

# **EMPLOYEES' STATE INSURANCE CORPORATION**



**“Expression of Interest  
for Empanelment of IMP”**



**EMPLOYEES' STATE INSURANCE CORPORATION**  
**PANCHDEEP' BHAVAN, N. M. JOSHI MARG,**  
**LOWER PAREL, MUMBAI – 400 013.**  
**TEL. NO. 022-61209716, FAX NO. 022-24921701**  
**Website : [www.esicmaharashtra.gov.in/www.esic.nic.in](http://www.esicmaharashtra.gov.in/www.esic.nic.in)**  
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**INVITATION FOR EXPRESSION OF INTEREST (EOI) FOR**  
**EMPANELMENT OF INSURANCE MEDICAL**  
**PRACTITIONERS (IMPs) FOR PROVIDING PRIMARY**  
**MEDICAL CARE SERVICES**

Employees' State Insurance Corporation, Maharashtra intends to partner with the Nursing Homes / Hospitals / Private Clinics for empanelment of Insurance Medical Practitioners (IMPs) to provide Primary Health Care to the ESI Beneficiaries of different locations in various Districts, Towns, Smaller Towns and Rural Areas of Maharashtra State. The Nursing Homes / Hospitals / Private Clinics will be responsible for the Service Delivery in the selected locations. Proprietors / Partners / Directors / Representatives of interested and eligible Nursing Homes / Hospitals / Clinics having expertise and experience may send their duly filled in Expression of Interest in **sealed envelope** superscripted ***“Expression of Interest for empanelment of IMP”*** to **ESI Corporation, Regional Office, Medical Benefit Branch (4<sup>th</sup> Floor), Panchdeep Bhavan, 108, N. M. Joshi Marg, Lower Parel, Mumbai – 400 013**. The details can be downloaded from [www.esicmaharashtra.gov.in](http://www.esicmaharashtra.gov.in) OR [www.esic.nic.in](http://www.esic.nic.in) OR [www.eprocure.gov.in](http://www.eprocure.gov.in).

**Additional Commissioner**  
**ESI Corporation, Mumbai**

	<p align="center"><b>EMPLOYEES' STATE INSURANCE CORPORATION</b>  <b>PANCHDEEP' BHAVAN, N. M. JOSHI MARG,</b>  <b>LOWER PAREL, MUMBAI – 400 013.</b>  <b>TEL. NO. 022-61209716, FAX NO. 022-24921701</b>  <b>Website : <a href="http://www.esicmaharashtra.gov.in/www.esic.nic.in">www.esicmaharashtra.gov.in/www.esic.nic.in</a></b>  <b>E-mail Id : <a href="mailto:rd-maharashtra@esic.nic.in">rd-maharashtra@esic.nic.in</a>/<a href="mailto:ssmc-maha@esic.nic.in">ssmc-maha@esic.nic.in</a></b></p>
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**EXPRESSION OF INTEREST FOR EMPANELMENT OF INSURANCE MEDICAL PRACTITIONERS (IMPs) FOR PROVIDING PRIMARY HEALTH SERVICES IN VARIOUS AREAS OF MAHARASHTRA STATE.**

**1. Introduction:**

**Employees' State Insurance Corporation** is a statutory Organization under the **Ministry of Labour & Employment, Government of India** providing comprehensive health care through a network of Hospitals & Dispensaries to its Beneficiaries (Insured Persons) & their dependent family, in majority of States / Districts of the Country.

ESI Corporation is in the process of associating Private Clinics (M.B.B.S. Doctor) & Nursing Homes / Hospitals (Through M.B.B.S. Doctor) for empanelment of Insurance Medical Practitioners (IMPs) to provide Primary Medical Care Services for the various areas of Maharashtra State as per **Annexure-I** under the ESI Scheme.

In its Reform Agenda under ESIC 2.0, the ESIC has decided to expand its services in all the districts and small towns of the Maharashtra State. In this endeavor, ESIC is extending its coverage in 14 non implemented districts (As per **Annexure-I**), where it intends to provide Primary Medical Care Services by empanelling IMPs through Private Clinics / Nursing Homes / Hospitals.

