

Guidelines for Private Health Care Organisations(HCOs) regarding indoor cashless treatment under West Bengal Health for All Employees and Pensioners Cashless Medical Treatment Scheme,2014'

1. Online Verification of the Enrolment Certificate of the beneficiary with the hard copy he/she has produced before HCO through www.wbhealthscheme.gov.in.

2. Beneficiary (Patient) Admission on the basis of Medical Officer/ Treating doctors opinion (Transaction ID will be generated per beneficiary per admission basis)

3. Discharge of Patient and submission of Bills for re-imburement through www.wbhealthscheme.gov.in

Step 1:- The approved HCOs will access <http://wbfin.nic.in> and will click on :-Health Scheme Portal of Finance Departmentø

Step 2:- In the Home Page of :-Health Scheme portalø, there is a :-Loginø option. **The Login User-id and Password is already created for the HCOs and already sent to their respective e-mail IDs from Medical Cell, Finance Department through support.wbmedicalcell@nic.in.**

(Otherwise ,For Login User ID and Password they are requested to contact us immediately in our e-mail ID support.wbmedicalcell@nic.in.)

Step 3:- At the time of first login, the HCO will have to change the password there itself and have to login again to enter inside the application and to remember the password

Step 4:- After successful login , the concerned HCOs will get their profile with following details (**See screen shots at page no.4**)

- a) General Information
- b) Bank Guarantee details
- c) Clinical Establishment License details
- d) No objection Certification from Fire details

e) Transaction Bank details, which they may edit but prior information to Medical Cell

Step 5:- One Menu will be available as **'PATIENT ADMISSION'**. On production of the Enrolment Certificate by the Beneficiary (Employee/Pensioner/their family member) to the HCO , the HCO will enter the Application ID No and GPF Account No. / PPO No. Then the HCO should click on **'PROCEED'** button. The list of Beneficiaries with Beneficiary ID No will be coming in drop down . Now the HCO will select the Beneficiary ID No. for the concerned patient (available in the Enrolment Certificate) from the mentioned drop down. Based on the above said three parameters, the details of Beneficiary as available in Enrolment Certificate now will be available in screen for on-line verification. (See screen shots at page no.5)

Step 6:- Then he will get the option Yes or No regarding admission of Patient. If Patient needs admission according to opinion of doctors then he /she has to click on Yes button. (See screen shots at page no.5)

Step 7:- Now the HCO has to click on the **'OK'** button

Step 8:- After that a unique Transaction ID will be generated and will be visible to HCO

Step 9:- After completion of the treatment, if the concerned HCO thinks that the concerned patient can be discharged, then the HCO will again login and access the menu named **'Discharge Patient'** and follow the procedure mentioned in step 5 again. After that HCO will have to enter **'Total Treatment Cost'**. After that the HCO have to select whether the patient is fit for discharge (Yes/No selection will be available) (See screen shots at page no.6)

Step 10 :- Then **Form-H Information Sheet for Cashless Indoor Medical Treatment will be generated with the Transaction ID.** (See screen shots at page no.7)

Step 11:-Form –D₄ Essentiality Certificate cum Statement of Expenditure for cashless treatment filled under West Bengal Health for All Employees & Pensioners Cashless Medical Treatment Scheme, 2014 will also to be generated with the Transaction ID. (See screen shots at page no.8)

Step 12:- Then HCO will submit the Bill along with the ö **Form-H Information Sheet for Cashless Indoor Medical Treatment and Transaction ID and Form –D₄** Essentiality Certificate cum Statement of Expenditure for cashless treatment filled under West Bengal Health for All Employees & Pensioners Cashless Medical Treatment Scheme, 2014. ö and supporting other documents as per the scheme.

Logout

- HOME
- ADMIT PATIENT
- DISCHARGE PATIENT

WEL COME TO :APOLLO GLENEAGLES HOSPITAL

HOSPITAL DETAILS:

STATE: West Bengal DISTRICT: KOLKATA
PHONE NUMBER: 913323203040/23 NOTIFICATION DATE: 22/09/2011
NOTIFICATION NUMBER: 9143-F(MED)
POSTAL ADDRESS: 58,CANAL CIRCULAR ROAD, KOLKATA-700054
MAIL ID: hospital@apollogleneagles.in

BANK GUARANTEE DETAILS:

BANK GUARANTEE NUMBER: 66/09 DATE OF ISSUE: 12/06/2009
VALID UPTO: 30/06/2014 BANK NAME: Indian Bank
BANK IFSC CODE: IDIB000S073

CE LICENSE DETAILS:

CE LICENSE NUMBER: L/919(03)-14/0185 DATE OF ISSUE: 12/03/2014
LICENSE VALID UPTO: 07/08/2016

NO OBJECTION CERTIFICATE FROM FIRE :

NOC FIRE ORDER NUMBER: WBFES/8414/14/12 DATE OF ISSUE: 30/01/2014
NOC FIRE VALID UPTO: 29/01/2015

TRANSACTION BANK DETAILS:

ASSOCIATE BANK: 
BRANCH NAME:
ACCOUNT NUMBER:
IFSC CODE:
MICR CODE:
BANK ADDRESS:



WEST BENGAL HEALTH SCHEME MONITORING SYSTEM



স্বাস্থ্যসেবা সর্বস্বার্থে
Government of West Bengal

Logout

- HOME
- ADMIT PATIENT
- DISCHARGE PATIENT

PATIENT ADMISSION

ENTER APPLICATION ID NUMBER:

