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PART I—Orders and Notifications by the Governor of West Bengal, the High Court, Government Treasury, etc.

GOVERNMENT OF WEST BENGAL
FINANCE DEPARTMENT
AUDIT BRANCH

NOTIFICATION

No. 7287.-F, 19-09-,2008.—The Governor is pleased hereby to make, in addition to the West Bengal Services (Medical Attendance) Rules, 1964, as subsequently amended, the following scheme regulating the medical benefits for the State Government employees and the family members thereto, with a view to providing better medical facilities to such employees and their family members :—

Scheme

1. **Short title and commencement.** — (1) This Scheme may be called the West Bengal Health Scheme, 2008.
(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 employee and his beneficiary.
(2) The provision of enrolment under this scheme shall be optional.
(3) An employee shall not be entitled to draw the regular medical allowance with effect from the date of effect of such enrolment under clause 4.
(4) An employee and his beneficiary shall be entitled to the facilities under this scheme in addition to the facilities under the West Bengal Services (Medical Attendance) Rules, 1964, as subsequently amended.
(5) An employee shall have the liberty to opt out of this scheme at any time :

Provided that where an employee or his 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 enjoyed the benefit.

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 member of the family of an employee;
- (c) “clause” means a clause of the scheme.
- (d) “employee” means an employee of the Government of West Bengal enrolled under clause 4;
- (e) “family”, in relation to an employee, means—
 - (i) children including step-children and unmarried daughters,
 - (ii) minor brothers,
 - (iii) minor sisters,
 - (iv) father or mother whose monthly income does not exceed rupees one thousand five hundred,
 - (v) wife or husband, as the case may be;
- (f) “Form” means a Form appended to this scheme;
- (g) “Government” means Government of West Bengal;
- (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;
 - (v) accommodation according to the entitlement of the employee;
 - (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. **Enrolment.** – (1) An employee seeking enrolment under the scheme shall exercise his option in Form A, in duplicate, along with an undertaking that upon enrolment under this scheme, such employee shall forgo the regular medical allowance drawn as part of monthly salary.

(2) The option referred to in sub-clause (1) shall be submitted—

- (a) to the Cadre Controlling Department, in case an employee is a member of a constituted State service; and
- (b) to the Head of Office, in case of any other employee.

(3) The Cadre Controlling Authority or the Head of Office, as the case may be, shall, after scrutiny of the option exercised by the employee, issue a certificate of enrolment in Form B in favor of the employee, to be effective from the first day of the month following the month in which the certificate is issued.

(4) The Cadre Controlling Authority or the Head of Office, as the case may be, shall send one copy of the certificate to the Drawing and Disbursing Officer in respect of the employee with a direction to discontinue the drawal of regular medical allowance with effect from the first day of the month following the month in which the certificate is issued.

5. **Facilities.** – An employee or a beneficiary of such employee 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 out patient 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.

6. **Medical attendance and treatment as an indoor patient in a hospital.** – An employee shall be entitled to reimbursement of the cost of his or his 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 and 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. **Medical attendance and treatment as an OPD (Out-Patient Department) patient in a hospital.** – (1) An employee 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,
- (ii) Tuberculosis,
- (iii) Hepatitis B/C and other liver diseases,
- (iv) 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.

(2) An employee or his 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 and 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.

8. **Accommodation.**– (1) In the case of medical attendance and treatment as an indoor patient in a hospital or an institution, an employee or his beneficiary shall be entitled to such accommodation as mentioned in column (4) of the Table below, of the category of the employee as mentioned in column (2), to be determined on the basis of the basic pay including dearness pay as mentioned in column (3), respectively, against the Sl. No. as mentioned in column (1) of the said Table :–

| Table | | | |
|---------|----------------------|---|-----------------------|
| Sl. No. | Category of employee | Basic pay including dearness pay | Type of accommodation |
| (1) | (2) | (3) | (4) |
| 1. | I | Above Rs. 18,000 p.m. | Private Ward |
| 2. | II | Rs. 12,000 p.m. and above but below Rs. 18,000 p.m. | Semi-Private Ward |
| 3. | III | Below Rs. 12,000 p.m. | General Ward |

(2) Where the type of accommodation in a hospital does not correspond to the nomenclature as referred to in column (4) of Table to sub-clause (1) or any similar nomenclature, the Government shall, in consultation with the authorities of the hospital concerned, determine the entitlement of the beneficiary.

9. **Tenure.** – Notwithstanding anything contained in this scheme and without prejudice to the provisions of sub-clause (2) of clause 7, 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.

10. **Issue of Identity Card to employee and beneficiary.** – (1) The employee and his beneficiary shall be issued a photo-identity card with a unique identification number under the seal and signature of the issuing authority.

