of West Bengal
- 3) Vice Chancellor,.....University

Sir/Madam,

Approval of claim

A sum of Rs. _____ (in words & Numeric figure) is hereby approved against the reimbursement claim of Shri/Smt _____, Designation----- for medical treatment of(Beneficiary Name and ID No) at _____(Name of Hospital) during the Period from DD/MM/YYYY to DD/MM/YYYY.

It is certified that all the submitted original bills/vouchers have been checked & cancelled and retained in my office while approving the claim. And the rate of every item is allowed as per scheduled of rates of the health scheme.

The approved amount may be sanctioned in favour of the above referred beneficiary under the Head of Account **70-2202-03-102-00-015-31-02-V/ 70-2202-03-102-00-026-31-02-V** and allotment may be given in favour of the DDO Code _____ for payment of the admissible amount of medical reimbursement.

The amount shall be payable to the Shri/Smt. _____ (Name of the Claimant) / (Name of Spouse/Family Member in case where the employee is already deceased).

Sd/-

Signature of the Approving Authority
Designation:

No.

(1/4)

Date:

Copy forwarded for information to:-

1. Shri/Smt. _____ (Name of the Claimant) / (Name of Spouse/Family Member in case where the employee is already deceased).
2. Personal File of Shri/Smt. _____.
3. Accounts Section
- 4.

Sd/-

Signature of the Approving Authority
Designation:

FORM-Q

Name of the Office-
Office Address-

No.

Date:

To,

- 1) Additional Chief Secretary/Principal Secretary/ Secretary/ Joint Secretary
- 2) Director, Directorate of Public Instruction
Higher Education Department, Government of West Bengal
- 3) Vice Chancellor,.....University

Sir/Madam,

Recommendation for Approval of claim

A sum of Rs. _____ (in words & Numeric figure) is hereby forwarded for approval against the reimbursement claim of Shri/Smt _____, Designation----- for medical treatment of(Beneficiary Name and ID No) at _____(Name of Hospital) during the Period from DD/MM/YYYY to DD/MM/YYYY.

It is certified that all the submitted original bills/ vouchers are checked and rates claimed in bills are corrected/ modified as per schedule of approved rates. The eligible consolidated claim is forwarded along with original vouchers / bills for according necessary approval as per existing Government Order.

The approved amount may be sanctioned in favour of the above referred beneficiary under the Head of Account **70-2202-03-102-00-015-31-02-V/ 70-2202-03-102-00-026-31-02-V** and allotment may be given in favour of the DDO Code _____ for payment of the admissible amount of medical reimbursement.

The amount shall be payable to the Shri/Smt. _____ (Name of the Claimant) / (Name of Spouse/Family Member in case where the employee is already deceased).

Sd/-

Signature of the Approving Authority
Designation:

No.

(1/4)

Date:

Copy forwarded for information to:-

1. Shri/Smt. _____ (Name of the Claimant) / (Name of Spouse/Family Member in case where the employee is already deceased).
2. Personal File of Shri/Smt. _____.
3. Accounts Section
- 4.

Sd/-

Signature of the Approving Authority
Designation:

FORM-R

Government of West Bengal
Name of the Office-----
Office Address:

No.

Date:

SANCTION ORDER

Sanction is hereby accorded for the total amount of Rs. _____
(in words & Numeric figure) in favour of following beneficiaries against the
approved medical reimbursement claim.

The sanctioned amount will be drawn by the [Name of institute] from the
Treasury/PAO to which the drawing officer of the institute attached in TR Form
No.- 31 for medical treatment of following beneficiaries.

Sl. No.	Application No.	Name of the employee	Employee WBHS ID	Patient Beneficiary Name	Patient WBHS ID	Amount (Rs.)
Total						

The Amount is chargeable under the head of account **70-2202-03-102-00-015-31-02-V/ 70-2202-03-102-00-026-31-02-V** from the budget provision of the financial year-----.

No utilisation is required to be submitted for the grant sanctioned in favour of beneficiary against the claim of medical reimbursement.

