



ESIC
Chinta Se Mukti

कर्मचारी राज्य बीमा निगम अस्पताल आदित्यपुर
Employees' State Insurance Corporation Hospital Adityapur
(ISO 9001:2008 Certified)

श्रम एवं रोजगार मंत्रालय, भारत सरकार

Ministry of Labour and Employment, Govt. of India

साल्डीह बस्ती, आदित्यपुर, जिला – सरायकेला खरसावाँ, पिन – 831013

Saldih Basti, Adityapur, Distt. - Saraikela Kharsawan, Pin - 831013

वेबसाइट : www.esic.nic.in , फोन नं : 0657-2383866, ई-मेल : ms-adityapur@esic.in

No. 603 – U /16/51/Tie-up/2009

Date : 08/08/2014

NOTICE FOR EXPRESSION OF INTEREST FOR EMPANELMENT EXCLUSIVELY FOR HEMODIALYSIS

DOCUMENT COST RS 1000/-(Non Refundable)

(Please read all terms and conditions carefully)

The Medical Superintendent, ESIC Hospital Adityapur, Saldih Basti, Adityapur, Distt. Saraikela Kharsawan, invites Expression of Interest for a period of two years. from Government/Semi- Govt/CGHS approved/Private Hospitals for Empanelment of centres for Hemodialysis which is not available in ESIC Hospital Adityapur, on cashless basis as per CGHS Rates 2010 in sealed envelope. Application forms along with Terms and conditions can be downloaded from the website at www.esic.nic.in. Duly filled in forms, complete in all respect should reach the office of the Medical Superintendent, ESIC Hospital Adityapur by **25/08/2014 upto 1415 hrs.**

The Expression of Interest will be opened on **25/08/2014** in the office of The Medical Superintendent, ESIC Hospital Adityapur at **1430** hrs. in presence of participants or their authorized representative(s), who choose to be present. If the opening date happened to be a holiday, it will be accepted & opened on next working day. The Hospitals who have already empanelled for Hemodialysis with this Hospital should also give their expression of interest afresh alongwith form & cost of form, necessary enclosures need to apply afresh, otherwise their agreement would be treated as cancelled on respective due dates **and in case of new agreement with existing empanelled centre the existing agreement will be ceases to apply.**

DOCUMENT COST RS 1000/-(Non Refundable):-

Party downloading the form from website shall have to deposit **RS 1000/-(Non Refundable)** separately as document Cost in form of DD drawn on any nationalized bank in favour of ESI Fund Account No. 1 payable at Jamshedpur.

Document Acceptance: Documents may be dropped either in the box earmarked for the purpose or be sent by Registered post. Documents received by Ordinary post shall not be accepted at all. Document received after the scheduled date and time shall be rejected out rightly.

CONDITION FOR OPENING OF DOCUMENTS/BIDS

EOI Document will be outrightly rejected if any technical condition is not fulfilled. Photocopy of necessary certificates (as per Annexure-1 & Annexure-2) should be attached with technical bid. Participants will be informed about date and time of inspection of their centre by a duly Constituted Committee on the address given in Document form.

CONDITIONS for Award of contract.

Only those applications will be considered for Award of contract who fulfill all technical conditions as well as found fit for empanelment after inspection by the technical committee constituted by the Medical Superintendent ESIC Hospital Adityapur. **However the Medical Superintendent, ESIC Hospital Adityapur reserves the right to reject any or all the expression of interest(s) without assigning any reason thereof.**

1. The empanelment will be done on CGHS Rates or the actual rate whichever is less. CHGS Rates mean CGHS 2010 rates revalidated by the Department of Health and Family Welfare, Ministry of Health and Family Welfare, Govt. of India Office Memorandum No. S 11041/23/2009 – CGHS (Hosp. Cell)/CGHS (P)/PT – IX dtd. 15.10.2012. Rates of Hemodialysis should be as per Revised CGHS RATES (Ranchi). CGHS (Patna) rates will be applicable where CGHS (Ranchi) package rates are not available. CGHS (Kolkata) rates will be applicable where CGHS (Ranchi) and CGHS (Patna) package rates are not available.