(2) The identification number of the employee and his beneficiary shall consist of three numbers, for example x/y/z, where “x” denotes the code number of the employee, “y” denotes the serial number of the beneficiary belonging to the family of the employee (it being 1 in the case of the employee himself) and “z” denotes the total number of cards issued for the family of the employee.

Explanation.– For the purpose of this clause, the expression “issuing authority” shall mean–

- (a) the Cadre Controlling Department, in case an employee is a member of a constituted State service; and
- (b) the Head of Office, in case of any other employee.

(3) The blank identity cards with running serial numbers shall be supplied by the Finance Department on the basis of requisition received from the Cadre Controlling Departments, or the Heads of Offices through the administrative departments concerned, as the case may be.

(4) The identity card shall consist of two parts of which the issuing authority shall retain the first part and the second part shall be handed over to the employee concerned.

(5) A list of employees to whom identity cards have been issued shall be forwarded to the Drawing and Disbursing Officer and also to the Finance Department.

(6) The identity card shall have a standard format and shall contain such particulars as the name, the date of birth and the relationship of the beneficiary with the employee.

(7) The colour of the identity card shall be–

- (a) yellow, in case employee belonging to category I as mentioned in column (2) against Sl. 1 in column (1) of Table to clause 8;
- (b) pink, in case employees belonging to category II as mentioned in column (2) against Sl. 2 in column (1) of Table to clause 8; and
- (c) white, in case employees belonging to category III as mentioned in column (2) against Sl. 3 in column (1) of Table to clause 8.

(8) For the purpose of availing the benefits under this scheme, the employee or his beneficiary shall show his identity card to the hospital, laboratory or institution where he receives medical attendance and treatment.

(9) A temporary family permit in Form F may be issued to an employee enrolled under this scheme by the Head of office for a period as may be specified, pending issue of photo-identity cards and such temporary family permits shall entitle the employee and his beneficiary to all the benefits of this scheme.

(10) The identity cards issued under this scheme shall be surrendered to the Cadre Controlling Department, or the Head of Office, as the case may be, at the time of retirement/resignation/on being relieved from Government service.

11. **Intimation of medical attendance and treatment.**— An employee shall give an intimation to the Head of office within three days of commencement of his or his beneficiary's medical attendance and treatment :

Provided that where an employee himself is undergoing medical attendance or treatment and not in a position to intimate personally, any member of his family may give such intimation.

12. **Claims for reimbursement of the cost of medical attendance and treatment.** – (1) An application for reimbursement of the cost of medical attendance and treatment shall be made by an employee in Form C.

(2) The application for settlement of claim under this scheme shall be made within three months of the completion of treatment –

- (a) to the Secretary of the Department, in case of an employee working in the Secretariat,
- (b) to the head of the Directorate, in case of an employee working in the headquarters of a Directorate,
- (c) to the Head of Office, in all other cases.

(3) The application referred to in sub-clause (1) shall be accompanied with the following documents :—

- (a) essentiality Certificates in Form D;
- (b) photocopy of the identity card issued to the employee, and where the claim relates to a member of the family of the employee, photocopy of the identity card issued to such member of the family of the employee;
- (c) all original bills verified by the hospital, laboratory or institution;
- (d) all original vouchers, cash memos and money receipts;
- (e) detailed lists of all medicines, laboratory tests, investigations, procedures, number of doctors' visits, etc. with dates, duly countersigned by an authorized person of the hospital where the beneficiary has received medical attendance and treatment, along with a certificate from such authorized person that all charges are as per approved rates. In the bill prepared by the hospital, each service, procedure and investigation for which the beneficiary is charged should be specified, along with this reference number in the approved list;
- (f) detailed list of all medicines purchased from outside and all laboratory tests, investigations and procedures done in a laboratory, institution or hospital other than the hospital where the patient has received medical attendance and treatment, along with a certificate from an authorized person of the hospital that such medicines had to be purchased or such laboratory tests, investigations and procedures had to be done on the advice of the attending physician of the hospital;
- (g) photocopy of the intimation given to the Head of the Office of the employee regarding medical attendance and treatment of the employee or the beneficiary member of the family of the employee;
- (h) Check List in Form E.

13. **Settlement of claims.**— (1) The application made under sub-clause (1) of clause 12 for reimbursement shall be processed by the concerned Department, the Directorate or the Office, as the case may be, under which the employee is presently working and the admissible cost of medical attendance and treatment shall be worked out on the basis of the approved rates.