Payment shall be made to the Claimant directly into the Bank Account in terms of G.O No. _____ dated _____ of Higher Education Department accompanying the copy of Sanction order with the bill.

Sd/-

Signature of the Approving Authority
Designation:

Memo No.

(1/7)

Date:

Copy forwarded for information to:-

1. Principal Accountant General (A&E), West Bengal, Kolkata-700001
2. Treasury Officer/Pay & Accounts Officer,
3.(Sub-Allotting Officer) for sub allotment of fund to DDO in E-Bantan of IFMS.
4. Vice Chancellor / Principal.....University / College
5. DDO of University / College
6. Shri/Smt. _____ (Name of the Claimant) /(Name of Spouse/Family Member in case where the employee is already deceased)
- 7.

Sd/-

Signature of the Sanctioning Authority
Designation:

Government of West Bengal
Department of Higher Education,
CS Branch
Salt Lake, Bikash Bhavan, 6th floor, Kolkata-91

No. 01- Edn(CS)/EH/O/1M-01/2017

Date: 02/01/2019

NOTIFICATION

In continuation of this department's Notification No. 1020-Edn(CS)/1M-01/2017 dt. 29.08.2018, the Governor is now pleased to partially modify the financial power for sanction of cost of medical attendance and treatment as indoor patient and OPD treatment and also the process flow chart for settlement of re-imburement of claims for serving Teachers including Librarians and Graduate Laboratory Instructors of Government aided colleges and serving teachers and officers of State-aided universities and their family members under "West Bengal Health Scheme for the beneficiaries of Grant-in-aid Colleges and Universities, 2017" in the following manner.

1. Financial power for sanction :

Approving Authority	Financial Power	
	Indoor Treatment	OPD
1. Head of the Department(Secretary/Principal Secretary/Addl.Chief Secretary) for both College & University	Full Power	
2. Head of Directorate (DPI) for College/ Vice-chancellor for University)	Rs. 1.00 Lakh	Rs. 10,000/-
3. Head of Office (Principal/Vice-principal/TIC) for College and Registrar or any senior teacher as authorized by VC (in absence of Registrar) for University.	Rs. 50,000/-	Rs. 5000/-

2. Settlement of Reimbursement Claims:

i) For Government aided Colleges:

Teachers have to apply with details of claim online in the West Bengal Health Scheme Portal. The duly filled in application along with supporting vouchers will have to be submitted to the concerned Head of office (Principal/Vice-principal/TIC) as the case may be for consideration of claim. The Head of office will verify the claims and will give necessary approval if the claim amount is within financial power. On approval, Sanction order will be generated. The DDO will then take necessary action for payment to the beneficiary as per Sanction Order.

ii) For State-aided Universities:

Teachers/Officers have to apply with details of claim online in the West Bengal Health Scheme Portal. The duly filled in application along with supporting vouchers will have to be submitted by the Teachers to the Registrar (Head of the Office) through concerned Head of the Department for consideration of claim. The Officers will submit the claims to the Registrar. The Head of office will verify the claims and will give necessary approval if the claim amount is within financial power. On approval, Sanction order will be generated. The DDO will then take necessary action for payment to the beneficiary as per Sanction Order.

iii) If the admissible claim amount is more than the prescribed limit mentioned at (i) and (ii) above, concerned authority will forward the same to the appropriate authority for necessary approval, if required.

iv) The appropriate authority will act accordingly. On approval Sanction order will be generated by the concerned head of office. The DDO will then make necessary arrangement for payment to the beneficiary.

This is issued in concurrence of Finance (Audit) Department vide their U.O. No. 949..Medical Cell dt. 28.11.2018.

All concerned are being informed.

