



# **OPERATIONAL MANNUAL 2014**

## **SUPER SPECIALTY SERVICES**

**Employees' State Insurance Corporation  
Panchdeep Bhawan, C.I.G. Road  
New Delhi-110002**

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# **Operational Manual Super Specialty Services**

## **I. Eligibility Criteria for ESI Beneficiaries for availing full (SST)**

### The criteria for determining eligibility for SST

- i. Eligibility criteria for IP : Minimum 3 months employment and payment of 39 days contribution (During these three months)
- ii. Eligibility for Family/Dependents: Minimum 6 months employment and payment of 78 days contribution (During these six months)

**The eligibility for SST shall be determined from the date of registration of IP on IP portal.**

## **II. Procedure for referrals of Non emergency cases for SST**

1. The patient should be recommended for referral by a Specialist for SST, after following specified clinical pathway (if feasible) or by following specified guidelines in this regard. If the nature of the disease is such that the specialist concerned is not able to decide the procedure required, he/she would refer the patient to super specialist (if required, in a tie up hospital) for specific opinion. After obtaining the opinion, reference for SST shall be made for carrying out specific procedure, as far as practicable to a tie-up hospital other than the hospital from where super specialist opinion was sought in the first instance.

2. After confirmation of the diagnosis the concerned specialist/medical officer shall mention the diagnosis clearly without any ambiguity and write on the OPD slip “**Referred to tie-up hospital for ----- treatment/procedure**” without specifying the name of tie-up hospital.

The patient shall be guided to referral section of the ESI hospital for completion of the documents and issue of referral letter. The patient/attendant shall submit all the required documents in the referral section. The list of documents to be submitted by the patient are listed in **Annexure-C**

3. The procedure to be adopted in referral section

- i. The referral section of the ESI hospitals will display clearly the list of documents required to be submitted by patients at a prominent location of referral section of the hospital for patients’ convenience.
- ii. The entitlement for SST of the referred patients will be checked by referral section on IP portal.
- iii. All the documents shall be verified by the referral section as listed in **Annexure-C**.
- iv. The referral shall be examined by a committee of doctors constituted by Medical Superintendent comprising of DMS, and minimum two other doctors who would be specialists and/or medical officers authorised by the medical superintendent and decide the necessity of referral based on the services not available in the hospital or services that

cannot be provided within a reasonable time. It is pertinent to mention here that patients will be referred for specific treatment/procedure/investigation listed in CGHS compendium clearly mentioning the procedure/treatment required, along with code number of the treatment/procedure/investigation. It may also be noted that the patients should be referred only for the treatment/procedure which are not available in the hospital or cannot be provided within the reasonable time. The committee shall also facilitate the patient to select the tie-up hospital and after the tie-up hospital is selected by the patient the committee will write name of the tie-up hospital based on the patient's choice. After decision of the committee for referral of the patient to tie-up hospital, all the committee members/Chairman will sign on the referral proforma and affix stamp/s to avoid any misuse.

- v. The staff posted in facilitation centre of the hospital shall facilitate and guide the patient to avail SST. The facilitation centre shall display the list of all tie-up hospitals with concerned Super-specialty/ies for which tie-up arrangement has been done.
- vi. The referral letter shall be handed over to the patient/attendant without any delay on the same day.
- vii. The patient shall report to referred tie-up hospital as early as possible but not later than seven days from the date of issue of referral letter. Validity of the referral letter is seven days.

After 7 days the referral letter would require revalidation by concerned MS/SMC.

### **III. Referrals of Emergency cases**

It implies that patient comes to the emergency department of ESI Hospital outside normal working hours. In such case, emergency duty medical officer will assess and if required refer the patient for SST along with a detailed clinical note to be prepared as per the procedure for non-emergency referral. The emergency duty medical officer will submit the details of the case to the MS on the next day for review and follow up action, if any. MS may decide to send a team of doctors to the tie up hospital for verification. As far as possible, the patient in emergency should be examined by the specialist concerned available at the emergency; or the CMO/Senior resident available on emergency duty shall consult concerned Specialist/superiors over phone before making emergency referral for SST.