2. Award of contract may be given to one or more participants fulfilling the criteria and found fit by the Medical Superintendent.
3. **Successful Participants shall have to deposit a security amount of Rs. 50000/- (Rupees Fifty Thousand only) in form of Account payee demand draft, fixed deposit receipt, banker's cheque or bank guarantee from any of the nationalized banks, having validity of 24 plus 2 months (60 days extra from the expiry of contract) and will be refunded after termination/completion of contract without any interest and in case of extension of agreement the tie-up hospital shall have to take necessary step to deposit security deposit. Without security deposit the tie-up agreement will not be extended.**
4. Expression of Interest form duly signed alongwith duly filled in Annexures shall be submitted to the Office of the Medical Superintendent ESIC Hospital Adityapur by 25/08/2014, 1415 Hrs.
5. Forms may be downloaded from ESIC website (www.esic.nic.in). Party downloading the form shall have to deposit separately Tender document Cost **RS 1000/- (Non Refundable)** in form of DD drawn on any nationalized bank in favour of ESI Fund Account No. 1 payable at SBI, Jamshedpur Branch. Forms may also be collected from ESIC Hospital Adityapur in person with application on letter head alongwith a Demand Draft of Rs. **1000/- (Non Refundable)** drawn on any nationalized bank in favour of ESI Fund Account No. 1 payable at Adityapur
6. The applications, if received, from the Institution which was de-empanelled by ESIC/ESIC Hospital Adityapur shall be taken/not be taken into consideration (as per Hqrs. verdict in the matter). Final decision of MS ESIC Hospital Adityapur shall be binding on the Institution.
7. The successful participants shall have to sign an agreement on Non – Judicial Stamp paper of Rs. 100/- and incidental charges related to agreement shall be borne by the Empanelled centre. Agreement will be effective w.e.f date of signing of the agreement.
8. Hemodialysis facility available at participating hospitals shall be furnished in ANEXXURE 2
9. The Expression of Interest will be rejected outrightly if the same is not submitted in accordance with the terms and conditions of the EOI documents with all it's enclosures as per Annexures.

Enclosures :

- (a) **MINIMUM REQUIREMENT OF HOSPITAL/EMPANELLED CENTRE FOR EMPANELLMENT FOR HEMODIALYSIS**
- (b) **GENERAL TERMS AND CONDITIONS**
- (c) **Annexures as per below details :-**
 - Annexure 1 – Description of Participating Hospital**
 - Annexure 2 – Availability of Facilities for Hemodialysis**
 - Annexure 3 – Permission Letter (Proforma P – I)**
 - Annexure 4 – Format for Raising the Bill (Proforma P – II)**
 - Annexure 5 – Consolidated Bill Format (Proforma P – III)**
 - Annexure 6 – Patient/Attendant Satisfaction Certificate (Proforma P – VI)**
 - Annexure 7 – Undertaking**
 - Annexure 8 – Daily Report**
 - Annexure 9 – Proforma for furnishing actual rates Hemodialysis**

(The participating hospitals shall submit the duly filled in Annexures wherever applicable alongwith duly signed remaining portions/annexures (General Terms & Conditions and Annexures which are not required to be filled in)

Check List :

Please check following points before submitting Expression of Interest :-

	Particulars	Whether Submitted, Filled in (Write Yes/No)
1.	Demand Draft of Rs. 1000/- payable in favour of ESIC Fund A/c No. 1 towards cost of Expression of Interest Documents	
2.	Whether Minimum Requirement for empanelment for Hemodialysis is fulfilled	
3.	Duly filled in Annexure – 1 (Alongwith necessary documents as sought for)	
4.	Duly filled in Annexure – 2 (Alongwith necessary documents as sought for)	
5.	Duly filled in Annexure – 8 (Undertaking)	
6.	Duly filled in Annexure – 9 (Rates of Hemodialysis)	
7.	Signed on every page of EOI document apart from above i.e., Minimum Requirement, General Terms & Conditions, Annexures etc.	

MINIMUM REQUIREMENT FOR TIE UP FOR HEMODIALYSIS

1. Minimum No. of running Dialysis Machine : 03

Machine should not be more than 3 years old and the make and model no. of the machine should be mentioned in the prescribed annexure with date of purchase.

2. Other Facility

R O Plant/ Water Treatment plant (in house).

3. Doctors : Treating Doctor by Nephrologist (Part Time/Full Time) should be available at the time of dialysis of referred patient. Medical Officer round the clock and emergency treatment will have to be provided if occurred during dialysis.

4. Paramedical Staff :

Trained Paramedical Staff, Qualified Dialysis Technician must be present.

5. Timing of Centre : 07 days a week minimum 08:00 am to 08:00 pm working hrs per day.

NOTE

- Documentary proof of available facilities, equipments etc. has to be furnished alongwith application.
- Documentary proof of Doctors and technically qualified staff for 24 Hrs emergency services has to be furnished alongwith application.