**2. Scope of Services & Modalities of Operation:**

**2.1** The Nursing Home / Hospital / Clinic shall be selected for each location in a transparent manner. The details of Expression of Interest (EOI) /Application Form as per **Annexure – A & Annexure - B** can be seen on ESIC Website [www.esicmaharashtra.gov.in](http://www.esicmaharashtra.gov.in), [www.esic.nic.in](http://www.esic.nic.in) and [www.eprocure.gov.in](http://www.eprocure.gov.in).

**2.2.** The Private Clinic (M.B.B.S. Doctor) / Nursing Home / Hospital shall be responsible for providing the following services:

- (a) OPD Service for six days in a week.
- (b) Laboratory services viz. HB, Blood Sugar & Urine (albumin/sugar) etc.
- (c) Drugs as per the attached List.
- (d) Record Keeping and issuance of various Certificates.

**3. Tenure:**

Contract period of IMP shall be for One year, renewable every year, for a maximum period of three years. In exceptional cases, this may be extended to five years. Maximum Age of IMP will be 70 years subject to medical fitness. The selected Private Clinic / Nursing Home / Hospital should sign a Agreement with ESIC.

**4. Remuneration, Billing & Payment:**

The Remuneration of each IMP will be **Rs. 500/- (Rs. Five Hundred only) per Insured Person Family per annum** which will include providing primary health

services to IP and his family, distribution of drugs, issuance of medical certificate, investigation facilities for urine (albumin and sugar), hemoglobin, blood sugar etc Indicative List of Drugs is enclosed as **Annexure - II**. The payment of Remuneration shall be made by ESIC **on quarterly basis** which would be reckoned for each full month or part thereof, as the case may be, on pro-rata basis. The payment of Remuneration shall be made/calculated on the basis of number of IPs registered with the IMP (on 7<sup>th</sup> of each month) and eligible as per Live List and/or eligible as per the provisions of ESI Act, duly certified by ESIC authority. Income Tax, as applicable, shall be deducted at source. No other amount shall be admissible to IMP.

The Nursing Home/Clinic shall submit their monthly bill, duly filled in all respects, alongwith the requisite documents in its entirety with the designated Branch Office of ESIC within 7 days of the following month. These Bills, after their due verification/certification by the designated Branch Office of ESIC, would then be forwarded to the Regional Office of ESIC for audit and payment.

Desirous Doctors / Private Clinics / Nursing Homes / Hospitals having infrastructure and minimum **Two Years experience** in health sector may send their Expression of Interest as per format given in **Annexure – A & Annexure - B** duly filled and signed by the authorized signatory after affixing **recent coloured post card size photograph** showing name of Clinic / Nursing Home / Hospital alongwith photograph of the authorized signatory.

The Application for Expression of Interest (EOI) as per Annexure A & B alongwith all the supporting documents in its entirety may be submitted in **sealed envelope** superscribed “**Expression of Interest for empanelment of IMP**” at the Employees' State Insurance Corporation, Regional Office, Medical Benefit Branch [4<sup>th</sup> Floor], Panchdeep Bhavan, 108, N. M. Joshi Marh, Lower Parel, Mumbai – 400013. Based on the scrutiny of Application and satisfactory conditions of Clinic / Nursing Home / Hospital, the Application for empanelment may be considered and an Agreement will be signed accordingly.

The Additional Commissioner will have sole right to accept or reject any Application without assigning any reason(s).

**Additional Commissioner  
ESI Corporation, Mumbai**

List of Drugs

<b>Sr. No.</b>	<b>Name of Drug</b>
1	Tab. Paracetamol 500 mg.
2	Tab. Diclofenac sodium 50 mg.
3	Tab. Ranitidine 150 mg.
4	Tab. Metaclopramide.
5	Tab. Norfloxacin 400 mg.
6	Tab. Meftal-spas.
7	Tab. Metronidazole 200/400 mg.
8	Tab. Pheniramine maleate 25 mg./Inj.
9	Tab. Deriphylline 100 mg.
10	Tab. Albendazol.
11	Tab. Chloroquin 250 mg.
12	Cap. Amoxicillin 250mg./500mg.
13	Tab. Co-trimoxazole/DS.
14	Tab. ciprofloxacin 250/500 mg.
15	Tab. Diazepam 5 mg.
16	Cough syrup.
17	Betadin lotion.
18	Inj. Perinorm.
19	Inj. Voveron.
20	Inj. Decadron.

