



OFFICE OF THE STATE MEDICAL COMMISSIONER
EMPLOYEES' STATE INSURANCE CORPORATION
PANCHDEEP BHAWAN, SECTOR-16, FARIDABAD
(ISO 9001:2000 certified)

Phone/Fax : 0129-2299387

Visit us at : www.esicharyana.org

E-mail: smc-har@esic.nic.in, smc-hr@esic.in

Invitation for empanelment of Private Hospitals for Super-Specialty Treatment and Diagnostic Services/Investigations for Beneficiaries of ESI Corporation located in Haryana region for a period of two years or till fresh/modified guideline from Head quarter is received , whichever is earlier, from CGHS/State Govt./PSU empanelled Centres

File No.- 13/HR/SMC/Secondary Care/2012

Dated: 20/01/2016

Note: The Envelope containing the Application and documents, as well as subsequent communications should be addressed and delivered to:
To,

**The State Medical Commissioner,
ESI Corporation,
Panchdeep Bhawan,
Sector 16,
Faridabad – 121002**

Interested applicants are hereby invited for provision of (A) Super-Specialty Treatment and (B) Super-Specialty Diagnostic Services/Investigations for the beneficiaries of ESI Corporation located in Haryana region for a period of two years or till fresh/modified guideline from Head Quarter is received, whichever is earlier, for empanelment on cashless basis, with State Medical Commissioner, ESI Corporation, Haryana. The empanelment will be on the pattern, rates, terms and conditions of CGHS/ESIC as on date and shall be revised to the extent any revision/modification is done by CGHS during the contract period.

Private Hospitals and/or Diagnostic Centres, located in Haryana region desirous of empanelment as stated above, and who are already empanelled with CGHS/State Govt./PSU, as on date, for the purpose of Super-Specialty Treatment and/or Super-Specialty Diagnostic services/Investigations, may express their willingness for the same. Successful applicants will be required to sign a letter of acceptance for the same and signing of MOU/Agreement in the prescribed format on a

Non-Judicial Stamp paper of Rs. 100/-, with State Medical Commissioner, Haryana. Successful applicants will also be required to furnish a Performance Bank Guarantee of Rs. 5,00,000/- (Rs. Five Lakhs) in case of Super Specialty Treatment and Rs. 2,00,000/- (Two Lakhs) in case of Super Specialty Diagnostics Services/Investigations (as per Performa communicated by State Medical Commissioner, Haryana). In case both the services stated above at (A) and (B) are available with the applicant, the Performance Bank Guarantee of Rs. 5,00,000/- (Rs. Five Lakhs) will have to be furnished.

Terms and Conditions :

1. All the terms and conditions with which empanelment has been done at CGHS/State. Govt./PSU will apply to contract with ESIC.
2. Empanelment with ESIC will continue only so long as empanelment is valid with CGHS/State Govt./PSU as the case may be. Applicants must ensure their continued empanelment with CGHS/State Govt./PSU in order to remain empanelled with ESIC.
3. If at any time during the contract period, empanelment with CGHS/State Govt./PSU is terminated, then the empanelment with ESIC will stand terminated as well, with effect from the same date.
4. Preference will be given to :
 - i) CGHS empanelled hospitals followed by State Govt. empanelled followed by PSU empanelled hospitals.
 - ii) Hospitals having more number of empanelled super specialty branches.
 - iii) Hospitals situated nearer to ESIC/ESIS Hospitals of Haryana.
 - iv) While evaluating the EOI, at least one hospital of each super specialty branch which is near to ESIC/ESIS hospital of Haryana will be preferred.
5. The Health care organization should preferably be accredited by National Accreditation Board for Hospitals and Healthcare Providers (NABH).
6. Minimum number of Beds required:
For Metro Cities – 150 beds
For Other Cities – 50-100 beds

NB: The number of beds as certified in the Registration Certificate of State Government/Local Bodies/NABH/Fire Authorities shall be taken as the valid bed strength of the hospital.

7. If any ESI beneficiary get direct admission in case of emergency/SST/RTA into an empanelled hospital, his/her treatment will be done as per CGHS rates and all bills and reports will handed over to that patient for reimbursement.