(2) The sanctioning authority for reimbursement of the cost of medical attendance and treatment in the case of an employee working in the Secretariat shall be the Secretary:

Provided that the Secretary may delegate this power to a Special Secretary, or a Head of Department not below the rank of Special Secretary to the Government, subject to the limits of –

- (i) for medical attendance and treatment as an indoor patient in a hospital, Rs. 50,000,
- (ii) for medical attendance and treatment as an OPD patient in a hospital, Rs. 5,000.

(3) The sanctioning authority in the case of an employee working in the headquarters of a Directorate shall be the Head of the Directorate, where the claim does not exceed Rs. 50,000 for indoor treatment and Rs. 5,000 in case of OPD treatment, and the Secretary of the Department where the claim exceeds these limits.

(4) The sanctioning authority in case of all other employees shall be the head of Office where the claim does not exceed Rs. 30,000 for indoor treatment and Rs. 3,000 for OPD treatment, the Head of the Directorate where the claim exceeds these limits but does not exceed Rs. 50,000 for indoor treatment and Rs. 5,000 for OPD treatment, and the Secretary of the department in all other cases.

14. **Treatment in a hospital or institution outside the State.**— (1) Notwithstanding anything contained elsewhere in this scheme, the Government may recognize specialized hospitals and institution outside the State for treatment of specific diseases.

(2) Prior approval of the Secretary of the department shall be obtained before receiving medical attendance and treatment in these hospitals or institutions.

(3) 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.

15. **Medical advance.**— (1) The sanctioning authority for reimbursement of the cost of medical attendance and treatment may grant medical advance on submission of a certificate estimate from the hospital in which medical attendance and treatment is received as an indoor patient.

(2) The Advance shall not exceed 80 per cent of the estimated cost of medical attendance and treatment.

(3) The medical advance shall be adjusted against the admissible cost of medical attendance and treatment, excess, if any, shall be refunded by the employee. If medical attendance and treatment is not received within 60 days of receipt of medical advance, the entire advance shall be refunded by the employee on the expiry of this period.

16. **Applicability of benefit of Scheme to retired Government employees and their family members.**— The benefit of the Scheme shall be applicable for the retired State Government employees and their family members, to such extent and on such terms and conditions as may be specified.

17. **Operational guidelines, clarifications, etc.**— (1) The Finance Department, in consultation with the Health and Family Welfare Department 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 and the decision of the Finance Department thereon shall be final.

FORM A

Application for enrolment

(See sub-clause (1) of clause 4)

To

The(Cadre Controlling Authority/Head of Office)

Sir,

I, Shri/Smt(designation).....attached to(office) under(Department) do hereby opt for coming under the West Bengal Health Scheme, 2008, with effect from

The particulars of the members of my family as defined in para 3(e) of the Scheme are as follows :

| | |
|---------------------------------------|---|
| Name of Government employee | : |
| Designation | : |
| Residential address | : |
| Date of birth | : |
| Date of entry into Government service | : |
| Date of superannuation | : |
| Present pay (Basic + Dearness Pay) | : |

Details of Family

| Sl. No. | Name | Age | Relationship | Monthly income, if any |
|---------|------|-----|--------------|------------------------|
| 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 further declare that I shall abide by the provisions of the West Bengal Health Scheme, 2008, as may be in force from time to time.

Signature of the Applicant

FORM B**Certificate of enrolment**

(See sub-clause (3) of clause 4)

Certified that Shri/Smt(designation) attached to
.....(office) under..... Department
has been enrolled under the West Bengal Health Scheme, 2008, with effect from

The particulars of the members of his family as defined in para 3(e) of the Scheme are as follows :

Name of Government employee :
Designation :
Residential address :
Date of birth :
Date of entry into Government service :
Date of superannuation :
Present pay (Basic + Dearness Pay) :

Details of Family

| Sl. No. | Name | Age | Relationship | Monthly income, if any |
|---------|------|-----|--------------|------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

Signature of the Cadre Controlling Authority/Head of the Office

Copy forwarded for information and necessary action to :

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

He is requested to discontinue the drawal of regular medical allowance in respect of Shri/Smtwith effect from

FORM C

Application Form for settlement of claim for reimbursement.