I. GENERAL TERMS AND CONDITIONS

- (1) Package rate shall mean and include lump sum cost of in-patient treatment/day care/diagnostic procedure for which a ESI beneficiary/ESI STAFF(SERVING AND RETIRED)has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to):
 - (i) Registration charges (ii). Admission charges (iii) Accommodation charges including patient's diet (iv). Operation Charges (v). Injection Charges (vi). Dressing Charges (vii). Doctor/consultant visit charges (viii). ICU/ICCU charges (ix) Monitoring Charges (x). Transfusion charges (xi). Anesthesia charges (xii). Operation Theatre charges (xiii) Procedural charges/Surgeon's fee (xiv). Cost of surgical disposable and all sundries used during hospitalization (xv). Cost of medicines (xvi). All other related routine and essential investigations (xvii). Physiotherapy (xviii) Nursing care charges for its services and all other incidental charges related thereto.
- (2) No extra amount shall be paid on part of expenses incurred on account of toiletries, cosmetics, telephone bills, syringes, cotton, sprit etc.
- (3) Package rates envisages duration of indoor treatment as per CGHS Guidelines.
- (4) Increased duration of indoor treatment due to infection, or the consequences of surgical procedure or due to any improper procedure and if not justified will not be reimbursed.
- (5) The package rate for Hemodialysis is

Name of Treatment	Type	CGHS Rate applicable	Sl. No. in CGHS Rates
Hemodialysis	Sero Negative	Rs. 960/-	782 of CGHS Ranchi 2010
	Sero Positive	Rs. 1200/-	783 of CGHS Kolkata 2010 (No rate available in CGHS Ranchi & CGHS Patna)

The above rates include all incidental expenses including cost of dialyser. It shall also be noted that in case, the actual rate of the empanelled centre is less than CGHS, the actual rate will be applicable. The rates are revised by the CGHS from time to time and the same will be applicable. In case of revision of cghs rate the above ceiling rate will be revised accordingly from date of notification/approval of Medical superintendent ESIC Hospital Adityapur. However the payment to the Tie-up Hospital will be made as per clause "The actual rate of Tie-up Hospital or CGHS rate Ranchi (if CGHS rate Ranchi is not available then CGHS rate Patna, CGHS rate Kolkata ,Delhi, AIMS Delhi rate will be applicable in order) which ever is less."

- (6) A hospital to be empanelled, whose rates for treatment procedure/test are lower than the CGHS prescribed rates, shall charge as per the rates charged by them from Non - ESIC Beneficiaries and will furnish a certificate that rate charged are not more than from Non - ESIC Beneficiaries. Rate list of the hospital/empanelled centre to be submitted along with technical conditions in proforma annexed at Annexure – 9. The actual rate quoted by the Hospital participating in Expression of Interest will remain unchanged till expiry of the contract.
- (7) The empanelled Hospital shall honour permission letter issued by the MS/Doctors authorized by the MS/ ESIC Hospital Adityapur and provide Hemodialysis facility as prescribed in permission letter (Annexure 3). No other type of treatment is to be provided than the such mentioned in the permission letter.
- (8) The hospital/diagnostic centre shall provide treatment on cashless basis to the Insured person and dependent family members/ESI staff (serving and retired) and no amount in any circumstances shall be charged/levied from the patient referred from ESIC.
- (9) The empanelled hospitals shall bear all liability arising due to any default or negligence in providing or proformance of the medical services and shall alone be responsible for the effect and/or deficiencies in rendering such service and also bear any legal liability arising out of such services.
- (10) Patient will be referred with a Permission letter signed by the competent authority. The cases referred between 4 pm to 9 am in next morning (Emergency cases) will be signed by Casualty Medical Officer, the Photostat copy of the same permission letter will be signed by the MS/The Doctors duly authorized by the MS of ESIC Hospital Adityapur next day and will be sent by mail/post.