8. The Health Care organization must have been in operation for at least one financial year. Copy of balance sheet duly audited showing profit and loss account for the preceding financial year to be submitted.
9. 24 hrs. emergency services managed by technically qualified staff.
10. Rates of package and procedure should be as per CGHS/AIIMS/ESIC Rates and where CGHS/ESI packages are not available, as per Hospital rate along with 15% discount.

Required documents are appended below:

1. Application in the format given at Annexure 1.
2. Notarized copy of letter of empanelment by CGHS/State Govt./PSU (Validity of empanelment should be as on date).
3. Attested copies (by authorized signatory) of all documents submitted for empanelment to CGHS/State Govt./PSU.

Services required are:

A. Super Specialty Treatment (Any treatment rendered to a patient at tertiary care centre/Super specialty hospital by a super specialist)

1. Cardiology and Cardiothoracic vascular surgery.
2. Neurology and Neurosurgery
3. Pediatric surgery
4. Oncology and Oncosurgery
5. Urology/Nephrology
6. Gastroenterology and GI surgery
7. Endocrinology and Endocrine Surgery
8. Burns and Plastic Surgery
9. Reconstruction Surgery
10. Hemodialysis services.
11. Renal transplant
12. Organ transplant listed in CGHS Procedures

B. Super-Specialty Diagnostic Services/Investigation:

1. CT scan
2. MRI

3. PET Scan
4. Echocardiography
5. Scanning of other body parts
6. Specialized bio Chemical and immunological investigations.
7. Any other investigation costing more than Rs. 3,000/- per test.

Private Hospital/Diagnostic Centre may choose to apply for Services at A or B separately, or both.

State Medical Commissioner reserves the right to accept or reject any application without assigning any reason thereof. SMC also reserves the right to make any changes/addition/deletion at any time in the MOU document, the same will be communicated to all concerned.

State Medical Commissioner

Application Form

(On Letterhead of Private Hospital/Diagnostic Centre)

To,

The State Medical Commissioner,
ESI Corporation,
Panchdeep Bhawan,
Sector 16,
Faridabad – 121002

Subject : Application for empanelment of Hospitals for Super-Specialty Treatment / Diagnostic Services/Investigations for a period of two years, or till fresh/modified guideline from Head Quarter is received, whichever is earlier, for Beneficiaries of ESI Corporation located in Haryana region from CGHS/State Govt./PSU empanelled Centres.

Sir,

In reference to your advertisement dated /01/2016, I/We with to offer the following services (* Tick whichever is applicable) for ESIC beneficiaries located in Haryana region for a period of two years, or till fresh/modified guideline from Head Quarter is received, whichever is earlier, on cashless basis on the pattern, rates, terms and conditions of CGHS as on date and liable to be revised to the extent any revision/modification is done by CGHS during the contract period.

A. Super Specialty Treatment :

1. Cardiology and Cardiothoracic vascular surgery.
2. Neurology and Neurosurgery
3. Pediatric surgery
4. Oncology and Oncosurgery
5. Urology/Nephrology
6. Gastroenterology and GI surgery
7. Endocrinology and Endocrine Surgery
8. Burns and Plastic Surgery
9. Reconstruction Surgery
10. Hemodialysis services.
11. Renal transplant

12. Organ transplant listed in CGHS Procedures

B. Super-Specialty Diagnostic Services/Investigation:

1. CT scan
2. MRI
3. PET Scan
4. Echocardiography
5. Scanning of other body parts
6. Specialized bio Chemical and immunological investigations.
7. Any other investigation costing more than Rs. 3,000/- per test

(* Tick whichever is applicable)

I/We hereby declare that, I/We are empanelled by CGHS/State Govt./PSU as on date (Notarized copy of empanelment enclosed). I/We Pledge to abide by the terms and conditions of the Expression of Interest (EOI) document. I/We also certify that the above information as submitted by me/us in Annexure-1 is correct and I/We fully understand the consequences of default on our part, if any.

**(Name and signature of the Proprietor/
Authorized signatory)
Seal/Stamp**

Place:

Date: