



**OFFICE OF THE REGIONAL DIRECTOR
EMPLOYEES STATE INSURANCE CORPORATION
(ISO 9001-2008 Certified)**

**10-B, RADHA BHAWAN, SHASTRI NAGAR, JAMMU (J&K).
Phone no./Fax no. 0191-2436846,0191-2459568 E-mail: rd-jnk@esic.in**

EXPRESSION OF INTEREST (EOI) FOR

Empanelment of Hospitals/Nursing Homes/Clinics/Diagnostics Centres /Radiology centre for providing Secondary/Super speciality Treatment/Diagnostics (Pathology, Radiology, etc)to Insured persons & their eligible family members at CGHS/AIIMS/ESIC rates.

Expression of Interests (EOI) is invited from reputed Private/Corporate Hospitals & Nursing Homes for providing Secondary/Super speciality Treatment/ Diagnostics (Pathology, Radiology, etc.) to Insured Persons (IPs) and their eligible families under ESI Scheme in the following areas given in Table A & B below:-

A. Entire geographical area of following districts of Jammu & Kashmir

S.No	Name of the District	S.No	Name of the District
1.	Kathua	5.	Reasi
2.	Samba	6.	Srinagar
3.	Jammu	7.	Pulwama
4.	Udhampur	8.	Budgam

B. Municipal limits of the following District Headquarters of Jammu & Kashmir:-

Sr.No	District Head Quarters	Sr.No	District Head Quarters	Sr.No	District Head Quarters
1.	Rajouri	6	Kupwara	11.	Anantnag
2.	Poonch	7.	Bandipora	12.	Baramulla
3.	Kishtwar	8.	Leh	13.	Shopian
4.	Ramban	9.	Kargil	14.	Kulgam
5.	Doda	10.	Ganderbal		

The Application Form may be downloaded from the website www.esic.nic.in and www.esictenders.eproc.in and the application fee of Rs.300/-(non- refundable) to be submitted with duly filled in Expression of Interest (EOI) form by way of Demand Draft/Bankers Cheque in favour of ESI Fund A/C No. 1 payable at Jammu.

The duly filled in documents must be submitted in Sealed Envelope Super Scribed on Top of the Envelope as ‘’ EOI’’ for Secondary/SST/Dental/Diag. for Place.....’’(as the case may be) in the separate Box placed for the purpose, as per Schedule given below:-

Availability of EOI Form by Hand in (i) Regional Office, ESIC, 10-B, Radha Bhawan, Shastri Nagar, Jammu-180004 and (ii) Branch office, ESIC Room No. 306-307, Hotel Green Mountain, Palpora, Sonwar, Srinagar-190001	Last Date & Time of Submission of Duly filled EOI document at:- (i) Regional Office, ESIC, 10-B, Radha Bhawan, Shastri Nagar, Jammu-180004 or (ii) Branch office, ESIC, Room No. 306-307, Hotel Green Mountain, Palpora, Sonwar, Srinagar-190001 (as the case may be)	Date & Time of Opening of EOI at Regional Office, ESIC, 10-B, Radha Bhawan, Shastri Nagar, Jammu-180004
up to 08/10/2018 (05:00 pm)	10/10/2018 up to 3:00 PM	15/10/2018 at 3:00PM

If opening date happens to be a holiday, it will be opened on next working day at the same time. The Regional Director, ESIC, Jammu & Kashmir reserves all rights to reject one or all the applications without assigning any reason thereof.

Further Details may be seen on the website www.esic.nic.in

Sd/-
(Regional Director)
ESIC, J&K

Region

Application Form (For Super Speciality, Secondary Care, etc.)

(For empanelment of Hospitals/Diagnostic centres for Super speciality treatment/investigation)

**To,
The Regional Director,
ESIC, regional office(J&K)
10-B Radha Bhawan, Shastri Nagar,
Jammu-180004**

Subject:- Expression of Interest (EOI) for Empanelment of Hospital, Nursing Home, clinics.

Sir,

With reference to your Notice inviting EOI Published in the news paper/website dated 10.09.2018, I/We wish to offer the following services for ESI beneficiaries on cashless basis.

The parties having more than one service and fulfilling the eligibility requirement may choose for one or more categories.

I/We agree to abide by the terms and conditions of the EOI document and I/We also certify that the information as submitted by me/us in Annexure I,II,III,IV,V & VI is correct and I/We fully understand the consequences of default on our part, if any.

(Name and Signature of the proprietor)

Place:-

Date:-

Enclosures: duly filled signed and stamped Annexure I,II,III,IV

Criteria for empanelment of Healthcare-Organizations

1. The Health Care Organization should be approved by the State Government/ CGHS.
2. The Health care Organization should preferably be accredited by National Accreditation Board for Hospitals & Healthcare providers (NABH).
3. The Diagnostic laboratories should have been accredited by National Accreditation Board for Testing and Calibration Laboratories (NABL).
4. ESIC reserves the right to prescribe/revise rates for new or existing treatment procedure(s)/Investigation(s) as and when CGHS revises the rates, or otherwise.
5. Duly signed & stamped copies of all the documents mentioned in the criteria for empanelment should be enclosed as per Annexure- III.
6. The Health Care Organization must have been in operation for at least one full financial year. Copy of audited balance sheet, profit and loss account for the preceding financial year to be submitted (Main documents only).
7. Copy of NABH/NABL Accreditation in case accredited Health Care Organization to be enclosed.
8. Copy of NABH/NABL application in case of Non NABH/ Non NABL accredited Health Care Organization to be enclosed.
9. List of treatment procedures/ investigations/ facilities available in the Health Care Organization to be provided.
10. State Registration Certificate/ Registration.
11. Compliance with all statutory requirements including that for Waste Management.
12. **Fire clearance Certificate**/Certificate by authorized third party regarding the details of Fire safety mechanism as in place in the Health Care Organization.
13. **Registration under PNDT Act** for empanelment of Ultrasound facility.
14. **AERB approval** for tie-up for radiological investigations/ radiotherapy, wherever applicable.
15. Certificate of Undertaking as per Annexure-II.
16. The Health Care Organization must have the capacity to submit all claims/bills in electronic format to the ESIC system and must have also dedicated equipment, software and connectivity for such electronic submission.
17. The Health Care Organization must give an undertaking accepting terms and conditions spelt out in the Memorandum of Agreement which should be read as part of this document.
18. The Health Care Organization must have **minimal annual turnover of 50 lacs**. Exclusive Eye hospitals/ Diagnostic laboratories and Imaging Centers must have **minimal turnover of Rs. 10 lacs**.
19. Attested Photo copy of the PAN card.
20. Bank details.
21. In addition the Imaging centers shall meet the following criteria and **enclose attested photocopies of relevant documents:**
 - i. **MRI Centre:**
Must have MRI machine with magnet strength of 1.0 Tesla or more.
 - ii. **CT Scan centre:**