### **IV. Direct Admissions**

Cashless SST shall be provided to only those ESI beneficiaries who have been referred to 'Tie-up' hospitals following the procedure mentioned earlier. Patients going to tie-up hospitals without being referred as such by the ESI system shall not be eligible for cashless services. They may be provided SST services on reimbursement basis in case it is found that it was a dire life threatening emergency and the condition of patient would have severely deteriorated if he had gone to ESI Hospital for reference. (This is as per the prevailing practice in Armed Forces Medical Services and Railways Medical Services.) The reimbursement is subject to above

conditions and the reimbursement shall be restricted to CGHS packages rates or actual expenses whichever is lower.

## **V. Directions/Instructions for Tie-up Hospitals**

1. The tie-up hospital will honour the referral letter issued by ESI hospitals and will provide medical care on priority basis. The tie-up hospital will provide medical care as specified in the referral letter; no payment will be made to tie-up hospitals for treatment/procedure/investigation which are not mentioned in the referral letter. If the tie-up hospitals feel necessity of carrying out any additional treatment/procedure/investigation in order to carry out the procedure for which patient was referred, the permission for the same is essentially required from the referring hospital either through e-mail, fax or telephonically (to be confirmed in writing at the earliest). The tie-up hospitals will not charge any money from the patient/attendant referred by ESIC System for any treatment/procedure/investigation carried out. If it is reported that the tie-up hospital has charged money from the patient then the concerned tie-up hospital may attract action for de-empementment/blacklisting. All the drugs/dressings used during the treatment of the patient requiring reimbursement should be of generic nature. All the drugs/dressings used by the tie-up hospital requiring reimbursement should be approved under FDA/IP/BP/USP pharmacopeia or DG ESIC Rate Contract. Any drug/dressings not covered under any of these pharmacopeia will not be reimbursed. Food supplement will not be reimbursed.

2. It shall be mandatory for the tie up hospital to send a report online to the MS concerned on the same day or the very next working day on receipt of referral, giving details of the case, their specific opinion about the treatment to be given and estimates of treatment **(Annexure-E)**.
3. The tie-up hospitals shall raise the bills on their hospital letter head with address and e-mail/fax number of the hospital, as per the P-II & P-III format enclosed in **Annexure-B**. The tie-up hospitals shall raise the bills with supporting documents as listed in P-III duly signed by the authorised signatory. The specimen signatures of the authorised signatory duly certified by competent authority of the tie-up hospital shall be submitted to all the referring ESIC/ESIS hospitals and SMC. The bills which are not signed by the authorised signatory and are incomplete or not as per the format will not be processed and shall be returned to concerned tie-up hospital. Any change in the authorised signatory shall be promptly intimated by the tie-up hospitals to all the referring ESI hospitals.
4. The drugs prescribed at the time of discharge of the patient after SST/secondary care treatment shall be issued by tie-up hospital for seven days for which the tie-up hospital can claim Rs. 2000/- or actual cost per patient, whichever is less, in the claimed bill. Afterwards all the medicines shall be issued by the ESIS system.

## **VI. Processing and payment of Bills**

1. **Till the time the system of processing of SST bills in ESIS system is streamlined, the concerned SMC shall continue to process and pay the SST bills of ESIS system. Till 01.01.2015,**



**the sanctioned memo of secondary care and SST bill shall be sent to SMC office for payment. The ESIS system should start processing the SST bill as early as possible but not later than 01.01.2015. From 01.01.2015 the SMC would stop processing and payment of SST and secondary care bills of ESIS system.**

2. The bills received in the ESIC/ESIS/SMC offices shall be paid on first come first served basis i.e. the bills received first must be diarised first, processed first and paid first.
3. All efforts should be made to make payment in time to avoid dissatisfaction amongst tie-up hospitals.
4. All the bills should be processed and paid through ERP module.
5. The DIMSs/SMCs/MSs of ESIC/ESIS hospitals shall closely monitor the scrutiny of the bills in their offices and take corrective actions as and when required.
6. All unpaid/paid bills should be kept in safe custody. All the officials involved in processing of bills shall sign on the bills which they have processed.
7. All paid bills should be serialised before sending to store so that retrieval is easy.
8. The secondary care and SST bills of ESIC hospitals shall be paid by the referring ESIC hospitals.
9. The secondary care tie-up arrangement till now was done by ESIC in the areas where there is more than 25000 IP population and there is no ESIC/ESIS hospital within 25 KM of radius and bills

were paid by concerned SMC. Henceforth, such tie-up arrangement shall be done by DIMS of the concerned State and bills shall also be processed and paid by DIMS/State Govt.