(See sub-clause (1) of clause 12)

(To be filled in by the applicant)

1. Identity Card (meant for the Scheme) No. :
2. Full name of the Card holder with designation :
(in Block letters)
3. Full Address :
(i) Office :
(ii) Residence :
4. Name of the patient & relationship with the Cardholder :
5. Pay (Basic + Dearness Pay) :
6. Name of the Hospital with address :
(a) OPD treatment & investigation
(b) Indoor treatment & investigation
7. Date of admission : _____ Date of discharge : _____
(in case of indoor treatment only)
8. Total amount claimed –
(a) OPD treatment :
(b) Indoor treatment :
9. Details of permission :
10. 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, 2008, and the card 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 Card Holder

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

(See sub-clause (1) of clause 12)

(to be submitted in duplicate)

(Strike out whichever is not applicable)

1. Name of the patient and relationship :
with card holder

2. Details of expenditure :

(A) OPD TreatmentDiagnosis

(I) Name of the Hospital :

(II) Total No. of vouchers :

(III) Amount claimed :

(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 | Amount admissible (for official use) |
|--|----------------|---|
| (a) Medicine | | |
| (b) Consultation fees | | |
| (Specify number of consultations) | | |
| (c) Laboratory charges | | |
| (Break-up in a separate annexure) | | |
| (d) Disposable surgical | | |
| Sundries | | |
| (e) Special devices like | | |
| hearing aid/artificial appliances etc. (specify) | | |
| (f) Miscellaneous (specify) | | |

Total :(B) Indoor TreatmentDiagnosis

(To be marked N.A. wherever necessary)

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

(a) Name of the Hospital with :
address

(b) Period of Bill : From _____ To _____

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

| | Amount Claimed | Amount admissible (for official use) |
|--|----------------|---|
| (i) Room Rent : | | |
| (ICU/ICCU/Ward) | | |
| From _____ To _____ | | |
| (ii) Charges for : | | |
| (a) O.T. | | |
| (b) O.T. Consumables | | |
| (c) Anesthesia | | |
| (d) Procedure | | |
| (iii) Medicines | | |
| (iv) Implants like pacemaker, Joint Replacement, coronary stent etc. (details) | | |
| (v) Artificial devices (details) | | |
| (vi) Lab Charges (Break-Up given in Annexure) | | |
| (vii) Spl. Nurse/Ayah, if any | | |
| (viii) Miscellaneous | | |
| Total : | | |

(Signature of Claimant)

Name in Block Letters

Address :

1. Certified that the relevant bills/vouchers have been verified by me and the expenditure shown above is correct and the treatment services provided are essential and minimum that required for the recovery of the patient
2. Certified that the services of Special Nurse/Ayah were required from _____ to _____ that were absolutely essential for the recovery of the patient.
3. Specific procedure/Operation performed was _____

*(Signature of the Treating Specialist
with official seal)*

Countersigned by Medical Superintendent
 of the Hospital with seal
 (For Indoor treatment only)

FORME**Checklist For Reimbursement of Medical Claims***(See sub-clause (2) of clause 12)*

1. Card No. and place of issue :
2. Entitlement : Private/Semi-Private/General ward
3. Full name of Card Holder (block letters) :
4. Designation :
5. The following documents are submitted :
(please tick [] the relevant column)
 - (a) Photocopy of the identity : Yes/No.
 - (b) Essentiality Certificate : Yes/No.
 - (c) Number of original bills :
 - (d) Whether original bills/vouchers have : Yes/No.
been verified
 - (e) Copy of discharge summary : Yes/No.
 - (f) Copy of permission letter : Yes/No.
 - (g) Whether the hospital has given break : Yes/No.
up for lab investigations
 - (h) Original papers have been lost the
following documents are submitted
 - (I) Photocopies of claim paper : Yes/No.
 - (II) Affidavit on stamp paper : Yes/No.
 - (i) In case of death of card-holder the
following documents are submitted
 - (I) Affidavit on stamp paper by : Yes/No.
claimant
 - (II) No objection from other legal : Yes/No.
heirs on stamp papers
 - (III) Copy of death certificate : Yes/No.

Dated.....

Signature of the Applicant

Form - F**Temporary Family Permit**

[See sub-clause (9) of clause 10]

1. Name of the Govt. employee :
2. Employee code No. (GPF No.) :
3. Designation :
4. Present Pay (Basic pay+Dearness Pay) :
5. Entitlement of accommodation :
6. Date of birth :
7. Date of Superannuation :
8. Residential address :
9. Details of Family :

| SI. No. | Name | Age | Relationship | Monthly Income, if any. |
|---------|------|-----|--------------|----------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

Shri/Smt. attached to(office)
under Department has been enrolled under the West Bengal Health Scheme, 2008
with effect from

He/She and his/her family members are entitled to the medical attendance and treatment in a Govt. Hospital/
enlisted Pvt. Hospital or Institution etc. in the entitled class mentioned in SI. No.5

This permit is valid for 6 (six) months from the date of issue.

Signature of Cadre controlling authority/Head of the office.

By order of the Governor,

D. MUKHOPADHYAY,
Principal. Secy. to the Govt. of West Bengal.