Whole body CT Scanner with scan cycle of less than one second.
Must be approved by AERB.

iii. X-Ray centre:

X-Ray machine should have a minimum current rating of 500 MA with image intensifier TV system. Must be approved by AERB.

iv. Mammography centre:

Standard quality mammography machine with low radiations and biopsy attachment.

v. USG/Color Doppler centre:

Should be of high resolution USG standard and provision / facility of trans-vaginal/ trans-rectal probes. Must have been registered under PNDT Act.

vi. Bone Densitometry centre:

Must be capable of scanning whole body

vii. Nuclear medicine centre:

Must have been approved by BARC/ AERB.

22. Minimum number of Beds required:

Number of Beds as certified in the Registration Certificate of State Govt./NABH/Fire Authorities shall be taken as the valid bed strength of the hospital.

**FORMAT FOR EMPANELMENT:
(To be submitted duly filled along with application form)**

1. Name of the city where hospital is located _____
2. Name of the Hospital _____
3. Address of the Hospital _____
4. Telephone No. _____
5. Fax no: _____
6. Mobile No. _____
7. E-mail address _____
8. Name and contact details of Nodal /authorized persons (attach authority letter) _____
9. Whether NABH accredited (attach proof) _____
10. Whether NABH applied for (attach proof) _____
11. Details of Accreditation and Validity period _____
12. Details of the application Fee draft of Rs.500/-:
 - Name of the Bank _____
 - Address of the Bank _____
 - Branch _____
 - D/D No. _____
 - Date of issue _____
13. Total turn over during last financial year _____
(Certificate from the Chartered accountant is to be enclosed)
14. For empanelment for all available facilities _____
(List of available Specialties for which the hospital is interested for tie-up arrangement to be attached as per **Annexure-IV**)
15. Actual Rate list of hospital/empanelled centre for various packages/procedures.
(to be submitted along with application form) _____
16. Name of Bank and Account no. (ECS Transfer Details) _____
17. PAN/TAN number of firm/proprietor (Photocopy to be enclosed) _____
18. Valid Registration certificate of Hospital / centre (Photocopy to be enclosed) _____
19. Total no. of Beds _____
20. Categories of beds available with number of total beds in following types of wards:
 - Casualty/Emergency ward _____
 - ICCU/ICU _____
 - Private _____
 - Semi-private _____
 - General ward _____
 - Others _____
21. Nursing care:
 - Total no. of Nurses _____
 - No. of Para-medical staff _____
 - Category of Bed/Nurse ratio (acceptable Actual bed/Nurse ratio) _____
 - High dependency Unit 1:1 _____
22. Alternate power source Yes _____ No _____
23. Availability of Doctors:
 - No. of In-house doctors _____

No. of in-house Specialists/Consultants _____
(List of availability of full time Specialist/Super specialist along with their Degrees/
certificates for which center is going to empanelled to be attached)

24. Laboratory facilities

Pathology _____

Biochemistry _____

Microbiology _____

Any other _____

27. Imaging facilities available _____

28. No. of Operation theatres available _____

29. Whether separate O,T for Specific case Yes _____ No _____

30. Supporting services:

Ambulance _____

Blood Bank _____

Pharmacy _____

Physiotherapy _____

House keeping _____

Canteen _____

Dietary _____

31. Waste disposal system as per statutory requirement _____

32. Essential information regarding Cardiology and CTVS:

No. of Coronary angiograms done in last one year _____

No. of Angioplasty done in last one year _____

No. of Open heart surgeries done in last one year _____

No. of CABG done in last one year _____

33. Renal transplantation, Hemodialysis/Urology/Urosurgey:

Number of years dialysis facility available _____

Number of Dialysis units _____

Criteria for Dialysis:

i) The centre should have good Dialysis unit, neat clean and hygienic like a minor O.T.

ii) Centre should have at list four good Dialysis machines.

iii) Centre should have water purifying unit equipped with reverse osmosis.

iv) Unit should be regularly fumigated and should perform regular antiseptic precautions.

v) Centre should have facility for providing Dialysis in **sero-positive** cases.

vi) Centre should have trained dialysis technician, Nurses, Full time Nephrologist and Resident Doctors available to manage the complications during the Dialysis.

vii) Facility for Dialysis should be available 24hrs. a day.

34. **Whether it has blood transfusion service with Facilities for screening HIV markers for Hepatitis (B&C), VDRL** Yes _____

No _____

35. **Lithotripsy:**

i. No. of cases treated by lithotripsy in last one year: _____

ii. Average No of sittings require per case : _____

iii. Percentage of cases selected for lithotripsy which required conventional surgery due to failure of lithotripsy _____

36. **Orthopedic surgery:**

a. Whether there is Barrier Nursing for isolation for patient Yes _____ No _____

b. Facility for arthroscopy Yes _____ No _____

37. **Neurosurgery:**

- Whether the hospital has aseptic O.T. for Neurosurgery Yes_____ No_____
- Whether there is Barrier Nursing for isolation for patient Yes_____ No_____
- Whether it has required instrumentation for neurosurgery Yes_____ No_____
- Facility for Gamma Knife Surgery Yes_____ No_____

- Facility for Trans- sphenoidal endoscopic surgery Yes_____ No_____

- Facility for Stereotactic surgery Yes_____ No_____

38. Gastro-enterology:

- Whether the hospital has aseptic O.T for Gastro-enterology & GI surgery Yes_____ No_____
- Whether it has required instrumentation for Gastro-enterology & GI surgery Yes_____ No_____
- Facility for Endoscopy (specify details) Yes_____ No_____

39. Endoscopic/Laparoscopic Surgery:

- Center should have facilities for casualty/emergency ward, full-fledged ICU, proper wards, proper no. of nurses and paramedical staff, qualified and sufficient no. of resident doctors/specialists
- The Surgeon should be Post Graduate with sufficient experience and qualification in the Specialty concerned.(Copy of degree/certificates) to be attached)
- He/ She should be able to carry out the surgery with variations and able to handle its complications
- The hospital should carry out at least 250 laparoscopic surgeries per year.
- The hospital should have at least one complete set of laparoscopic equipment and instrument with accessories and should have facilities for open surgery i.e. after conversion from laparoscopic surgery.