- (11) Direct admission without referral form should not be entertained at all except in life saving condition. Such cases are to be reported to the MS of ESIC Hospital Adityapur immediately and latest within 24 working hours positively with necessary documents only through authorized representative of empanelled centre. However, Ex-facto approval shall be given by the MS ESIC Hospital Adityapur after having complete and valid justification from the treating hospital, at the sole discretion of by the MS ESIC Hospital Adityapur. In case EX-POST FACTO approval not approved by the MS ESIC Hospital Adityapur for reasons not providing valid justification by Empanelled centre, responsibility lies with empanelled centre for any disputes regarding payment to patients. During the treatment of ESI beneficiary, the empanelled hospitals will not ask the attendant to provide separately the medicine/sundries/equipment or accessories from outside and will provide the treatment within the package rates, fixed by the CGHS which includes the cost of all the items.
- (12) The EMPANELLED CENTRE will treat the ESI beneficiary patient only for the condition for which they are referred with permission, and in the specialty and/or purpose for which they are approved by ESIC. In case of unforeseen emergencies of these patients during admission for approved purpose/procedure, necessary life saving measures be taken and concerned authorities may be informed accordingly later with justification for approval.
- (13) The tie up hospital will not refer the patient to other specialist/other hospital without prior permission of ESIC authorities.
- (14) The empanelled centre will have to report on daily basis to MS ESIC Hospital Adityapur on e-mail address ms-adityapur@esic.in, smc-ranchi.jh@esic.in, regarding statement showing details of ESI Insured person under treatment as per format given at **ANNEXURE 8**, failing which hospital may be de-empanelled.
- (15) Feedback/Patient satisfaction forms duly signed by admitted referred patient must be attached while preferring the bills, failing which bill will not be processed and will be returned back for needful.
- (16) The empanelled centre shall advise the generic name of the medicine prescribed at the time of discharge of the patient, if any. The brand name of the medicine shall strictly be avoided.
- (17) In case of any ambiguity or for Administrative convenience, Medical Superintendent may pass such order(s) and it will be binding on the tie-up Hospital.

II. PAYMENT SCHEDULE

The empanelled hospital/diagnostic centre will send bills along with necessary supportive documents to the Medical Superintendent as soon as bills are generated after discharge of patient for further necessary action. Copy of the discharge slip incorporating brief history of the case, details of procedure done, Discharge summary and any other documents as desired by MS ESIC Hospital Adityapur, treatment given and advised shall be submitted by the hospital along with the **bill in duplicate in prescribed proformas as in ANNEXURE 4 and 5**. The bills must be submitted to this office within 3 to 15 days of discharge of the patient for payment. The bills received after more than 15 days of discharge of the patient shall not be entertained and summarily rejected without assigning any reason thereof. The bill so submitted shall be supported by the Permission letter (P-3) annexure-3 in original. The bill **not** supported by the Permission letter (P-3) annexure-3 in original will not be entertained. The photocopy of Permission letter will also not be accepted and bill will be rejected outrightly.

Incomplete bill(s) in any manner will not be considered for payment and it will be returned to the tie –up hospital for rectification of shortcomings.

The bill(s) raised by the Tie-up Hospital once settled by the Medical Superintendent ESIC Hospital, no plea/representation on disallowance(es)/deduction(s) will be entertained.

If at any stage it is found that the Tie-up Hospital defrauded ESIC Hospital by making false claim(s)/excess claim(s), The amount so defrauded will be recovered /adjusted from the pending bill(s)/security Deposit of the Tie-up Hospital including taking penal action.

If patient is from other state, authority letter of the Senior State Medical Commissioner/ State Medical Commissioner of the concerned State is required to be submitted with the bill of the referring State.

III. DUTIES AND RESPONSIBILITIES OF EMPANELLED HOSPITALS CENTRES

It shall be the duty and responsibility of the hospital at all times, to obtain, maintain and sustain the valid registration recognition and high quality and standard of its services and healthcare and to have all statutory/mandatory licenses, permits or approvals of the concerned authorities as per the existing laws. Display board regarding cashless facility for ESI beneficiary will be required. The documents like referral from ESI Hospital, eligibility etc. must be mentioned on the board. The ESI patient must be entertained without any queue/wait.

IV. DURATION

The agreement shall remain in force for a period of 2 (two) years and may be extended for subsequent period (if satisfactory services to our ESI beneficiaries) at the sole discretion of the Medical Superintendent subject to fulfillment of all terms and conditions of this agreement and with mutual consent. Agreement to be signed on Stamp paper of appropriate value before starting services. Cost of stamp paper and incidental charges related to agreement shall be borne by the Empanelled centre. Agreement will be effective w.e.f date of signing of the agreement.

V. HOSPITAL INTEGRITY AND OBLIGATIONS DURING AGREEMENT PERIOD

The Hospital is responsible for and obliged to conduct all contracted activities in accordance with the Agreement, using state-of-the-art methods and economic principles and exercising all means available to achieve the performance specified in the Agreement. The Hospital is obliged to act within its own authority and abide by the directives issued by the ESIC. The hospital is responsible for managing the activities of its personnel and will hold itself responsible for their misdemeanors, negligence, misconduct or deficiency in services, if any.