10. All the secondary care and SST bills of patients referred to tie-up hospitals by ESIS hospitals/dispensaries shall be processed by ESIS system. The State Govt may authorise MS/DIMS for processing of these bills.
11. The DIMS will monitor the secondary care and SST bills of ESIS system on monthly basis and submit report quarterly to State Executive Committee.
12. If the IP is working in different State and family is in different State then payment of secondary care bills & super-specialty bills of the IP family shall be made by the referring State and adjustment shall be sent by the DIMS of the referring State to the DIMS of the State where IP is paying contribution.
13. If IP voluntarily select other State for treatment then the bills of secondary/SST shall be paid by the referring State.
14. A monthly report on status of SST (and secondary care) bills as per the format annexed in **Annexure-F,G,H&I** would be submitted by MS of concerned ESIS hospital to ESIC HQrs as well as to DIMS and a quarterly report to the Chairman, State Executive Committee by DIMS.

## **VII. Monthly Review of Referral Cases**

1. Patients for Super Specialty Treatment are referred for a particular procedure. Sometimes, the tie-up hospitals undertake several other procedures that may or may not be related to procedure for which the patient was referred. In cases where additional procedures are required, it is mandatory that the additional procedure is duly approved by the ESI hospital concerned. With a view to ensure this, tie-up bills should be paid only for those procedures that are referred by the ESI hospital concerned either initially or by way of additional approved procedure subsequently.
2. With a view to prevent too many referrals and/or those referrals being made to a particular hospital, all the referrals made in a month shall be reviewed in a meeting to be chaired by MS and attended ~~to~~ by all the Specialist doctors concerned. Among other issues, the three important issues to be discussed in this committee would be :-
  - i. The necessity of referral.
  - ii. Prescribed procedure was followed or not.
  - iii. Whether too many patients were selected to be referred to a particular hospital and whether it required monitoring.

### **VIII. Audit of Referrals**

1. The monthly meeting for review of SST expenditure should be preceded by monthly audit of referrals made from the hospitals, i.e. ESIC & ESIS.
2. All concerned MSs of ESIS hospitals shall submit a report monthly in r/o number of referrals super-specialty wise & tie-up hospital wise to DIMS. The audit report shall be prepared by at least two

doctors nominated by the DIMS. The DIMS will submit the same report quarterly to State Executive Committee.

3. Vigilance Medical Officer, ESIC shall conduct random checking of referrals made by ESIC hospitals. A similar system may be adopted by the States for audit of the referrals made by ESIS hospitals/dispensaries.
4. Further, the audit report in respect of referrals as well as minutes of the monthly meeting in this regard shall be submitted for consideration of the ensuing meeting of the State Executive Committee.

#### **IX. Chemotherapy Medicines**

5. As far as Chemotherapy drugs are concerned, the anti cancer drugs available in Indian Pharmacopeia, British Pharmacopeia or US Pharmacopeia and DG-ESIC Rate Contract, shall only be reimbursed. The drugs which are not available in any of the standard Pharmacopeia will not be reimbursed. This is being duly incorporated in the MoU with the tie up hospital (**Annexure-J**). Moreover to the extent possible, anti cancer medicine should be issued by the referring ESI Hospital. In due course, it shall be made mandatory.

#### **X. Prevention of unnecessary referrals from dispensaries to tie up hospitals.**

1. For any referral from dispensary to tie up hospital for secondary care/SST (wherever such referral is admissible), the dispensary in-charge shall send a copy of the referral to DIMS Office so as to

reach DIMS Office within 48 hours. It is preferable, if it is sent electronically.

2. The tie up hospital shall invariably send a scanned copy of the referral along with diagnosis and treatment required to DIMS on line within 24 hours of receipt of referral from the dispensary concerned.

## **XI. Audit and Inspection Unit**

An Audit and Inspection Unit of ESIC Headquarter would carry out, inter-alia, the following functions:-

- ✓ Exception Monitoring regarding tie up hospitals
- ✓ Management Information System
- ✓ Performance review of tie up Hospitals.

A quarterly report is to be prepared; listing top 50 tie up hospitals in the country in terms of expenditure incurred on referrals, along with number of beneficiaries treated and average expenditure per beneficiary of all the ESIC and ESIS hospitals. This shall be analyzed in the light of previous quarter data. At the same time independent annual review of tie up hospitals will be done and performance report prepared and submitted every year to the Standing Committee. Based on the performance review report, key performance indices shall be revised for further reviewing the performance.