Yes_____ No_____

Signatures of Applicant or Authorized person

Annexure-II

CERTIFICATE OF UNDERTAKING

- i. It is certified that the particulars given above are correct and eligibility criteria are satisfied.
- ii. That the hospital/Centre/ laboratory shall not charge higher than the CGHS notified rates or the rates charged from the non ESI beneficiary patients.
- iii. That the rates have been provided against a facility/ procedure/ investigation actually available at the organization.
- iv. That if any information is found to be untrue, hospital/centre would be liable for de-recognition by ESI. The organization will be liable to pay compensation for any financial loss caused to ESI or physical and/or mental injuries caused to its beneficiaries.
- v. That the hospital/centre has the capability to submit bills and medical records in digital format and that the billing will be done in electronic format and medical records will be submitted in digital format.
- vi. That the hospital/centre will pay damage to the beneficiaries if any injury, loss of the part or death occurs due to gross negligence.
- vii. That the hospital/centre has not been de-recognized by CGHS or any State Govt. or other organization.
- viii. That no investigation by Central Govt./ State Govt. or any statutory investigating agency is pending or contemplated against the hospital/centre
- ix. That I/ We agree for the terms and conditions prescribed in the tender document.
- x. That the hospital/centre agrees to implement Electronic Medical Records and EHR as per the standards approved by the Ministry of Health & Family Welfare with in one year

of its empanelment.

Signatures of Applicant or Authorized person

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Attested Copies of following documents (wherever applicable) are to be attached with the application form

1. Copy of legal status, place of registration and principal place of business of the Health Care Organization or partnership firm, etc.
Yes_____ No_____
2. A copy of partnership deed/ memorandum and articles of association, if any.
Yes _____No_____
3. Copy of Customs duty exemption certificate and the conditions on which exemption was accorded.
Yes_____ No_____
4. Copy of the license for running Blood-Bank. Yes_____ No_____
5. Copy of the documents fulfilling necessary statutory requirements.
Yes_____ No_____
6. Copy of Approval letter of CGHS/ State Govt. / Public Sector Insurance Companies.
Yes_____ No_____
7. Copy of NABH accreditation / application. Yes_____ No_____
8. Copy of number of beds as certified by registration certificate of State Govt./ Local bodies/ NABH/ Fire authorities.
Yes_____ No_____
9. Copy of audited Balance sheet of the preceding Financial Year (main documents only)
Yes_____ No_____
10. Copy of Valid Registration Certificate under PNDDT Act.
Yes_____ No_____
11. Copies of Valid Registration Certificate of State Pollution Control Board and agreement with BMWT Agency.
Yes_____ No_____

Signatures of Applicant or Authorized Person

ANNEXURE-IV

As per CGHS/ESIC Specialties for empanelment:-

(Tick the Specialties for which hospital/centre wants to be empanelled.)

(A) Specialties/ Super specialties:-

Sl. No.	Name of Specialty	
1	Vascular surgery	
2	Cardiology and cardiothoracic vascular surgery.	
3	Neurology + Neurosurgery	
4	Nephrology & Dialysis 24 hours	
5	Urology and Urosurgery	
6	Gastro surgery	

7	Gastroenterology	
8	Pediatric Surgery	
9	Medical Oncology, Chemotherapy & Radiotherapy	
10	Onco-surgery	
11	Burns management	
12	Reconstructive Surgery	
13	Oro-Maxillo-facial surgeries-Orthodontics and Prosthodontics	
14	Endocrinology	
15	Any other super specialty services -which are not available in ESIC hospital	

(B) Investigations:-

Sl. No.	Name of Investigation	
1	Linear probe Ultrasonography, Doppler study	
2	TVS	
3	Digital X-Ray and IVP.	
4	MCU and RGU	
5	CT Scan	
6	PET Scan	
7	Echo/Stress Echo	
8	TMT	
9	Holter	
10	Audiometry, BERA and any other test under ENT	
11	MRI	
12	Mammography(X-Ray, USG)	
13	CT Angio	
14	CT guided FNAC	
15	MR Angio	
16	MRCP	
17	PFT & Bronchoscopy	
18	Endoscopy/Colonoscopy etc	
19	Bone DEXA Scan	
20	Bone Densitometry	
21	Specialised & Immunological Investigation (NCV/EMG, EEG)	
22	Nuclear Medicine (DTPA Thyroid Scan)	
23	DTPA renal scan	
24	Any other special investigation not available in ESIC hospital (specify)	

(C) SECONDARY CARE UNDER FOLLOWING SPECIALTIES:-

Sl. No.	Name of Specialty	
1	ICU services under various Specialties	
2	Laparoscopic surgery	
3	Obs & Gynae & Complicated Gynae Surgery	

4	Paediatrics ICU services	
5	ENT	
6	Blood Bank Services	
7	Trauma & critical care	
8	Psychiatry	
9	Skin and venereal diseases	
10	Ophthalmological Surgeries/ Ophthalmology related investigations	

(D) Lab (24 hrs.) for Basic investigations:

Sl. No.	Name of Investigation	
1	Microbiology/ Special Hematological Services	
2	Endocrinology	
3	Histopathology	
4	Immunology Studies.	
5	Serological studies	
6	Cultures	
7	Chromosomal studies	

(E) Blood Bank Services (24 Hours availability)

Sl. No.	Name of Services	
1	Blood Bank Services	

(F) Dental Services:-

Sl. No.	Name of Services	
1	Dental X-rays	
2	OPG	

Signatures and stamp of Applicant /Authorized person

**TERMS AND CONDITIONS OF AGREEMENT FOR
EMPANELMENT**

1. Empanelled centre will provide all the facilities for which it is empanelled as per discount finalized for various procedures, investigations etc. on the CGHS, Chandigarh rates/CGHS, Delhi rates and terms and conditions to ESI beneficiaries and their dependents, retired persons, staff and their family members of ESIC.
2. Empanelled centre will provide all the services on cashless basis to ESI beneficiaries.
3. **Cashless Super-Specialty treatment shall be provided to only those ESIC beneficiaries who have been referred to the tie-up hospitals following the proper procedure. Patients going to the tie-up hospital 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/she had gone to ESI hospital for reference.