VI. LIQUIDATED DAMAGES

Empanelled centre shall provide the services as specified by the ESIC under terms & conditions of this agreement. In case of violation of the provisions of the agreement by the empanelled centre there will be forfeiture of payment of the incoming/pending bills. For over billing and unnecessary procedures, the extra amount so charged will be deducted from the pending/further bills of the Hospital and the ESIC shall have exclusive right to terminate the contract at any time, and also render forfeiture of security amount.

VII. TERMINATION FOR DEFAULT

1. The MS ESIC Hospital Adityapur may, without prejudice to any other remedy and for breach of Agreement in whole or part, terminate the contract.
 - a) The Empanelled Hospitals will not terminate the agreement without giving notice of three (3) months. If they do so security money will be forfeited.
 - b) If the Hospital fails to provide any or all of the services for which it has been recognized within the period(s) specified in the Agreement, or within any extension period thereof if granted by the ESIC pursuant to condition of Agreement or
 - c) If the Hospital fails to perform any other obligation(s) under the Agreement.
 - d) If the Hospital, in the judgment of the ESIC is engaged in corrupt or fraudulent practices in competing for or in executing the Agreement.
 - e) If the hospital fails to follow instruction, guidelines, repeated submission of bills as per Instt. own way and repeated deficiencies etc., the Institution shall be de-empanelled without giving any opportunity.
 - (f) The agreement can also be terminated by the Medical Superintendent ESIC Hospital Adityapur before the expiry of contract period if the Facility starts in ESIC Hospital Adityapur itself.
 - (g) If the Hospital is found to be involved in or associated with any unethical illegal or unlawful activities, the Agreement will be summarily suspended by ESIC without any notice and thereafter may terminate the Agreement, after giving a show cause notice and considering its reply, if any, received within 10 days of the receipt of show cause notice. Terms and conditions can be modified on sole discretion of the First Party only.

VIII. PENALTY CLAUSE

- (A) Patient can't be denied treatment on the pretext of non availability of facility/Specialists failing which treatment may be arranged from other hospital and penalty OF RUPEES 500 (Five Hundred only) will be IMPOSED ON Empanelled hospital against incoming /pending bills/Security money, which will be effective after receiving the written complaint from ESIC beneficiaries/Employees of our hospital.

- (B) In case of premature termination of contract/agreement by the empanelled centre, it will have to deposit Rs Fifty Thousand as penalty to the Medical Superintendent ESIC Hospital Adityapur. Affidavit of appropriate value for the same to be given at the time of agreement. If Hospital hesitate to deposit money the same will be deducted from security money/incoming, pending bills.
- (C) Referring unjustified, adjuvant therapy, Genl. treatment and routine investigations, which are directly admitted by empanelled centre and sent to office of Medical Superintendent ESIC Hospital Adityapur for approval of cashless treatment will lead to first issuance of warning letter to empanelled centre for not sending such cases in future. Repetition to such incident will lead to de-empanelment.

IX. INDEMNITY

The Hospital shall at all times, indemnify and keep indemnified ESIC against all actions, suits, claims and demands brought or made against in respect of anything done or purported to be done by the Hospital in execution of or in connection with the services under this Agreement and against any loss or damage to ESIC in consequence to any action or suit being brought against the ESIC, along with (or otherwise), Hospital as a party for anything done or purported to be done in the course of the execution of this Agreement. The Hospital will at all times abide by the job safety measures and other statutory requirements prevalent in India and will keep free and indemnify the ESIC from all demands or responsibilities arising from accidents or loss of life, the cause or result of which is the Hospital negligence or misconduct. The Hospital will pay all the indemnities arising from such incidents without any extra cost to ESIC and will not hold the ESIC responsible or obligated. ESIC may at its discretion and shall always be entirely at the cost of the tie up Hospital defends such suit, either jointly with the tie up Hospital or separately in case the latter chooses not to defend the case.