## **XII. Audit of bills**

### **A. Audit of SST bills**

1. All bills for which expenditure is sanctioned by the DIMS/SMC /MS, ESIC hospital shall be kept at the respective offices and the responsibility of audit of expenditure shall rest with the respective officer.
2. The Medical Vigilance Officer, ESIC shall conduct post audit of SST bills on random basis in ESIC hospitals.
3. The Medical Vigilance Officer shall also randomly visit tie up hospital to check patients under treatment.
4. A similar system of audit of bills may be adopted by the States.

#### **B. Audit of Secondary Care Bills**

1. All secondary care bills, except bills pertaining to secondary care referrals made by ESIC hospitals, shall be sanctioned by Director, Insurance Medical Services (DIMS).
2. The sanctioning authority shall keep all the bills in safe custody and the responsibility of audit of expenditure shall rest with the sanctioning authority.
3. The Medical Vigilance Officer, ESIC shall conduct post audit of secondary care bills relating to referrals made by ESIC hospitals, on random basis.
4. A similar system of audit of bills may be adopted by the States.

#### **XIII. Criteria for Empanelment/de-empanelment and blacklisting of Tie-up Hospitals**

A specific proposal is being submitted for consideration of MSME sub-Committee.

#### **XIV. Procedure for Empanelment of tie-up hospitals**

### **A. Empanelment for Super specialty Treatment (SST)**

1. The SMC shall process all the empanelment of tie-up hospital for SST and will submit to State Executive Committee for approval.
2. The tie-up arrangement would be made with all CGHS approved hospitals/institutions (whether public or private) in the State on the CGHS rates and terms and conditions. For tie-up consent may be obtained from the empanelled hospitals.
3. The areas where CGHS recognised hospitals are not available, PSU recognised hospitals may be recommended for empanelment after inspection, if PSU recognised hospitals are not available then private medical insurance company recognised hospitals may be recommended for empanelment after inspection, in case none of the above hospital is available then through advertisement the empanelment may done.
4. It may be ensured that all areas where IPs are concentrated and covered, they are not required to unnecessarily travel long distances for availing SST services, therefore, tie-up, facility should be available at nearest possible location.
5. In the State where there is no CGHS approved hospital or the approved hospitals are not adequate or not available in the areas where IPs are concentrated, new tie-up arrangements are to be made on the CGHS rates applicable in the State or of the neighbouring State by inviting offers from reputed hospitals providing SST services.
6. The hospitals which are already recognised by CGHS (list is available on CGHS website) may be recommended for empanelment by SMC, after seeking their willingness, without any inspection.

7. The hospitals which are not recognised by CGHS may be recommended for empanelment by SMC based on the report of the committee of specialists/medical officers. SMC shall constitute a committee of specialists/doctors for inspection of the hospital to be empanelled. The specialists/doctors shall be from ESIC/ESIS hospital. The inspection shall be as per the criteria for empanelment **Annexure-D**.
8. The criteria of empanelment, rates, terms and conditions shall be same as laid down by CGHS. The SMC/DIMS may relax the CGHS criteria wherever the tie-up hospital(s) are not fulfilling the CGHS criteria and there is urgent need for tie-up. Prior approval of relaxation of CGHS criteria is to be obtained from the State Executive Committee (by recording the reasons for the same).
9. The committee shall visit and inspect the hospital for tie-up and submit the inspection report to SMC. The SMC after examination of the report will submit the proposal for approval of empanelment for tie-up to State Executive Committee.
10. The empanelment shall be initially for a period of two years which may be extended for another one year with mutual consent.
11. The scope of services to be covered under SST are as under:
  - i. Any treatment rendered to the patient at a tertiary centre/SST hospital by a super specialist
  - ii. Cardiology and cardiothoracic vascular surgery
  - iii. Neurology and neurosurgery
  - iv. Pediatric surgery
  - v. Oncology and onco surgery
  - vi. Urology/Nephrology
  - vii. Gastroenterology and GI surgery



