

Government of West Bengal  
Health & Family Welfare Department  
Swasthya Bhavan, 3<sup>rd</sup> Floor  
GN-29, Sector-V, Bidhannagar  
Kolkata - 700 091

No. HF/SPSRC/20/2020/File No. HFW-14099/3/2020-SPSRC SEC-Dept. of H&FW Date : 22.04.2020

**NOTIFICATION**

In view of present pandemic COVID-19, the State Government has requisitioned a number of private hospitals for the treatment of patients. The said hospitals have been duly requisitioned by the District Magistrates on different dates.

In the current lockdown conditions, and since these hospitals have been designated to cater to only patients referred by the district administration for SARI or COVID treatment, and they have no other means of earning revenue, they have approached the district authorities highlighting their cash flow problems, and requested for adhoc payments to meet their day-to-day running expenses.

It may be mentioned that the State Government has, in the meanwhile, decided to reimburse the charges to these hospitals for treatment of patients at the package rate approved by the Finance Department (vide U.O. No. Group-O/2020-21/0006 dated 10.04.2020 against Group-O E-office File No. FIN-27011/52/2020-ADLS (Group-O) (FIN) - Dept. of Finance - copy enclosed).

In the meanwhile, it is necessary to provide the requisitioned private hospitals some funds to enable them to meet their establishment and running costs so as to keep the requisitioned hospitals functional.

The requisitioned private hospitals will not charge any amount for the patients referred to them by the State/District authorities during the current

period; the costs for such treatment shall be borne by the State Government. Accordingly, these hospitals are directed to prominently display a notice that the **“The treatment to the patients is free and entire cost is being borne by the Government of West Bengal”**.

Pending the settlement of the final bills/compensation package, the requisitioned private hospitals may be provided with funds from time to time to meet their operating costs, and such amounts will be adjusted against the final compensation payable to the said hospitals.

The CMOHs in the districts and DDHS (Admin) (Department of Health & Family Welfare) will monitor the entire process and work out the modalities in relevant to the settlement of bills, including adjustment of advances given to the requisitioned private hospitals.

A format for the bills to be claimed by the requisitioned private hospitals, functioning as COVID hospitals is enclosed for ready reference.

This has the approval of the Principal Secretary.

Encl: As stated.

*BE*  
*22/4/2020*  
(Binod Kumar)  
Secretary

*22/04/2020*

**Claim Format by the requisitioned Private Hospitals, functioning as  
COVID Hospitals 2020**

1.	Name of the COVID Hospital	:	
2.	Address of the Hospital	:	
			District:                      PIN:
3.	Contact of the Hospital	:	Land/Mobile : Email ID:
4.	Date of requisition as COVID Hospital	:	
5.	Date when the hospital is fully handed over to the Requisitioning authority	:	
6.	Number of Isolation/ COVID beds notified on the date of Requisition	:	Isolation beds: COVID beds:
7.	Number of Isolation/ COVID beds with Ventilator Support	:	Ventilator support for Isolation beds: Ventilator support for COVID beds:
8.	Number of functional Isolation/ COVID beds at present	:	Functional Isolation beds: Functional COVID beds:
9.	Date of derequisition	:	
10	Number of days for which compensation are being claimed	:	
11	Total number of patient admitted for treatment/Isolation so far	:	Dated:
12	Total treatment cost claimed	:	Rs.  (please provide patient wise break up as given in the <b>Annexure A</b> )
13	Mobilization Advance received till date (if any)	:	Rs.
14	Net Claim to be reimbursed	:	Rs.
15	Human Resource	:	Fully / Partially <b>Annexure-B</b>
16	List of equipment/medicines etc supplied by Government (if any)	:	Yes/ No <b>(Attach as Annexure-C)</b>
17	Infrastructure development (if any ) undertaken by the Government for setting up of exclusive COVID hospital	:	Yes/ No

**Declaration by the Private Hospital Authority:**

This is to certify that:-

1. We have provided full/partial operational Human Resources (Doctors/ Nurses/ Paramedics/ Security etc.) from the date of requisition or thereafter to run as COVID hospital.
2. All moveable instruments/equipment provided to our hospital for the benefit of treatment shall be the property of the Government and shall be returned back to the Government.
3. I/we do not have any other claim from the Government of West Bengal for the above requisitioned period.