By Order of the Governor,

Hemas
Joint Secretary to the
Government of West Bengal

No. 01/1(15)-Edn(CS)/1M-01/2017

Date: 02/01/2019

Copy forwarded for information and necessary action to:

1. Accountant General (A&E), West Bengal, Treasury Building, Kolkata.700001.
2. Principal Accountant General (Audit) West Bengal, Treasury Building Kolkata-700001
3. Pay & Accounts Officer, Kolkata Pay & Accounts Office-1, 81/2/2 Phears Lane, Kolkata-700073.
4. Pay & Accounts Officer, Kolkata Pay & Accounts Office-II, Hyde Lane Kolkata-700073
5. Pay & Accounts Officer, Kolkata Pay & Accounts Office-III, IB Market' 1st Floor Sector-III, IB Block, Kolkata-700106
6. Finance Department (Medical Cell), Govt Of West Bengal
7. Finance (Budget) Department, Govt Of West Bengal'
8. Director of Public Instruction, W.B, Bikash Bhavan, Salt Lake, Kolkata-700091
9. Special Secretary, University Branch of This Department, Bikash Bhavan, Salt Lake, Kolkata-700091.
10. Joint Secretary, C.S. Branch of This Department, Bikash Bhavan, Salt Lake, Kolkata-700091.
11. P.S. to Hon'ble MIC., Department of Higher Education, Science and Technology & Biotechnology, Govt. of West Bengal, Bikash Bhavan, Salt Lake, Kolkata-700091.
12. P.S. to Hon'ble MOS., Health and Family welfare Department, Swasthya Bhavan, Govt. of West Bengal, Bikash Bhavan, Salt Lake, Kolkata-700091.
13. P.S. to Additional Chief Secretary of this Department, Bikash Bhavan, Salt Lake, Kolkata-700091.
14. P.S. to Additional Chief Secretary, Health and Family welfare Department, Swasthya Bhavan, Govt. of West Bengal, Bikash Bhavan, Salt Lake, Kolkata-700091
- ✓ 15. IT Cell of this department for uploading a copy of this notification in the departmental website.
16. Guard File

Hemas
Joint Secretary to the
Government of West Bengal

**Government of West Bengal
Department of Higher Education,
Science and Technology & Biotechnology
Bikash Bhavan, Salt Lake, Kolkata-700091**

NOTIFICATION

No. 1020-Edn(CS)/IM-01/2017

Date: 29/08/2018

In cancellation of this Department's Notifications No. 848-Edn(CS) dt. 01.08.2017 and No.493-Edn(U) dt. 25.05.2018, the Governor is now pleased hereby to provide medical benefits to the serving Teachers including Librarians and Graduate Laboratory Instructors of Government-aided Colleges and serving Teachers and Officers of State aided Universities and the family members thereto in the following manner under the scheme detailed below.

Scheme

1. **Short title and commencement** — (1) This Scheme may be called "**West Bengal Health Scheme for the Beneficiaries of Grant - in - aid Colleges and Universities, 2017**".

(2) It shall come into force on such date, as the State Government may, by notification in the Official Gazette, appoint.
2. **Application**— (1) This scheme shall apply to the serving teacher including Librarian and Graduate Laboratory Instructors of the Government-aided colleges and serving teachers and officers of State aided Universities and their beneficiaries including Librarian and Graduate Laboratory Instructors.

(2) The provision of enrolment under this scheme shall be optional.

(3) A teacher/officer shall not be entitled to draw the regular medical allowance, if opted for this scheme, with effect from the date of effect of such enrolment under clause 4.

(4) A teacher/officer shall have the liberty to opt out of this scheme at any time.

Provided that where a teacher/officer or his/her beneficiary has enjoyed any benefit under this scheme, such employee shall not be allowed to opt out the scheme within five years from the month following the month in which he/she enjoyed the benefit.

A teacher/officer enrolled under this scheme shall not be eligible to be enrolled again if he/she opts out of the scheme for whatever reason

