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HEADQUARTERS' OFFICE
EMPLOYEES' STATE INSURANCE CORPORATION
(ISO 9001-2000 Certified)
PANCHDEEP BHAWAN, C.I.G. ROAD: NEW.DELHI

No :U-16/30/2/2010-Pro-Cell

Dated : 18.02.2011

To,
Director (Medical) Delhi/Noida,
The Medical Superintendent/ Dean/ SSMC,
ESIC Hospital/ Medical College/ Dental College/Office of SSMC ,

Subject: The high incidence of Super Specialty cases and consequential increase in expenditure.

Sir/Madam,

It came to light that in the Andhra Pradesh circle, the expenditure of superspeciality treatment in comparison to other states was higher. A committee was constituted by Hqrs. office to examine the reasons for the high incidence of super specialty cases and consequential increase in expenditure. The committee examined the matter and submitted its findings. It also gave following suggestions to curb excessive expenditure on superspeciality treatment-

- a) In some cases referred for superspeciality treatment, the referring doctors are not mentioning the procedure(s) to be performed to improve the condition of the patient. The referring doctors shall write clearly about the procedure (invasive or non invasive) to be performed, if needed while the patient is undergoing treatment in the tie-up hospital. Alternatively the tie-up hospitals may take opinion of the referring doctor (specialist) on e-mail or Fax regarding the procedure/surgery to be performed.
- b) Referral letters do not have the details of the treatment received by patient so far. The referring doctors should write the complete details of the patient in the referral letter. Old prescription slips and treatment papers should be attached with the referral letter. This will help in speedy treatment to our patients and confirm the urgency / need to refer the hospital to tie-up hospital.
- c) The tie-up hospital must take signature of the IP/Beneficiary on the bills at the time of discharge of the patient. The tie-up hospitals may get a proforma duly filled and signed by IP/Beneficiary regarding the satisfactory treatment (therapeutic as well as behavioral) received.
- d) Once the patient is admitted in the tie-up hospital and some additional procedure is to be performed, the tie- up hospital may inform the respective SSMC/MS of the ESIS/ESIC Hospitals.
- e) Tie-up hospitals should raise the bills within three working days of the discharge of the patients so as to rule out malpractices at the end of tie-up hospitals.

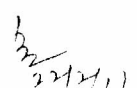
Director General has desired that these suggestions be followed by all concerned. Necessary instructions may also be issued to tie-up hospitals.

Yours faithfully,

(Dr. N.K. Arora)
Dy. Medical Commissioner,
Procurement Cell

Copy to-

1. PS/PPS to DG/FC/MC/CVO
2. DMC(Hqr), DMC(ME), DMC(RC)
3. Director (Finance), JD(F) Procurement Cell
4. ✓ JD(Systems) for uploading on ESIC website


Dy. Medical Commissioner,
Procurement Cell