X. ARBITRATION

If any dispute or difference of any kind what so ever (the decision whereof is not being otherwise provided for) shall arise between the ESIC and the Empanelled Center upon or relation to or in connection with or arising out of the Agreement, shall be referred to for arbitration by the Medical Superintendent ESIC Hospital Adityapur who will give written award of his decision to the Parties. Arbitrator to be appointed by Medical Superintendent ESIC Hospital Adityapur. The decision of the Arbitrator will be final and binding. The provision of Arbitration and Conciliation Act, 1996 shall apply to the arbitration proceedings. The venue of the arbitration proceedings shall be at office of Medical Superintendent ESIC Hospital Adityapur. Any legal dispute to be settled in Jamshedpur jurisdiction only.

XI. MISCELLANEOUS

- (a) Nothing under this Agreement shall be construed as establishing or creating between the Parties any relationship of Master and Servant or Principle and Agent between the ESIC and Empanelled Center.
- (b) The Empanelled Center shall not represent or hold itself out as an agent of the ESIC. The ESIC will not be responsible in any way for any negligence or misconduct of the Empanelled Center and its employees for any accident, injury or damage sustained or suffered by any ESIC beneficiary or any third party resulting from or by any operation conducted by and behalf of the Hospital or in the course of doing its work or perform their duties under this Agreement of otherwise.
- (c) The Empanelled Center shall notify the Government of any material change in their status and their status and their shareholdings or that of any Guarantor of the Empanelled Center in particular where such change would have an impact in the performance of obligation under this Agreement.
- (d) This Agreement can be modified or altered only on written Agreement signed by both the parties.
- (e) Should the Empanelled Center get wound up or partnership is dissolved, the ESIC shall have the right to terminate the Agreement. The termination of Agreement shall not relieve the Empanelled Center or their heirs and legal representatives from their liability in respect of the services provided by the Empanelled Center during the period when the Agreement was in force.
- (f) The Empanelled Center shall bear all expenses incidental to the preparation and stamping of this Agreement.

XII. TDS DEDUCTIONS

TDS will be deducted as per Income Tax Rules.

XIII. NOTICES

- (a) Any notice given by one Party to other pursuant to this Agreement shall be sent to other party in writing by Registered Post at the official addressee given in tender form.

- (b) A notice shall be effective when served or on the notice's effective date, whichever is later. Registered communication shall be deemed to have been served even if it returned with the remarks like refused, left, premises locked etc.

The Medical Superintendent ESIC Hospital Adityapur RESERVES THE RIGHT TO ACCEPT OR REJECT ANY TENDER WITHOUT ASSIGNING ANY REASON THEREOF.

Dated

(Name and signature of proprietor/Partner/Director)

Place:

Signature(s)

(With seal/rubber stamp)

DETAILS/PROFILE OF PARTICIPATING HOSPITAL

(to be submitted duly filled along with document form)

1. Name of the Hospital with complete address _____

2. Telephone No. _____
3. Fax No. _____
4. Name, designation along with contact No's (landline and mobile) of Proprietor/ Partner(s)/ Director (s) (Attach supportive documents also) _____

5. Distance from (a) ESIC/ESIS Hospital _____
(b) Civil Hospital _____
(c) Railway Station _____
(d) Airport _____
(e) Bus Stand _____
6. No. of Hemodialysis Machines with full description i.e., Make, Model No., Year of Mfg., Year of Purchasing etc. Attached Separate Sheets, if required. _____
7. Name of existing empanelled organizations/institutions _____
8. List of Availability of full time specialist/super specialist alongwith their Degrees/certificates for which center is going to empanelled (separate sheet be attached) _____
9. List of Availability of part-time and on call specialist/super specialist alongwith their Degrees/certificates for which center is going to empanelled (separate sheet be attached) _____
10. List of all Technical Staff:-
(separate list to be attached) _____
11. Daily and monthly no. of patients (Hemodialysis)
(separate sheet be attached) _____
12. Actual Rate list of hospital/empanelled centre for various Hemodialysis. (to be submitted along with document form in proforma attached at Annexure 11) _____
13. Category of the hospital (As per CGHS) NABH, NON NABH, SUPERSPECIALTY HOSPITAL (attach proof) _____
14. Photocopy of the PAN/TAN number of firm/proprietor _____
15. ESIC, EPFO & Jharkhand State Pollution Control Board Registration Nos. (Please attach proof) _____
16. Any other Statuary Registration(s), if applicable, under various Acts of Central and State Govt. _____
17. Demand Draft towards cost of documents
Name of the Bank & Branch _____
Amount _____
DD No. & Date _____
18. Name of banker and account no.(ECS Transfer Details) _____

Enclosure: List as per Index:

(Name and signature of Proprietor/Partner/Director)

ANNEXURE-2**Facility available for Hemodialysis for Empanelment**

Facilities available in the centre as per requirement shown under category for Empanelment under Specialty for Dialysis :

<u>Sl. No.</u>	<u>Facility Available</u>	<u>Please Write</u>
1.	No. of running dialysis machine(s)	
2.	Availability of RO Plant/Water Treatment Plant	
3.	Availability of Nephrologist (Please write Full Time or Part Time)	
4.	Availability of Medical Officer round the clock	
5.	Availability of Technical Staff	
6.	Timings of Centre	

Note-

TECHNICAL evaluation of the centres shall be based on information provided by the participants on the above mentioned in Annexure – 1 and Annexure – 2 and the participants will have to mandatorily provide documentary proof for the same. No future correspondence in this regard shall be entertained in this regard. A committee constituted by the Medical Superintendent will visit the centre for inspection who evaluate the feasibility for empanelment as per the requirement mentioned in EOI Document.

Signature

Name
Designation
Seal of the Hospital



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ANNEXURE 3

Referral Form (Permission letter) - P – 1

1. Referral No. & Date	_____	Photograph of the patient
2. Name of the IP	_____	
3. Insurance No.	_____	
4. Name of the Patient	_____	
5. Age/Sex	_____	
6. Address/Contact No.	_____	
7. Identification Marks (If any)	_____	
8. IP/Beneficiary/Staff	_____	
9. Relationship with IP/Staff	_____	
10. Entitled for Speciality/Super Speciality	_____	
11. Diagnosis/Clinical Opinion/ Case Summary	_____	
12. Relevant Treatment Given/Procedure/ Investigation done in referring hospital	_____	
13. Treatment/Procedure /Investigation for which patient is being referred (Mention specific diagnosis for referral)	_____	

I voluntarily choose _____ Hospital for treatment of self or my _____

Referred to _____ **Sign/ Thumb Impression of IP/ Beneficiary/ Staff** Hospital/Diagnostic Centre for _____

Date:

Sign & Stamp of Authorized Signatory **

**** In case of emergency, signature of referring doctor or 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 Referral Hospital:

- Referral hospital is instructed to perform only the procedure/treatment for which the patient has been referred to.

- 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

- The referred hospital is requested to raise the bill as per the agreement on the standard proforma along with supporting documents within 6 days of discharge of the patient giving account number and RTGS number etc.

Checklist(Referring Hospital)

1. Duly filled & signed referral proforma.

3. Referral recommendation of the specialist/concerned medical officer.

5. Reports of investigations and treatment already done.

2. Copy of Insurance Card/Photo I card of IP.

4. Copy of entitlement evidence of Specialty/super specialty treatment.

6. Photograph of patient

Date:

Signature of the Competent Authority **(With Stamp)

ANNEXURE 4

To be used by Tie-up hospital (for raising the bill) (Format P-2)
Letterhead of Hospital with Address & Email/Fax/Telefax number
(NABH accredited/ Superspeciality Hospital)
 (Attach documentary proof)

Date of Submission:

Name of the Patient :

Referral S.No.(Routine/Emergency)

Age/Sex :

Address :

Contact No :

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

Date of referral :

Diagnosis :

Condition of the patient at discharge :

I For Package Rates (a) Treatment/Procedure done/performed) : _____

Photograph of the patient verified by the Hospital Authority
--

S. No.	Chargeable Procedure	CGHS Code No. with Page No.	Other If not on CGHS	Rate	Amt. Claimed with date	Amount Admitted with date	Remark

(b) Charges of Implant/Device Used :

S. No.	Name of the Implant/ Devices	Amount Claimed	Amount Admitted	Remark

II. Non – Package Rates {For procedures done (Not existing in the list of packages rates)}

S. No.	Chargeable Procedure	Amt. Claimed with date	Amount Admitted with date	Remarks
1	Bed Charges			
2	Consultation			
3	Lab & Diagnosis			
4	Medicines			
5	Others			

III. Additional Procedure Done with rationale and documented permission

S. No.	Chargeable Procedure	CGHS Code No. with Page No.	Other If not on CGHS	Rate	Amt. Claimed with date	Amount Admitted with date	Remark

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

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

Note : The amount claimed under I, II and III shall strictly be as per the terms of conditions laid under Sl. No. ____ of Expression of Interest.

Remarks

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.

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.

**Sign/Thumb impression
of patient with date**

**Sign & Stamp of Authorized
Signatory with date**

(for Official use of ESIC)

Total Amt payable:

Date of payment :

Signature of Dealing Assistant

Signature of Superintendent

Date:

Signature of ESIC Competent Authority

1. Discharge Slip containing treatment summary & detailed treatment record.
2. Bill(s) of Implant(s) / Stent(s) /device along with Pouch/packet/invoice etc.
3. Photocopies of referral proforma, 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.
4. Sign & Stamp of Authorized Signatory.
5. Patient/Attendant satisfaction certificate.
6. Document in favour of permission taken for additional procedure/treatment or investigation.

To be used by Tie-up hospital (P-3)
Letterhead of Hospital with Address & Email/Fax/Telefax
Consolidated Bill Format

Bill No

Date of Submission.....

Bill Details (Summary)

Sl. No.	Name of the patient	Referral No.	Diagnosis/ Procedure referred for	Procedure performed/ treatment given	CGHS Code (With Page No.)	Other, if not in CGHS List	Amount claimed with date	Amount Admitted with date	Remarks
TOTAL									

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.

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.

Checklist

1. Duly filled up consolidated proforma.

2. Duly filled up Individual Pt Bill .proforma.

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

Date:

Signature of the Competent Authority of Tie-up Hospital.

It is certified that total amount of Rs _____ has been credited to your account no. _____, RTGS no _____ on _____

Date:

Signature of the Competent Authority.
(To be filled up by ESIC official(s))

PATIENT/ATTENDANT SATISFACTION CERTIFICATE (P-VI)

- 1. I am satisfied/ not satisfied with the treatment given to me/ my patient and with the behavior of the hospital staff.**
- 2. If not satisfied, the reason(s) thereof.**
- 3. It is stated that no money has been demanded/ charged from me/my relative during the stay at hospital.**

Date & Time :

Sign/Thumb impression of patient/Attendant

Name of the Patient/attendant :

Name of IP/Staff :

Insurance No/Staff no :

Date of Admission :

Date of Discharge :

UNDERTAKING

I/We _____ (name of proprietor) have carefully gone through and understood the contents of the Document form and I/We undertake to abide myself/ourselves by all the terms and conditions set forth. I/We are legally bound to provide services to ESIC Beneficiaries as per rates/terms and conditions of Tender documents failing which Medical Superintendent ESIC Hospital Adityapur is liable to take action as deemed fit. I/We undertake to provide uninterrupted services or alternative arrangement will be made at the risk of our institute. We undertake that the information submitted along with document and annexure I is correct and also fully understand in case of default security money will be forfeited.

Dated Signature(s)

Name

Designation

Place: (With seal/rubber stamp)

ANNEXURE 8

Proforma for sending daily report through email in respect of patient admitted in empanelled hospital.

ON LETTER HEAD OF THE HOSPITAL

The following patients are admitted on today on date _____ in _____ hospital :

Sl. No.	Date	Name of the Patient	Age	Sex	Diagnosis

Authorised Signatory

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

Rates of Hemodialysis : To be quoted by the Participating Hospital/Dialysis Centre

Name of Treatment	Type	CGHS Rate applicable	Sl. No. in CGHS Rates	Please Quote	
				Actual Rate of the Hospital (A)	Rate to be charged from ESIC Hospital Adityapur in case of empanelment (B)
Hemodialysis	Sero Negative	Rs. 960/-	782 of CGHS Ranchi 2010		
	Sero Positive	Rs. 1200/-	783 of CGHS Kolkata 2010 (No rate available in CGHS Ranchi & CGHS Patna)		

Note :-

1. The rates to be charged from ESIC Hospital Adityapur shall not exceed actual rate, CGHS Rate, whichever is less.
2. The rates quoted under column "B" above i.e., Rate to be charged from ESIC Hospital Adityapur, in case of empanelment, shall be actual rate or CGHS approved rates, whichever is less.
3. If the rate quoted under column "B" above i.e., Rate to be charged from ESIC Hospital Adityapur exceed CGHS Rate and if the rate is not accordance with the terms and conditions laid under General Terms and Condition of Expression of Interest Document, the participating hospital will not be considered for empanelment.
4. The quoted Actual rates will remain unchanged during the contract period whereas the ceiling of CGHS Rates (Increase or Decrease) – 2010 will be revised /approved by the Medical Superintendent Esic Hospital Adityapur, following revision in CGHS rate.

CERTIFICATE

Certified that the actual rate quoted under Column "A" above is not more than the rate being charged from Non – ESIC Beneficiaries.

Dated Signature(s)

Name

Designation

Place: (With seal/rubber stamp)