3. Definitions — In this Scheme, unless there is anything repugnant in the subject or context—

- (a) "approved rates" means such rates as may be notified by the Government from time to time for various services, procedures and investigations required in connection with the medical attendance and treatment of a beneficiary;
- (b) "beneficiary" means a dependent member of the family of a serving teacher/officer;
- (c) "clause" means a clause of the scheme;
- (d) i) "teacher" means a full time and regular serving teacher including Librarian and Graduate Laboratory Instructor of the Government-aided Colleges and State-aided Universities of the Government of West Bengal enrolled under clause 4;
ii) "Officer" means serving officers of the state aided universities enjoying the similar scale of pay as of the teachers.
- (e) "family", in relation to a teacher/officer, means and includes
 - (i) Husband or Wife, as the case may be,
 - (ii) Dependent Parents whose monthly income does not exceed rupees three thousand and five hundred;
 - (iii) Dependent Children including step-children, children related to half-blood and uterine blood, legally adopted children and unmarried daughters;
 - (iv) Dependent widowed/divorced daughters;
 - (v) Dependent Minor brothers, minor sisters;
 - (vi) Dependent unmarried/widowed/divorced sisters.

Note: (1) 'Son' is considered to be dependent till he starts earning or attains the age of 25 years, whichever is earlier. Son suffering from permanent disabilities either physically or mentally will be considered dependent without any age limit.

(2) Unmarried daughter is eligible till she starts earning (irrespective of age).

(3) As an exception, parents can live away from employee in another station with other members of family.

(4) A declaration regarding the income of parents should be furnished by the employee concerned once at the beginning of every calendar year.
- (f) "Form" means a Form appended to this scheme;
- (g) "Government" means Government of West Bengal in the department of Higher Education, Science & Technology & Bio-technology;
- (h) "hospital or institution" means such hospital or nursing home or institution as may be recognized from time to time by the Government for the purpose of availing benefits of medical attendance and treatment under this scheme;
- (i) "laboratory" means such laboratory or institution as may be recognized by the Government from time to time for availing of benefits of medical attendance and treatment under this scheme;
- (j) "medical attendance" means attendance for professional advice and includes pathological, bacteriological, radiological or other methods of investigations for the purpose of diagnosis which are considered necessary by the attending physician and are carried out in a hospital or institution;
- (k) "specified" means specified by order;
- (l) "treatment" means the use of medical and surgical facilities and includes—
 - (i) the employment of such pathological, bacteriological, radiological or other methods of investigations as are considered necessary by the attending physician;
 - (ii) the use of such medicines, vaccines, serum or other therapeutic substances as may be considered necessary by the attending physician;
 - (iii) medical and surgical services and procedures; (iv) dental treatment;

(vi) such nursing as is ordinarily provided at the hospital or such special nursing at the hospital as the authorized medical attending physician at the hospital may certify, in writing, to be essential for the recovery or for the prevention of serious deterioration in the condition of the patient, having regard to the nature of the disease.

4. **Facilities** – A teacher/officer or his/her beneficiary shall be entitled to the following facilities, namely:-

- (a) medical attendance and treatment as an indoor patient in a hospital or an institution; and
- (b) medical attendance and treatment at outpatient department of a hospital or an institution, or a clinic attached to such hospital or institution for such diseases, and under such circumstances, as may be specified.

5. **Medical attendance and treatment as an indoor patient in a hospital** – A teacher/officer shall be entitled to reimbursement of the cost of his/her or his/her beneficiary's medical attendance and treatment, as an indoor patient in a hospital or an institution.

Explanation. – For the purpose of this clause, the expression "cost of medical attendance and treatment" shall include –

- (a) the amount charged by the hospital or institution in accordance with the approved rates;
- (b) the cost of medicines purchased from outside on the advice of the attending physician at the hospital or institution;
- (c) the charges for such pathological, bacteriological, radiological or other methods of investigations as are considered necessary by the attending physician and carried out, on the advice of the attending physician, in a laboratory or institution, other than the hospital or institution in which the patient is treated.