- viii. Endocrinology and endocrine surgery
  - ix. Burns and plastic surgery
  - x. Reconstruction surgery
  - xi. Super specialty investigations: this will include all the investigations which requires intervention and monitoring by super specialist in the disciplines mentioned above. In addition the following specialised investigations will also be covered under SST:
    - a. CT scan
    - b. MRI
    - c. PET scan
    - d. Eco cardiography
    - e. Scanning of other body parts
    - f. Specialised bio-chemical and immunological investigations
    - g. Any other investigation costing more than Rs. 3000/- per test
12. The inter State referral of SST case shall be done by SMC. The payment of such cases shall be made by SMC concerned, of the referring State and adjustment is to be sent to the State where contribution of IP is paid.
13. No TA/DA shall be payable to the patient and their family members in all those cases where the patients themselves have decided to go to other State for getting the treatment.
14. The drugs prescribed at the time of discharge of the patient after SST treatment shall be issued by ESIS Dispensary.
15. The criteria of de-empanelment and blacklisting of hospitals shall be clearly mentioned in the MoU with tie-up hospitals.

16. The State Executive Committee is empowered to approve empanelment, de-empanelment and blacklisting of hospitals for SST, on a proposal submitted in this regard by SMC.

**B. Empanelment for Secondary Care**

1. The DIMS shall do the entire processing for proposing for all the secondary care tie-up to State Executive Committee for approval, including secondary care tie-up required for ESIC hospitals.
2. Till the time this empanelment system is streamlined and actual tie-up is approved by the State Executive Committee, the existing tie-up arrangement shall continue.
3. The methodology of empanelment shall remain same as mentioned for SST.
4. Tie-up arrangement already made by the State Govt for secondary care will continue on the same terms and conditions and SMC/MS may adopt the same till State Executive Committee approves the tie-up list for future.
5. The State Executive Committee is empowered to approve empanelment, de-empanelment and blacklisting of hospitals for secondary care also.

***The list of all the SST and secondary care tie-up hospitals of the State shall be uploaded on ESIC website i.e. [www.esic.nic.in](http://www.esic.nic.in) and shall be made available in all the ESIC offices and ESIC/ESIS hospitals. This list shall be updated at regular interval for the convenience of ESI beneficiaries.***

## **XV. High Cost Treatment**

1. The ESIC will bear the full cost of treatment, wherever CGHS package rates are available up to the limit of package rate.
2. Upper limit on the expenditure for procedures not covered under CGHS package rates would be Rs. 10 lac per beneficiary per year.
3. Cases involving expenditure of more than Rs.10 Lac may be considered only as an exception and on reimbursement basis. The reimbursement proposal of such cases shall be submitted to Hqrs. Office for consideration and approval by ESI Corporation, on case to case basis.
4. In respect of children of IP, congenital diseases and genetic disorders will be eligible for coverage up to the ceiling mentioned earlier only in case the child is born after the IP had become eligible for SST.
5. In case of malignancy and chronic renal failure, pre-existing disease will not be eligible for coverage, so as to prevent potential misuse of SST.
6. Dialysis is brought back within the definition of SST; as such cases invariably require renal transplant and lifelong treatment, both before and after the renal transplant.
7. In respect of organ transplant and bone marrow transplant, the payment shall be restricted only to the rates applicable for related donor. This will reduce potential misuse. Further, in respect of organ transplant involving the malignancy, the organ transplant is restricted to transplant of the organ having primary malignancy. This will also prevent considerable potential misuse of this facility by the tie up hospitals.

8. Treatment in case of malignancy at tie up hospitals shall be eligible only for surgery/Chemotherapy/Radiotherapy. Any additional treatment/procedure shall require specific recommendation by Medical Board, duly constituted for the purpose by the ESI Hospital concerned.
9. The cost of artificial limbs is to be restricted to a ceiling of Rs.1.00 lac. (Most of non electronic limbs are available much below this amount. The cost of electronic limbs is very high. The electronic limbs can be considered under ESI Scheme only when its cost comes down significantly and below this amount).

#### **xvi. MoU with Tie-up Hospitals**

The updated MoU based on the terms and conditions of CGHS and decisions of the Corporation is annexed at **Annexure-I**.