4. The empanelled centre will provide treatment on production of valid document only to ESI beneficiaries and their dependents referred by the competent authority as defined. The competent authority in such cases would be Medical Superintendent/ IMO In-charge/CMO I/c of the ESIC Hospital (as the case may be).
5. The empanelled hospital shall provide a service **only for which it has been empanelled by ESIC** at rates for prescribed time limit fixed by CGHS from time to time and shall be binding.
6. The empanelled hospital agrees that any liability arising due to any default or negligence in providing or performance of the medical services shall be borne exclusively by the hospital who shall alone be responsible for the effect and/or deficiencies in rendering such services.
7. The empanelled hospital agrees that during the in-patient treatment of the ESI beneficiary, the **Hospital will not ask the beneficiary or his attendant to purchase separately the medicines/ consumables/ equipment or accessories from outside and will provide the treatment within the package deal rate, fixed by the ESIC which includes the cost of all the items.** Appropriate action, including removing from ESIC empanelment and /or termination of this Agreement, may be initiated on the basis of a complaint, medical audit or inspections carried out by the ESI team/Medical Vigilance Cell.
8. The empanelled Hospital will honor permissions issued by the Referring Authority i.e. IMO In-charge/ CMOI/c/ Medical Superintendent of ESIC Hospitals to the ESI Beneficiaries holding valid ESI Medical Benefit Card.. Treatment will be provided as per prevalent/applicable CGHS rates. **For procedures/investigations not listed in the CGHS Rate List AIIMS Rates will be applicable. If for any procedure/investigation, neither CGHS Rates nor AIIMS Rates are available then Hospital/Centre Rates will be paid after 15% deduction.**
9. In case of any natural disaster/ epidemic, the Hospital/ diagnostic-centre shall fully cooperate with the ESIC and will convey/reveal all the required information, apart from providing treatment.
10. The empanelled hospital will honour the referral letter and will provide treatment to the ESI beneficiary on priority basis for the condition for which they are referred as specified in the referral letter, and in the specialty and /or purpose for which they are approved by ESIC., no payment will be made to the hospital/centre for the treatment/procedures/investigations which are not mentioned in the referral letter. 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 immediately, with justification
11. The empanelled hospital will not refer the patient to other specialist/ other hospital without prior permission of ESIC authorities.
12. The duration of indoor treatment for specialized and other procedures will be as per CGHS terms and conditions.
13. It is 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 the estimates of the treatment.

14. **PAYMENT SCHEDULE :**

- a. The ESIC hqrs. Office has engaged UTI-ITSL as a Bill Processing Agency(BPA) for scrutiny and processing of the bills (S.St./Investigations etc.) of the tie-up hospitals/Diagnostic centres for patients referred from ESIC hospitals. UTI-ITSL will provide facility for online scrutiny and processing of the bills in all the ESIC hospitals/institutions all over India.
- b. The Processing fee to BPA will be paid @ 2% of the claimed amount of the empanelled hospital(and not the approved amount) and service tax there on subject to minimum of Rs.12.50/-(exclusive of tax) and maximum of Rs.750/-(exclusive of tax) per bill/claim. This shall be auto calculated by the software and prompted to ESIC hospital on UTI module at the time of final settlements of the claim. ESIC shall pay this amount to BPA from the claim/bills of the empanelled hospitals/Diagnostic centres.
- c. The empanelled Hospital/Diagnostic Centre will send bills for the concerned month along with necessary supportive documents to the Regional Office, ESIC, 10-B, Radha Bhawan, Shastri Nagar, Jammu directly, for further necessary action by enclosing therewith copy of the medical record of every patient , discharge slip incorporating brief history of the case, diagnosis, details of (procedure done, treatment , Medicines given etc. reports of investigations, copy of CT Scan/X-ray/Investigations,) identification of the patient, , referral letter from concerned ESIC Hospital, stickers of implants, treatment/procedure given and advised shall be submitted by the Hospital/diagnostic centre along with the bill.
 - **TDS will be deducted as per Income-tax rules**
- d. The empanelled hospital bills in hard/soft copy along with CD in excel format- Window-XP and preferably Nero-software may be used for CD burning. The scanned copy of non-computerized material can also be included in the CD.
- e. All drugs and dressings used by the empanelled hospital centre requiring re-imburement should be of generic nature. All drugs and dressings used by the empanelled hospital centre requiring re-imburement should be approved under FDA / IP/ BP/ USP pharmacopeia or DGESIC Rate contract. Any drug / dressings not covered under any of these pharmacopeia will not be reimbursed.. **Food supplements will not be reimbursed. In case of medicines / stents / implants having cost above Rs.2000/-each, the stickers, outer pouch and bills of Pharmacy should be submitted along with the bills.**
- f. **The tie-up hospital must take signature of the IP/Beneficiary on all the bills at the time of discharge of the patient.**
- g. The tie-up hospitals may get a Performa duly filled and signed by IP/Beneficiary regarding the satisfactory treatment (therapeutic as well as behavioral) received. Feedback/ suggestion form is enclosed which is required to be sent in each and every case with bill for payment duly filled with all the information/columns.
- h. All the bills forwarded to this office for payment must be sent duly signed and stamped by the authorized signatory. **The specimen signatures of the authorized signatory duly certified by the competent authority of the tie-up hospital shall be submitted to the ESIC hospital.** The bills

which are not signed by the authorized 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 authorized signatory shall be promptly intimated by the tie-up hospital to referring ESIC hospital.

Consolidated bill format must also be attached.

i. The drugs prescribed at the time of discharge of the patient after SST/Sec. care treatment shall be issued by the 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 after enclosing the original bill of the claimed medicines duly signed by the patient or his attendant and verifying that the medicines have been received by patient/attendant and no payment has been charged by the empanelled centre for these medicines subject to the following conditions:

- 1. Only essential medicines in generic form for continuity of treatment will be issued by the hospital.**
- 2. No Nutritional supplements, tonic, cough syrup, vitamins, injections will be issued by the Hospital. These are not allowed.**
- 3. No non-drug items/equipments/appliances will be issued.**
- 4. Total cost of such medicines issued by the hospital must not exceed Rs.2000/- in any case.**

Afterwards all the medicines will be issued by the ESIC/ESIS system.

j. A recognized private hospital whose rates for a procedure/test/facility are lower than the approved CGHS rates shall charge the ESI beneficiaries as per actual rates of the hospital. The tie-up hospital will attach a certificate with the bill certifying that the charges claimed are not more than those charged from Non-ESIC patients.

k. Patient satisfaction certificate must be filled and signed by patient/attendant and to be sent by empanelled hospital with each and every bill..

l. The CD of treatment/Diagnostic procedure ,where ever applicable, must be submitted with bills so submitted for payment.

m. The package rates for conditions/procedures where CGHS treatment rates are available, the same will be applicable. The up to date CGHS rates as given on the web-site will be followed.

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/ESIC 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 Charge**
- (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) Payment will be done on applicable CGHS/AIIMS Rates

Certain discounts on Drugs/treatment/procedures/devices has been finalized. These are: -

- i) 15% discount on hospital rates if there is no package procedure under CGHS/AIIMS package and for the facilities for which the hospital is not empanelled by ESIC
- ii) For devices/stents etc. not described in CGHS Book, 15% discount on MRP(Maximum Retail Price).
- iii) In case of drugs 10% discount on the MRP.
- iv) Regarding the patients admitted in tie-up hospitals, the empaneled hospitals should levy CGHS/AIIMS rates for the procedures for which the tie-up hospitals are not empaneled. If no such rates are available, then there shall be a discount of 15% on normal scheduled rates of the hospital with prior permission of MS Office.
- v) Cost of implant/stents/grafts is reimbursable as per CGHS ceiling rates for implant.
- vi) Hospital/diagnostic centers empaneled under Medical Superintendent shall not charge more than package rate/rates.
- vii) Expenses on toiletries, cosmetics, telephone bills etc. are not reimbursable and are not included in package rates.

(3) Package rates envisages duration of indoor treatment as follows :

Upto 12 Days : for Specialized (Super Specialty) treatment

Upto 7 Days : for the other Major Surgeries

Upto 3 Days : for Laparoscopic Surgeries/normal Deliveries .

Short stay maximum up to 1Day: for day care/Minor OPD surgeries.

Charges for room rent:

Charges for General ward : Rs. 1000/- per day

Charges for Semi-private ward : Rs. 2000/- per day

Charges for Private ward : Rs. 3000/- per day

- (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) However, Extended stay more than period covered in package rate, in exceptional cases, supported by relevant documents and medical records and certified as such by hospital, the additional reimbursement shall be limited to accommodation charges as per entitlement, investigation charges at approved rates, and **specialist** visit charges (two visit /day) and cost of medicine for additional stay. The approval from to the ESIC Model Hospital, Bari Brahmana, Jammu is required in the matter. The approval must be attached with the bill so sent for payment to the concerned.
- (6) The package rates/rates given in rate list are for Semi-private Wards. **If the beneficiary is entitled for general ward there will be a decrease of 10% in the rates.** However the rates shall be same for investigation irrespective of entitlement, whether the patient is admitted or not and the test, per se, does no

require admission.

The ESIC beneficiaries are entitled for General ward treatment and 10% deduction will be done from the package rates for procedures under CGHS rate list.

(7) A hospital/diagnostic center empaneled under Medical Superintendent, 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/empaneled centre, duly signed and stamped to be submitted along with agreement.**

(8). The empanelled hospitals are required to prescribe the medicines that where generic/proprietary medicines have identical pharmaceutical formulation and therapeutic value in comparison to the branded/proprietary medicines prescribed to the indoor as well as outdoor patients, the beneficiaries would be issued generic/proprietary medicines, so that immediate availability of drugs can be ensured from our Dispensaries/Hospitals.

(9). An empanelled hospital/Diagnostic centre providing indoor treatment/ investigation to the beneficiaries is required to furnish a monthly report of such treatment/investigation to the office of Medical Superintendent, ESICMH, Bari Brahmana, Jammu, giving full details as stated below -

1	2	3	4	5	6
Name of IP and Insurance No.	Name of the patient	Relation with IP	Diagnosis	Period & Date of Admission / discharge	Amount claimed

DUTIES AND RESPONSIBILITIES OF EMPANELLED HOSPITALS/DIAGNOSTIC CENTRES :

(11). It shall be the duty and responsibility of the empaneled 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 under or as per the existing laws.

(12). **SERVICE AREA:-** The Hospital/Diagnostic Centre shall provide treatment/Diagnostic facilities to the ESI beneficiaries all over the State of Jammu and Kashmir where scheme is implemented.

(13). **DURATION:-** The agreement shall remain in force for a period of two **years** and can be extended for subsequent period as required by ESIC subject to fulfillment of all terms and condition of this agreement and previous record of the Institution.

(14). **HOSPITALS/DIAGNOSTIC CENTRE'S INTEGRITY AND OBLIGATIONS DURING AGREEMENT PERIOD :** The empanelled 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.

(15). **LIQUIDATED DAMAGES:** The empanelled hospital shall provide the services

as per requirements specified by the ESIC and terms of the provisions of this Agreement.

(16). In case of repeated defaults by the Hospital, action will be taken for removing the Hospital from the empanelment of ESIC as well as termination of this agreement.

(17). For over-billing and unnecessary procedures, the extra amount so charged will be deducted from the pending/future bills of the Hospital and the ESIC shall have the right to issue a written warning to the Hospital not to do so in future. The recurrence, if any, will lead to the stoppage of referral to the Hospital.

(18). TERMINATION FOR DEFAULT :

- i) The ESIC may, without prejudice to any other remedy for breach of Agreement by written notice of default sent to the Hospital terminate the Agreement in whole or part.
- ii) If the empanelled 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 thereof if granted by the ESIC pursuant to Condition of Agreement or
- iii) If the empanelled hospital fails to perform any other obligation(s) under the Agreement.
- iv) If the empanelled hospital, in the judgment of the ESIC has engaged in corrupt or fraudulent practices in competing for or in executing the Agreement.
- v) If the empanelled hospital 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.
- vi) Refusal of admission without valid reason.

(19). INDEMNITY:

The empanelled hospital shall at all times, indemnify and keep indemnified ESIC against all actions, suits, claims and demands brought or made against it 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 empanelled 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 Hospital defend such suit, either jointly with the Hospital or singly in case the latter chooses not to defend the case.

(20). ARBITRATION:

If any dispute or difference of any kind whatsoever (the decision whereof is not herein otherwise provided for) shall arise between the ESIC and the Hospital upon or in relation to or in connection with or arising out of the Agreement, shall be referred to the Medical Superintendent for arbitration who

will give written award of his decision to the Parties. The decision of the Arbitrator will be final and binding. The provisions 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 Model Hospital, Bari Brahmana, Jammu.

The Courts at Jammu will have exclusive jurisdiction for any issue/dispute arising out of or in connection with this contract.

Important Note:

As this Hospital is a Govt. Institute covered under the scope of RTI Act it is expected that the tie-up hospital/centre shall keep all the records properly indexed and maintained in a systematic manner so that copies can be extracted as and when required.

(21). MISCELLANEOUS :

- i) Nothing under this agreement shall be construed as establishing or creating between the Parties any relationship of Master and Servant or Principal and Agent between the ESIC and the Hospital.
- ii) The empanelled hospital shall not represent or hold itself out as agent of the ESIC.
- iii) The ESIC will not be responsible in any way for any negligence or misconduct of the Hospital 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 on behalf of the Hospital or in the course of doing its work of performing their duties under this agreement or otherwise.
- iv) The empanelled hospital shall notify the Government of any material change in their status and their shareholdings or that of any Guarantor of the Hospital in particular where such change would have an impact on the performance of obligation under this agreement.
- v) This agreement can be modified or altered only on written agreement signed by both the parties.
- vi) In case the empanelled hospital is closed or partnership within the empanelled centre is dissolved, the ESIC shall have the right to terminate the agreement. The termination of agreement shall not relieve the hospital or their heirs and legal representatives from the liability in respect of the services provided by the Hospital during the period when the Agreement was in force.
- vii) The empanelled hospital shall bear all expenses incidental to the preparation and stamping of this agreement.
- viii) **A recognized private hospital whose rates for a procedure/test/facility are lower than the approved CGHS rates shall charge the ESI beneficiaries as per the hospital rates.**
- ix) Any change in faculty or leaving the institution of Specialist, should be informed to this office.

(22). PROCEDURE :

- a) Empanelled centre will provide all the facilities for which it is empaneled as per package rates agreed to for various procedures, investigations etc. The

discount finalized on CGHS, Chandigarh rates/Delhi Rates or as per agreement and terms and conditions and duration of stay as per CGHS, to ESIC beneficiaries and their dependents.

- b) The empanelled centre will provide all the services/facilities/medicines etc. on cashless basis to ESI beneficiaries. The empaneled Hospital shall provide services only for which it has been empaneled by ESIC at rates fixed by CGHS/ from time to time and shall be binding.
- c) The empanelled centre will investigate/treat the ESI beneficiaries only for the condition for which they have been referred and have been empaneled by ESIC. The empaneled centre will provide treatment, on production of valid document i.e. ESI medical benefit card and eligibility certificate from Branch Office, only to ESI beneficiaries referred by the competent authority. In case the patient needs super specialty treatment, the Medical Superintendent of the ESIC Hospital in consultation with their Specialist will refer the patient to the concerned Super Specialty Hospital/Diagnostic Centre, stating clearly for which treatment/investigation patient is being referred.
- d) The empanelled Hospital/Diagnostic centre will also verify the valid documents, entitlement etc. before the treatment to be given to the patient.
- e) In case the empanelled centre fails to produce the required necessary documents along with bills so submitted, the responsibility for non-payment will be with the empaneled centre.
- f) The patients will not be referred/entertained for facilities available in ESIC Hospitals.
- g) In post-operative cases clearly mention "follow up for consultation". If patient needs the investigations which are available at ESIC hospital , these should be done at ESIC Hospital only.
- h) The medicines/injections like Pegasys, Immunoglobulin, Interferron, Enykin, Neopeg, 2nd drug Elluted stents, Inj. Albured etc. shall not be given by the empaneled hospital as per his own choice without permission from ESIC hospital and permission letter for the same is required from competent authority of the ESIC hospital. The patient can also be referred to other Govt. Institution in Jammu for second opinion.
- i) If any medicine/injection/procedure other than CGHS rates is required after second consultation, prior permission of this office is required, otherwise this office will not be responsible for any non/delayed payment for the same.
- j) Chemofusion means Inj. Cannula Leukoplast & drugs before chemo plus IV fluid and these should not be claimed separately. Cost of injection alongwith pharmacy bill and stickers must be sent to this office.

(24). Extra stay:-

In case any patient is kept in the hospital for more than the permitted no. of days (as per CGHS terms and conditions) as already set for SST/SSI package, the following points will have to be discussed/clarified, from this office immediately for prior permission from M.S:-

- a) Name of IP and Ins. No., Relation, Diagnosis, referred by which ESIC Hospital, Date of admission, Contact no. of the IP.
- b) Present condition of the patient and justification for over stay.
- c) Attach Xerox of the complete detailed report, case sheet, referral slip, eligibility certificates and other complete medical record of patient (previous and present) etc.

- d) What will be the further procedure/treatment for the patient? And expected no. of days of further admission.
- e) If there is no way without the procedure/treatment then other charges (estimate) like rent, consumable, investigations, days of admission etc. (item-wise) may be intimated.
- f) Risk and prognosis to be explained to the patient in case sheet with signature of the patient/relative.
- g) The letter for approval for the same may be attached with the bills so submitted to this office.
- h) If needed, MS Office may depute any official/doctor to verify the condition of the patient.

(25). Extra procedure/investigations: For any extra or additional procedure/investigation required in the patient other than that for which patient is referred, prior permission to be taken for such procedure/investigation from M.S and the following points are required to be discussed with this office for the above:-

- Name of IP and Ins. No. , relation, Diagnosis, referred by which ESIC Hospital, Date of admission, contact no. of the IP.
- How much he/she will be benefited from the above procedure/treatment.
- Justification and percentage of improvement by such procedure/investigation/treatment, is to be certified by the specialist of the same specialty.
- How much such procedure/investigation/treatment done in your hospital for the last one year in your institution and outcome of the patient.
- Total risk is explained to the patients and signature of the patient/attendant with mobile/phone no. and address.
- Phone no./ address of the patients to whom you have applied such procedure/treatment.
- Appropriate cost of such procedure/treatment with verification and name of brand/address and phone no. of the supplier/shop.
- **For high-end antibiotics, hospital should submit the culture-sensitivity report indicating that patient has high titre inhibitors and is resistant to other drugs available for treatment.** The report and letter for approval for the same may be attached with the bills so submitted to this office.

(26). The concerned branch at MS office, ESICMH, Bari Brahmana, Jammu will also scrutinize the bills/CDs so submitted and the payment will be made to the concerned empaneled Hospital/Diagnostic Centre.

(27). Written undertaking by patient that he/she has not paid any money to the centre needs to be attached with each and every bill. In case the patients are charged for the services, then the same will be deducted from the subsequent bills of the empanelled centre.

(28). In case of any dispute arising, MS or any person authorized by MS (as the case may) shall be sole arbitrator and decision of the same will be final and binding.

(29). In case of breach/violation of any of the terms and condition and agreement, the concerned Hospital/Diagnostic centre will be de-empaneled and blacklisted.

(30). The Hospital/Nursing Home/Diagnostic centre shall provide the agreed upon services to cases referred from ESIC Hospitals with referral form (P-I form)

duly authenticated and stamped by IMO Incharge or Medical Supdt., of the ESIC Model Hospital, Bari Brahmna. The rates, period of stay during treatment/investigation, procedure etc. shall be only as per CGHS rates.

- (31).** The Hospital/Nursing Home/Diagnostic centre will not be at liberty to revise the rate suo-moto.
- (32).** In grave emergencies, the patients can be treated. The emergencies will be treated till stabilization even if specialty concerned for management of the case is not recognized. In this case, the concerned Hospital/Nursing Home/Diagnostic centre will inform the ESIC Hospital within 24 hours about the patient. The patient/attendants may be asked to get the formalities done immediately. The conditions of emergency are as under:-
- a. Acute cardiac conditions/syndromes including myocardial infarction, unstable Angina, ventricular Arrhythmias, Paroxysmal Supraventricular Tachycardia, Cardiac Tamponade, Acute Left Ventricular failure/severe congestive cardiac failure, Accelerated Hypertension, etc..
 - b. Vascular Catastrophies including acute limb ischemia, rupture of aneurysms, medical and surgical shock and peripheral circulatory failure.
 - c. Cerebro-vascular accidents including strokes, neurological emergencies including coma, cerebromeningeal infections, convulsions, acute paralysis, acute visual loss.
 - d. Acute respiratory emergencies including respiratory failure and de compensated lung disease.
 - e. Acute abdomen including acute obstetrical and gynecological emergencies.
 - f. Life threatening injuries including road traffic accidents, head injuries, multiple injuries, crush injuries and thermal injuries.
 - g. Acute poisoning and snake bite.
 - h. Acute endocrine emergencies including Diabetic Ketoacidosis.
 - i. Heat stroke and cold injuries of life threatening nature.
 - j. Acute renal failure.
 - k. Severe infection leading to life threatening sequel including septicemia, disseminated /Miliary tuberculosis
- (33).** In case of emergency of life threatening nature, ESIC beneficiaries are allowed to report to any empaneled hospital. In such emergency, in case the ESIC beneficiaries reports to an empaneled hospital, it will be mandatory for the empaneled hospital to report this fact to the ESIC Model Hospital , so that an emergency referral can be provided and justification for direct reporting and treatment will be verified by our Specialist whenever felt necessary.
- (34).** The Hospital/Nursing Home/Diagnostic centres would not refer the ESI beneficiaries further to other Institution or back to ESIC Hospital, if by doing so, any untoward incident occurs, whole responsibility will be with the empaneled centre.
- (35).** The Hospital/Nursing Home/Diagnostic centre would not refuse admission/treatment or investigation to the referred cases on flimsy grounds.
- (36).** The Hospital/Nursing Home/Diagnostic centre shall raise the bills in the prescribed formats to this office i.e. P-II and P-III forms for claiming charges for procedures and P-V form for Investigations.)
- (37).** Any liability arising out of or due to any default or negligence in provision or performance of the medical services shall be borne exclusively by the Hospital/Nursing Home/Diagnostic centre, who shall alone be responsible for such defect in rendering such services.

(38). During treatment/investigation, the empaneled centre will not ask ESIC beneficiaries to purchase medicines, surgical instruments, etc. from the market.

(39). In the event of any bribes, commission, gifts or advantage being given, promised or offered by or on behalf of the Hospital/Nursing Home/Diagnostic centre, the centre will be de-empaneled.

(40). **Criteria for De-empanelment:** De-empanelment of the Hospital/diagnostic centre could be made due to any one of the following reasons:

a. Rendering written unwillingness to continue empanelment.

b. Unsatisfactory services and proven case of malpractice/misconduct.

c. In case the empanelled hospital refuses to treat/entertain/admit and also further refers the patient to other hospital/ refers back to ESIC hospital etc.

d. In case the empanelled hospital charges money from patient / attendant for any procedure / investigations / medicines.

e. Propaganda, foul tactics by the empaneled hospital, agent system or offering of bribery.

f. Over inflation in the bills without any reason (investigation/procedure cost etc) so submitted to this office.

g. For not adhering to follow the package-rates, days as prescribed in CGHS terms and conditions and guidelines/procedures/ communications issued from this office from time to time.

h. Undertaking unnecessary procedures/ treatment/ investigations in patients referred for IPD/OPD management.

i. Prescribing unnecessary drugs/tests while the patient is under treatment.

j. Discrimination against ESI beneficiaries vis-à-vis general patients.

k. Death of owner/Change of ownership, location of business place or the practice place, as the case may be, if not approved by the competent authority.

l. If the owner gives the establishment on lease to other agency, they will be liable for de-empanelment.