6. **Medical attendance and treatment as an OPD (Out-Patient Department) patient in a hospital** –

(1) A teacher/officer shall be entitled to reimbursement of the cost of his or his beneficiary's medical attendance and treatment as an OPD patient in a hospital or institution in the following cases : –

- (i) Malignant diseases. (Mainly cancer cases are considered as Malignant diseases)
- (ii) Tuberculosis.
- (iii) Hepatitis B/C and other liver diseases.
- (iv) Insulin-dependent diabetes. (Type -2 Diabetic Melitas is not considered as Insulin-dependent Diabetes.
- (v) Heart diseases.
- (vi) Neurological disorders/Cerebrovascular disorders.
- (vii) Malignant malaria.
- (viii) Renal failure.
- (ix) Thallasaemia/Bleeding disorders/Platelet disorders.
- (x) Injuries caused by accidents. (Animal Bite cases will come under the purview of Injuries caused by the accidents.
- (xi) Rheumatoid Arthritis
- (xii) Systematic Lupus Erythematous (LUPUS)
- (xiii) Crohn's Disease

(2) A teacher/officer or his/her beneficiary shall also be entitled to reimbursement of the cost of follow-up medical attendance and treatment relating to Neuro Surgery, Cardiac Surgery (Including Coronary Angioplasty and implants), Cancer Surgery/Chemotherapy/Radiotherapy, Renal Transplant, Hip/Knee replacement Surgery and Accident cases received as an OPD patient in a hospital or institution.

Explanation. – For the purpose of this clause, the expression “cost of medical attendance and treatment” shall include–

- (a) the amount charged by the hospital or institution in accordance with the approved rates,
- (b) the cost of medicines purchased from outside on the advice of the attending physician at the hospital or institution,
- (c) the charges for such pathological, bacteriological, radiological or other methods of investigations as are considered necessary by the attending physician and carried out on the advice of the attending physician in a laboratory or institution, other than the hospital or institution in which the patient is treated.

7. Enrolment :

- a) Government-aided College Teachers and State-aided University Teachers & Officers will have to apply online for enrolment in West Bengal Health Scheme Portal of Finance Department's website: <http://wbfin.nic.in>. A new URL will be made available under this portal for beneficiaries of Grant- in- aid Colleges and Universities.
- b) Filled up (uploaded with scanned photo and signature of all beneficiaries) application shall be submitted to the concerned DDO. Concerned DDO shall verify the application and approve / reject accordingly. If approved, the employee can take system generated printout of Certificate of Enrolment (if required) for each beneficiary. If rejected, the application shall be sent back to the applicant with reason of rejection. This application can be again submitted to the concerned authority after modification. Detailed procedure and guidelines for online application will be provided in the website.
- c) On successful enrolment under the health scheme, the drawal of regular medical allowance shall be discontinued with effect from the 1st day of the month following the month in which the certificate is issued.
- d) i) The Enrolment of existing teachers/Officers under the scheme shall be completed within 1(one) year from the date of notification of the enrolment process.
ii) If one opts under the scheme and spouse name is included, both husband and wife will be covered under the scheme and both will not be entitled to draw regular medical allowance.

8. Criteria for Reimbursement of Claims :

- i) Enrolled teachers of Grant-in-aid colleges and teachers/officers of Grant-in-aid universities will get the facility of medical treatment in Government hospitals, in hospitals managed by local bodies like municipalities, in State-aided hospitals, in selected Specialty hospitals outside the state, in empanelled private hospitals, nursing homes, Institutions, Clinics, Laboratories, Diagnostic centres (commonly called 'Health Care Organisation' or HCO) as listed in Finance Department's Notification No.3473-F dt.11.05.09, and as amended from time to time. List of such HCOs will be available in the Health Scheme portal.

The beneficiaries under this Health Scheme may also avail the indoor medical treatment facilities in any non-empanelled private hospital/nursing home. Reimbursement of the cost of such indoor medical treatment will be made under the Health scheme in the following manner :

- a) Cost up to 80% of the West Bengal Health Scheme Approved Rates may be reimbursed for the indoor medical treatment, if availed in a non-empanelled private hospital/nursing home with bed capacity more than 80 (eighty).
- b) For indoor medical treatment in a non-empanelled private hospital/nursing home with bed capacity 80 (eighty) or less, costs up to 60% of the West Bengal Health Scheme Approved Rates may be reimbursed.

ii) Accommodation/ Entitlement :

- a) In the case of medical attendance and treatment as an indoor patient in a hospital or an institution, a teacher/officer or his/her beneficiary shall be entitled to such accommodation as tabled below:
- b)