**Annexure-A (PI)**

**Letterhead of Referring ESI Hospital (P-I)**

**Referral Form (Permission letter)**

Referral No : Insurance No/Staff Card No/  
Pensioner Card No :  
Name of the Patient :  
Address/Contact No : Age/Sex :  
Identification marks :  
IP/Beneficiary/Staff :  
Relationship with IP/Staff : F/M/W/S/D/Other  
Entitled for Specialty/Super Specialty : Yes/No  
Diagnosis/clinical opinion/case :  
Summary along with relevant  
treatment given/ Procedure/investigation  
done in ESIC hospital  
Treatment/procedure/SST investigation for :  
which patient is being referred  
**(mention specific diagnosis for referral)**

Photograph  
Of Patient  
duly attested  
by hospital  
authority

I voluntarily choose \_\_\_\_\_ Tie-up Hospital for treatment of self or my \_\_\_\_\_

**Sign/Thumb Impression of IP/Beneficiary/Staff**

Referred to \_\_\_\_\_ Hospital/Diagnostic Centre for  
\_\_\_\_\_

**Sign & Stamp of Authorized Signatory \*\***

**\*\* In case of emergency, signature of referring doctor & Casualty Medical Officer. Record to be maintained in the register. New form duly filled will be sent after signature of the competent authority on the next working day.**

### **Mandatory Instructions for Tie-up Hospital**

1. Referral hospital is instructed to perform only the procedure/treatment for which the patient has been referred.
2. In case of additional procedure/treatment/investigation is essentially required in order to treat the patient for which he/she has been referred to, the permission for the same is essentially required from the referring hospital either through e-mail, fax or telephonically (to be confirmed in writing at the earliest).
3. The referred hospital has to raise the bill as per the agreement on the standard proforma along with supporting documents within 15 days of discharge of the patient giving account number and RTGS number etc.
4. Food supplement will not to be prescribed/reimbursed.
5. Only Generic medicine to be used wherever possible.
6. Only those medicine to be used which are FDA/ IP/ BP or USP approved.

### **Checklist of documents to be sent by referring ESIC/ESIS hospital to tie-up hospital**

1. *Duly filled & signed referral proforma.*
2. *Copy of Insurance Card/Photo I card of IP.*
3. *Referral recommendation of the specialist/concerned medical officer.*
4. *Attested copy of entitlement evidence of Specialty/super specialty treatment.*
5. *Reports of investigations and treatment already done.*
6. *One additional Photograph of the patient.*

***Signature of Competent Authority\*\****

**Annexure-B (PII-PVI)**

**To be used by Tie-up hospital (for raising the bill) (P-II)**

**Letterhead of Hospital with Address & Email/Fax/Telefax number**

**(NABH accredited/ Superspecialty Hospital)**

(Attach documentary proof)

**Individual Case Format**

Name of the Patient : Referral S.No.(Routine) /  
Emergency/ through SMC :

Age/Sex :

Address :

Contact No :

Insurance Number/Staff Card No/Pensioner  
Card no. :

Date of referral :

Date of Admission

Date of Discharge

Diagnosis :

Condition of the patient at discharge :

Photograph  
Of the Patient  
verified by tie-  
up hospital  
authority

**(For Package Rates)**

Treatment/Procedure done/performed :

**I. Existing in the package rate list's**

CGHS/other Code no/nos for chargeable procedures :

S.No.	Chargeable Procedure	CGHS Code no with page no (1)	Other if not on (1) prescribed code no with page no	Rate	Amt. Claimed	Amount Admitted	Remarks

Charges of Implant/device used .....

Amount Claimed..... Amount Admitted      Remarks

**II. (Non-package Rates) For procedures done (not existing in the list of packages rates)**

S.No.	Chargeable Procedure	Amt. Claimed	Amount Admitted	Remarks

**III. Additional Procedure Done with rationale and documented permission**

S.No.	Chargeable Procedure	CGHS Code no with page no (1)	Other if not on (1) prescribed code no with page no	Rate	Amt. Claimed	Amount Admitted	Remarks

Total Amount Claimed (I+II+III) Rs. ....

Total Amount Admitted (I+II+III) Rs. ....

Remarks

**Sign/Thumb impression of patient**

**Sign & Stamp of Authorized Signatory**

(for Official use of ESIC)

Total Amt payable:

Date of payment :

Signature of Dealing Assistant

Signature of Superintendent

**Signature of Competent Authority (MS/SMC/SSMC)**



**To be used by Tie-up hospital (P-III)**  
**Letterhead of Hospital with Address & Email/Fax/Telefax**

**Consolidated Bill Format**

Bill No .....

Date .....

**Bill details (Summary)**

SNo	Name of patient	Ref. No	Diag./Procedure for which referred	Procedure Performed/ treatment given	CGHS/other Code (with page) No/Nos/N.A	Charges not in package rates list	Amount Admitted	Amount entitled	Remarks

**Total Claim.**

Certified that the treatment/procedure has been done/performed as per laid down norms and the charges in the bill has/ have been claimed as per the terms & conditions laid down in the agreement signed with ESIC.