All the information provided above are true and that we will abide by the decision of the Health & Family Welfare Department regarding claim settlement.

Date: **Signature of the Owner/authorized Person**

Place : \_\_\_\_\_ Hospital

**Countersigned by:**

Date: **Chief Medical officer of Health/  
Deputy Chief Medical officer of Health as authorized  
\_\_\_\_\_ Health District**

\* in case of requisitioned Hospital under Kolkata Municipal Corporation the above will be certified by DDHS(Admin)

## Annexure-A

Details of treatment Cost incurred for each patient admitted in the COVID Hospital  
\_\_\_\_\_ of \_\_\_\_\_ District

Sl.	Name of the Patient	Date of Admission	Date of Discharge	Total Days admitted in number	Details Cost break up :
1					a) No. of days admitted: ..... days @Rs. .... / day
					Bed Charges Rs.....
					b) No. of days kept in ventilator: ..... days @Rs. .... / day
					Ventilator Charges Rs.....
					c) Consultation Fees Rs.....
					d) Diagnostic cost: Rs.....
					e) Medicine cost: Rs.....
					f) Transpiration cost (if any) Rs.....
					g) Other Charges (if any) Rs.....
<b>Total Claim: (a) to( g) Rs.....</b>					
2					a) No. of days admitted: ..... days @Rs. .... / day
					Bed Charges Rs.....
					b) No. of days kept in ventilator: ..... days @Rs. .... / day
					Ventilator Charges Rs.....
					c) Consultation Fees Rs.....
					d) Diagnostic cost: Rs.....
					e) Medicine cost: Rs.....
					f) Transpiration cost (if any) Rs.....
					g) Other Charges (if any) Rs.....
<b>Total Claim: (a) to( g) Rs.....</b>					

<b>Estimated Cost for Treatment COVID-19 patient in empanelled hospital under West Bengal Health Scheme</b>			
<b>Sl No</b>	<b>Name of Cost Components</b>	<b>Treatment in Intensive Care Unit (Per Day)</b>	<b>Treatment In Isolation Bed (Per Day)</b>
<b>For First Day</b>			
1	Bed / Room / Accommodation Rent	2400	1800
2	Ventilator Charges	1000	1000
3	C/B PAP Charges	500	500
4	Consultation Fees (4 Nos. consultation is maximum)	1000	1000
5	*Investigation	10000	10000
6	**Medicine	4000	4000
7	ConConsumables excluding PPE and disinfectants of room	3000	3000
8	Special Nursing (two shift)	300	300
	<b>Total</b>	<b>22200</b>	<b>21600</b>
<b>Others Day (Maximum 13 days)</b>			
1	Bed / Room / Accommodation Rent	2400	1800
2	Ventilator Charges	1000	1000
3	C/B PAP Charges	500	500
4	Consultation Fees (4 Nos. consultation is maximum)	1000	1000
5	*Investigation (including CT Chest)	3000	3000
6	**Medicine	4000	4000
7	ConConsumables excluding PPE and disinfectants of room	2000	2000
8	Special Nursing (two shift)	300	300
	<b>Total</b>	<b>14200</b>	<b>13600</b>

Note 1: \* It may vary due to other co-morbidities of the patients

Note 2: \*\* It may vary due to other co-morbidities of the patients

<b>Additional Cost can't be estimated is given below</b>	
<b>Name of Cost Components</b>	Investigation cost of NICED
	Ambulance Charges of to and fro
	Cost of PPE and disinfectants of room