SL.No.	Category of Teacher/Officer	Basic Pay (Band Pay + Grade Pay)	Type of Accommodation
1.	I	Rs.27000/- p.m. and above	Private Ward
2.	II	Below Rs.27000/- p.m.	Semi-Private Ward

- c) Where the type of accommodation in a hospital does not correspond to the nomenclature as referred to above, the Government shall in consultation with the authorities of the hospital concerned, determine the entitlement of the beneficiary.
- iii) The admissible cost of medical attendance and treatment shall be worked out on the basis of the approved rates as per Finance Department's Notification no.796-F(MED) dated 31.01.2011, as revised from time to time. List of Rate Chart will be available in the Health scheme Portal.
- iv) The financial power for sanction of cost of medical attendance and treatment as indoor patient and OPD treatment is given hereunder :

Approving Authority	Financial Power	
	Indoor Treatment	OPD
1. Head of the Department(Secretary/Principal Secretary/Addl.Chief Secretary) for both College & University	Full Power	
2. Head of Directorate(DPI) for College/ Vice-chancellor for University)	Rs. 1.00 Lakh	Rs. 10,000/-
3. Head of Office (Principal/Vice-principal/TIC for College and Dean of faculty or any senior teacher as authorized by VC for University.	Rs. 50,000/-	Rs. 5000/-

v) Tenure – Notwithstanding anything contained in this scheme and without prejudice to the provisions of sub-clause (2) of clause 6, the cost incurred on account of related medical attendance and treatment received in a hospital or an institution during the period upto 30 days prior to hospitalization and 30 days from the date of discharge, shall be reimbursable.

9. Settlement of Reimbursement Claims:

i) Teachers/Officers have to apply with details of claim online in the West Bengal Health Scheme Portal. The duly filled in application along with supporting vouchers will have to be submitted to the concerned Head of office (Principal/Vice-principal/TIC/Dean of Faculty or any senior teacher as authorized by VC) as the case maybe for consideration of claim. The head of office will verify the claims and will give necessary approval if the claim amount is within financial power. On approval, Sanction order will be generated. The DDO will then take necessary action for payment to the beneficiary as per Sanction Order.

If the admissible claim amount is more than the prescribed limit mentioned above, concerned authority will forward the same to the appropriate authority for necessary approval, if required.

ii) The appropriate authority will act accordingly. On approval Sanction order will be generated by the concerned head of office. The DDO will then make necessary arrangement for payment to the beneficiary.

10. Treatment in a hospital or institution outside the State:-

(i) Notwithstanding anything contained elsewhere in this scheme, the Government may recognize specialized hospitals and institution outside the State for treatment of specific diseases.

(ii) Prior approval of the Secretary/Pr. Secretary of the department of Higher Education, Science & Technology and Biotechnology shall be obtained before receiving medical attendance and treatment in these hospitals or institutions.

(iii) Claim for reimbursement of the cost of medical attendance and treatment in these hospitals or institutions shall be allowed on the basis of the rates of various services provided by and investigations and procedures carried out by these hospitals/institutions in the course of medical attendance and treatment.

11. Operational guidelines, clarifications, etc.- (1) The Department of Higher Education, Science & Technology and Biotechnology, in consultation with the Finance Department (Medical Cell), wherever necessary, shall issue operational guidelines, clarifications, etc. for implementation of the scheme.

(2) If any difficulty arises in the course of implementation of the scheme, it shall be referred to the Finance Department (Medical Cell) and the decision of the Finance Department (Medical Cell), thereon shall be final.

(3) Further operational guidelines, in this regard, will be issued later on

12. The fund for medical reimbursement in this regard will be debitible to the Heads of Account, as detailed in this Department's Order no.16-Edn(B) dt.12.02.18.

13. The Annexure prescribing the Forms of Enrolment and Reimbursement of Claims will be made available in the website.

All concerned are being informed.

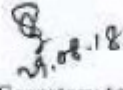
By Order of the Governor,

Sd/-

Joint Secretary to the
Government of West Bengal

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6. Finance Department (Medical Cell), Govt Of West Bengal
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Joint Secretary to the
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