It is also certified that all the implants, devices etc used are charged at lowest available market rates.

Further certified that the treatment/ procedure have been performed on cashless basis. No money has been received /demanded/ charged from the patient/ his/her relative.

The amount may be credited to our account no \_\_\_\_\_ RTGS no \_\_\_\_\_ and intimate the same through email/fax/hard copy at the address.

**Signature of Competent Authority**

**Checklist**

1. *Duly filled up consolidated proforma.*
2. *Duly filled up Individual Pt Bill .proforma.*
3. *Discharge Slip containing treatment summary & detailed treatment record.*
4. *Bill(s) of Implant(s) / Stent(s) /device along with Pouch/packet/invoice etc.*
5. *Referral proforma in original, Insurance Card/ Photo I card of IP/ Referral recommendation of medical officer & entitlement certificate. Approval letter from SMC/SSMC in case of emergency treatment or additional procedure performed.*
6. *Sign & Stamp of Authorized Signatory.*

**Certificate: It is certified that the drugs used in the treatment are in the standard pharmacopeia IP/BP/USP/FDA.**

**Signature of Competent Authority**

**Letterhead of Referring ESI Hospital (P-IV)**

**Sanction Memo/Disallowance Memo**

**Name of Referral Hospital (Tie-up Hospital)**

**Bill No .....**

**Bill Date .....**

S. No/Bill No	Name of the Patient & Reference No.	Amount Claimed	Amount Sanctioned/ admitted	Reasons(s) for Disallowance	Remarks

**Signature of Competent Authority**

**Letterhead of Tie-up Hospital with Address details(P- V)**

**Monthly Bill Special Investigations for diagnosis centres/referral Hospitals**

**Bill No .....**

**Bill Date .....**

SNo	Name of the Patient & Insurance /Staff no	Date of Reference	Investigation Performed	CGHS/ other code no with page no	<b>Charges not in package rates list</b>	Amount Claimed	Amount Admitted (entitled)	Remarks Disallowances with reasons

Certified that the procedure/investigations have been done/performed as per laid down norms and the charges in the bill has/ have been claimed as per the terms & conditions laid down in the agreement signed with ESIC.

Further certified that the procedure/investigations have been performed on cashless basis. No money has been received /demanded/ charged from the patient / his/her relative.

The amount may be credited to our account no \_\_\_\_\_ RTGS no \_\_\_\_\_ and intimate the same through email/fax/hard copy at the address.

**Signature of Competent Authority**

**Checklist**

1. Investigation Report.
2. Referral Document in original.
3. Serialization of individual bills as per the Sr. No. in the bill.

**Signature of Competent Authority**

**PATIENT/ATTENDANT SATISFACTION CERTIFICATE (P-VI)**

**I am satisfied/ not satisfied with the treatment given to me/ my patient and with the behavior of the hospital staff.**

**If not satisfied, the reason thereof.**

**No money has been demanded/ charged from me/my relative during the stay at hospital.**

**Sign/Thumb impression of patient/Attendant  
Name  
Phone No.**

**List of documents to be submitted by patients in referral section of  
the hospital**

- 1.** Copy of ESI Card.
- 2.** Referral recommendation of the specialist/concerned medical officer.
- 3.** Reports of investigations and treatment already done.
- 4.** Two Photographs of the patient.
- 5.** In case of dependent parents : undertaking by IP that income of his parents does not exceed Rs.60000/- per annum.

### Format for inspection of hospital for tie-up

Name and address of the hospital:.....

S.No.	Facility	Status	Remarks
1.	Total beds		
2.	Date of commissioning		
3.	Non NABH/NABH/NABH SST (documentary evidence)		
4.	List of treatment/procedures/ investigations/facilities available		
5.	State registration certificate/ Registration with Local bodies, wherever applicable		
6.	Compliance with all statutory requirements including that of Waste Management		
7.	Registration under PNDT Act, if Ultrasonography facility is available.		
8.	AERB/BARC approval for imaging facilities/Radiotherapy, wherever applicable		
9.	Certificate of Registration for Organ Transplant facilities, wherever applicable		
10.	Manpower as per requirement of Secondary/SST for which the hospital to be empanelled		
11.	Equipments details		
12.	Photo copy of PAN Card		
13.	Name and address of their bankers		
14.	An undertaking accepting the terms and conditions spelt out in the Memorandum of Agreement		
15.	Annual turnover		

**Recommendations of the inspection team: -----**

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**Signatures of all the committee members**

**To be used by Tie-up hospital**  
**Letterhead of Hospital with Address & Email/Fax/Telefax**

**ESTIMATES**

Date:.....