ENTER G.P.F./P.P.O NUMBER:

SELECT BENEFICIARY ID NUMBER:

EMPLOYEE NAME:

BENEFICIARY NAME:

RELATION:

BENEFICIARY D.O.B:

ADDRESS:

DEPARTMENT:

MOBILE NUMBER:

DRAWING AND DISBURSING OFFICER:

DO YOU WANT TO ADMIT THE PATIENT: Yes No


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West Bengal Health Scheme X

wbhealthscheme.gov.in/Generalinfo_HCO/wbhs_fit_for_admission_hco.aspx

WEST BENGAL HEALTH SCHEME MONITORING SYSTEM



सरकारीय सरकार
Government of West Bengal

Logout

- HOME
 - ADMIT PATIENT
 - DISCHARGE PATIENT

DISCHARGE PATIENT

ENTER APPLICATION ID NUMBER:

ENTER G.P.F./P.P.O NUMBER:

SELECT BENEFICIARY ID NUMBER:

SELECT ADMISSION DATE:

TRANSACTION ID:

EMPLOYEE NAME:

BENEFICIARY NAME:

RELATION:

BENEFICIARY D.O.B:

ADDRESS:

DEPARTMENT:

MOBILE NUMBER:

DRAWING AND DISBURSING OFFICER:

TOTAL TREATMENT COST:

WHETHER PATIENT IS FIT FOR DISCHARGE: Yes No

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ENG 08:15 PM
INTL 07-11-2014

Form – H Transaction ID:-
Name and address of HCO with CODE
Information Sheet for Cashless Indoor Medical Treatment
DECLARATION OF GOVERNMENT EMPLOYEE/PENSIONER/FAMILY PENSIONER AS PER THE
PROVISIONS OF THE WEST BENGAL HEALTH FOR ALL EMPLOYEES AND PENSIONERS CASHLESS
MEDICAL TREATMENT SCHEME,2014

1. NAME OF THE GOVERNMENT EMPLOYEE/PENSIONER/FAMILY PENSIONER:-
2. NAME OF THE BENEFICIARY:-
3. ENROLMENT NUMBER OF THE PATIENT:-
4. ADMISSION DATE:-
5. DISCHARGE DATE:-
6. PERMANENT ADDRESS:-
7. CORRESPONDENCE ADDRESS:-
8. RESIDENCE PHONE NUMBER / MOBILE NO.
9. NAME OF THE DEPARTMENT:-
10. DRAWING AND DISBURSING OFFICER:-
11. OFFICE PHONE NUMBER:-
12. OFFICE E-MAIL ID:-
13. OFFICE ADDRESS:-
14. NAME OF THE ACCOMPANYING PERSON (IF ANY):-
15. MOBILE NUMBER OF THE ACCOMPANYING PERSON:-
16. TOTAL TREATMENT COST:-
17. AMOUNT CLAIMED TO STATE GOVERNMENT:-
18. AMOUNT RECEIVED FROM GOVERNMENT EMPLOYEE/ PENSIONER/FAMILY PENSIONER:-

I HEREBY DECLARE THAT THE FURNISHED INFORMATION HEREIN ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER DECLARE THAT I SHALL ABIDE BY THE PROVISIONS OF WEST BENGAL HEALTH FOR ALL EMPLOYEES AND PENSIONERS CASHLESS MEDICAL TREATMENT SCHEME,2014 AS MAY BE IN FORCE FROM TIME TO TIME.

SIGNATURE OF THE GOVERNMENT EMPLOYEE/PENSIONER/FAMILY PENSIONER

(Signature of the Treating Specialist with official seal)

Countersigned by Medical Superintendent
/Administrative officer of the empanelled/
Recognised hospital with seal

Form - D₄

Transaction ID:-

Name and address of HCO with CODE

Essentiality Certificate cum Statement of Expenditure for cashless treatment filled under West Bengal Health for All Employees & Pensioners Cashless Medical Treatment Scheme, 2014.

GOVT. EMPLOYEE / PENSIONER'S name.....

Enrolment ID no.

HCO claim reference no. Date.....

Name of the patient with enrolment ID.....

Period of Indoor Treatment:- From.....to.....

For package treatment

Name of procedure	Procedure code	Amount claimed	Amount admissible (for office use)
TOTAL			

Implant used Code Amount

Non-coded item- Amount

Package Treatment:- Package + Implants(if any)=

For non-package treatment

Consolidated Items details in supporting Bills/Papers	Amount claimed	Amount admissible (for office use)
1.Bed Rent		
2.Doctors fees		
3.Medicines		
4.Investigation		
5.Consumables		
6.Implants		
7.Artificial devices-		
8.Special nursing		
9.Miscellaneous		

GRAND TOTAL (I + II) = Rs.....(in words)

Amount Claimed to State Govt:-Rs.....(in words.....)

Amount received from State Govt. Employee/Govt.Pensioner:-Rs.....(in words.....)

Signature of the Govt Employee/Pensioners.....

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.

Certified that that the services of Special Nurse / Ayah were required from.....to.....that were absolutely essential for the recovery of the patient

Specific procedure/operation performed was.....on.....

Conservative treatment provided from.....to.....

(Signature of the Treating Specialist with official seal)

Countersigned by Medical Superintendent /Administrative officer of the empanelled /Recognised hospital with seal