(41). **Procedure for de-empanelment/blacklisting:**

1. If any empanelled centre is detected to be indulging in malpractice/unethical practice/medical negligence or defaulter of any of the criteria listed in de-empanelment, the matter will be got investigated by the M.S. of referring ESIC Model Hospital, Bari Brahma, Jammu.

2. On receiving information of de-empanelment/blacklisting of health care organization(s) from the CGHS / Railways / DGAFMS or any other Govt. Organization.

3. On receiving information in both cases as listed out in paragraphs 1 and 2 above, the empanelled centre will be given an opportunity to show cause before a decision of de-empanelment / blacklisting is taken.

4. Based on the investigation report and examining the reply of show cause notice the M.S shall place the recommendations for de-empanelment / blacklisting before the committee of Specialists of the ESIC hospital. The committee shall decide to-empanel / blacklist Health Care Organization(s).

5. Once any Health Care Organization is de-empanelled, the MoU with that Health Care Organization shall stand terminated from the date of de-empanelment. The de-empanelled Health Care Organization will be debarred for empanelment for a **period one year**.

6. If the Health Care Organization is blacklisted then the MoU with that Health Care Organization shall stand terminated from the date of blacklisting. The blacklisted Health Care Organization will be debarred from empanelment for a **period of three years.**

(42). Rate of Test/treatment/package rates:-

Certain discounts on drugs/treatment/procedure/devices have been finalized by ESIC, these are:

- *15% discount on hospital rates if there is no package available under CGHS.
- * For devices/stents etc. 15% discount on MRP.
- *In case of drugs given during treatment/procedure not available under CGHS package, 10% discount on MRP.

Regarding the patients admitted in hospital, the empaneled hospitals should levy CGHS approved rates even for the procedures for which the tie up hospitals are not empaneled.. If no such rates are available, then there shall be discount of 15% on normal scheduled rates of the hospital.

(43). NOTICES :

(i) The ESIC shall be at liberty at any time to terminate this agreement on giving 24 hours notice in writing to the Hospital for breach of any of terms and condition of this agreement and decision of the ESIC in this regard shall be final.

(ii) Any notice given by one party to the other pursuant to this agreement shall be sent in writing by Registered Post or by facsimile and confirmed by original copy of the post to the other party's address as below:

The Regional Director, Regional Office, 10-B, Radha Bhawan, Shastri Nagar, Jammu

(iii) 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 is returned with the remarks like refused, left, premises locked etc. Medical Superintendent ESIC Model Hospital Bari Brahmana reserves the right to accept or reject any tender without assigning any reasons thereof.

Name and signature of Owner/ Authorized person

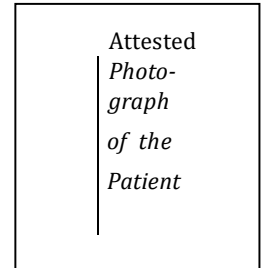
Seal/rubber stamp

Dated:

(Please return one signed copy as acceptance of the terms and conditions.)

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 (if any) :
IP/Beneficiary/Staff :
Relationship with IP/Staff : F/M/S/D/Other
Entitled for Specialty/S.St. : Yes/No
Diagnosis/clinical opinion/case :
summary



Relevant Treatment given/ Procedure/
Investigation done in referring hospital :

Treatment/Procedure/Investigation for
which patient is being referred (mention
(specific diagnosis for referral) :

CGHS Code :

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 _____

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:

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).

:2:

3. The referred hospital is requested 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 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(Referring 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.

Date:

Signature of the Competent Authority

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

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

(NABH accredited/ Superspeciality Hospital)

(Attach documentary proof)

Date of Submission:

Individual Case Format

Name of the Patient : Referral S.No.(Routine)
 / Emergency/ through
 Age/Sex : SSMC/SMC :
 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 hospital authority
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(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

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 (MS/SMC/SSMC)

1. Duly filled up consolidated Performa.
2. Duly filled up individual patient bill Performa.
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 Performa, in original , Insurance Card/ Photo I card of IP/ Referral recommendation of medical officer & entitlement certificate. Approval letter from M.S. in case of emergency treatment or additional procedure performed.
6. Sign & Stamp of Authorized Signatory.
7. Patient/Attendant satisfaction certificate.
8. Document in favour of permission taken for additional procedure/treatment or investigation.
9. **Certificate** -Certifying that the drugs used in the treatment are in the standard pharmacopeia IP/BP/USP/FDA.

Signature of Competent Authority

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)

SN o	IP No. /Emp. No.	Name of patient	Re f. No	Diag./Proced ure for which referred	Procedure Performe d/ treatment given	CGHS/othe r Code (with page) No/Nos/N. A	Other if not in CGHS rates list	Amoun t claime d	Amount entitled	Remar ks

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.

Date:

**Signature of the Competent
Authority of Tie-up Hospital.**

Checklist

1. Duly filled up consolidated Performa.
2. Duly filled up individual patient bill Performa.
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 Performa, in original , Insurance Card/ Photo I card of IP/ Referral recommendation of medical officer & entitlement certificate. Approval letter from M.S. in case of emergency treatment or additional procedure performed.
6. Sign & Stamp of Authorized Signatory.
7. Patient/Attendant satisfaction certificate.
8. Document in favour of permission taken for additional procedure/treatment or investigation.
9. **Certificate** -Certifying that the drugs used in the treatment are in the standard pharmacopeia IP/BP/USP/FDA.

Date:

Signature of the Competent Authority.

Letterhead of Referring ESI Hospital (P-IV)

Sanction Memo/Disallowance Memo

Name of Referral Hospital (Tie-up Hospital)

Bill No

Date

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

Date:

Signature of Competent Authority
With Stamp

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

Monthly Bill for Special Investigations for diagnostic centres/referral Hospitals

Bill No

Bill Date:.....

S. No	Name of the Patient & Insurance	Date of Reference	Investigation Performed	CGHS/ other code no with	Charges not in package rates	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.

Date:

**Signature of the Competent
Authority of Tie-up
Hospital**

Checklist

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

Signature of Competent Authority

PATIENT/ATTENDANT SATISFACTION CERTIFICATE (P-VI)

- 1. I am satisfied/ not satisfied with the treatment given to me/ my patient and with the and 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.**

Patient details:

Name:

Insurance no.:

Date of admission:

Date of discharge:

Sign/Thumb impression of patient/Attendant

Name :

Phone No.