This is to inform that Mr. / Mrs. \_\_\_\_\_  
aged \_\_\_\_\_ S/o, D/o, F/o, W/o, H/o, Mr./Mrs. \_\_\_\_\_ working  
in \_\_\_\_\_ ESI Card No. \_\_\_\_\_ has  
been/has to be admitted on \_\_\_\_\_ for \_\_\_\_\_.

The details of the estimated expenditure is as under:

Rs.

1. Room rent \_\_\_\_\_ x \_\_\_\_\_ days \_\_\_\_\_  
(General ward)
2. ICU/ ICCU/ \_\_\_\_\_ x \_\_\_\_\_ days \_\_\_\_\_
3. Post operative ward \_\_\_\_\_ x \_\_\_\_\_ days \_\_\_\_\_
4. Package charges for \_\_\_\_\_  
package include \_\_\_\_\_ days stay and \_\_\_\_\_
5. Charges for \_\_\_\_\_  
(where package is not applicable)
6. Pharmacy approximately \_\_\_\_\_
7. OT consummable & Disposables \_\_\_\_\_
8. Diagnostic investigations \_\_\_\_\_
9. Implants (if any) \_\_\_\_\_
10. Other (please specify) \_\_\_\_\_

The above estimate is tentative and will not be/should not be interpreted as the final bill.

Signature of authorized signatory of tie-up hospital  
With seal

**Annexure-F**

**SMC/DIMS Office/ESIC HOSPITAL  
Monthly status of pendency of SST bills**

Name of State.....

Period .....

**Status of SST bills\***

S.No.	Month	Bills at beginning of the month		Bills received during the month		Bills liquidated during the month		Pendency of bills at the end of the month	
		No. of bills	Tentative amount	No. of bills	Tentative amount	No. of bills	Tentative amount	No. of bills	Tentative amount
1									
2									
3									
4									
5									

\*To be submitted to HQrs office and State Executive Committee in first week of every month

Reason for pendency: .....

Action plan for liquidation of bills: .....

Sd/-

SMC/DIMS/MS, ESIC Hospital



**SMC/DIMS Office/ESIC HOSPITAL**

**Monthly status of superspecialty-wise payment of bills**

Name of State.....

Period .....

**Status of SST bills – Superspecialty-wise\***

<b>Sr. No.</b>	<b>Superspecialty</b>	<b>Total Cases</b>	<b>% of total case</b>	<b>Total expenditure</b>	<b>% of total expenditure</b>
1.	Cardiology				
2.	Oncology				
3.	Nephrology				
4.	Others				
<b>5.</b>	<b>Total</b>				

\*To be submitted to HQrs office and State Executive Committee in first week of every month

Reason for pendency: .....

Action plan for liquidation of bills: .....

Sd/-

SMC/DIMS/MS, ESIC Hospital

**SMC/DIMS Office/ESIC HOSPITAL**

**Monthly status of pendency of Secondary care bills**

Name of State.....

Period .....

**Status of secondary care bills\***

S.No.	Bills at beginning of the month		Bills received during the month		Bills disposed off during the month		Pendency of bills at the end of the month	
	No. of bills	Tentative amount	No. of bills	Tentative amount	No. of bills	Tentative amount	No. of bills	Tentative amount
1								

\*To be submitted to HQrs office and State Executive Committee in first week of every month

Reason for pendency: .....

Action plan for liquidation of bills: .....

Sd/-

SMC/DIMS/MS, ESIC hospital

## Annexure-I

### DIMS Office/ESIC HOSPITAL Hospital-wise and SST-wise Referral of patients

Name of State.....

Period .....

**Status of Monthly Referrals for top hospitals covering about 80% of the referrals by expenditure \***

Sr. No.	Name of tie-up hospital	Cardiology cases	Nephrology cases	Oncology cases	Others	Total cases
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

\*To be submitted to HQrs office and State Executive Committee in first week of every month

Sd/-

DIMS/MS, ESIC Hospital