**EMPLOYEES' STATE INSURANCE CORPORATION  
PRIMARY MEDICAL CARE – NEW IMPLEMENTATION**

**IMP NURSING HOME / HOSPITAL / CLINIC PROFILE**

**(ATTACH SELF ATTESTED DOCUMENTS)**

<b>NAME OF THE NURSING HOME / HOSPITAL / CLINIC</b>	
<b>COMPLETE ADDRESS OF THE NURSING HOME / HOSPITAL / CLINIC</b>	
<b>CODE NUMBER</b>	
<b>PHONE NO. / NOs.</b>	
<b>E-MAIL ID. / IDs.</b>	
<b>CONTACT PERSON(S)</b>	
<b>CONTACT NO. / NOs.</b>	
<b>REGISTRATION NUMBER OF THE NURSING HOME / HOSPITAL / CLINIC ALONGWITH VALIDITY PERIOD</b>	
<b>PAN OF THE NURSING HOME / HOSPITAL / CLINIC</b>	

**BANK DETAILS**

<b>NAME OF ACCOUNT HOLDER</b>	
<b>BANK NAME</b>	
<b>BRANCH NAME AND ADDRESS</b>	
<b>ACCOUNT NUMBER</b>	
<b>IFSC CODE</b>	

<b>Date</b>		<b>Signature of Authorized Person</b>	
<b>Place</b>		<b>Seal</b>	

**ENCLOSURES:**

1. SELF ATTESTED PHOTOCOPY OF VALID EXISTING NURSING HOME / HOSPITAL / CLINIC REGISTRATION CERTIFICATE.
2. CANCELLED CHEQUE.
3. RECENT COLOURED POST CARD SIZE PHOTOGRAPH OF NURSING HOME / HOSPITAL / CLINIC.
4. SELF ATTESTED PHOTOCOPY OF PAN OF NURSING HOME / HOSPITAL / CLINIC/OWNER.

**Annexure “B”**

<b>EMPLOYEES' STATE INSURANCE CORPORATION</b> <b>PRIMARY MEDICAL CARE – NEW IMPLEMENTATION</b>
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**DETAILS OF M.B.B.S. DOCTOR ON PANEL IN THE NURSING HOME / HOSPITAL / CLINIC  
PROVIDING PRIMARY MEDICAL CARE**

**(ATTACH SEPARATE SHEET FOR EACH M.B.B.S. DOCTOR)**

**(ATTACH SELF ATTESTED DOCUMENTS)**

NAME OF M. B. B. S. DOCTOR	
QUALIFICATION	
DATE OF BIRTH	
MOBILE NUMBER(S)	
E-MAIL ID. OF M. B. B. S. DOCTOR	
COMPLETE PERMANENT ADDRESS	
PIN CODE	
SPECIMEN SIGNATURE	
MORNING SHIFT TIMINGS – 3HRS PER DAY (NOT BEFORE 8 AM & LATER 9 AM)	
EVENING SHIFT TIMINGS– 3HRS PER DAY (NOT BEFORE 5 PM & LATER 6 PM)	

<b>Date</b>		<b>Signature of Authorized Person</b>	
<b>Place</b>		<b>Seal</b>	

**ENCLOSURES:**

1. SELF ATTESTED PHOTOCOPY OF VALID M.M.C REGISTRATION CERTIFICATE.
2. SELF ATTESTED PHOTOCOPY OF M.B.B.S. DEGREE, PASSING CERTIFICATE.
3. SELF ATTESTED PHOTOCOPY OF EXPERIENCE CERTIFICATE IN GENERAL PRACTICE IN A NURSING HOME / HOSPITAL / CLINIC AFTER OBTAINING HIS/HER MEDICAL DEGREE.
4. SELF ATTESTED PHOTOCOPY OF AADHAAR CARD.
5. SELF ATTESTED PHOTOCOPY OF PAN CARD.PASSPORT SIZE PHOTOGRAPHS OF M.B.B.S. DOCTORS.

**Annexure-I (List of 14 Districts)**

1. **Ahmednagar**
2. **Beed**
3. **Osmanabad**
4. **Parbhani**
5. **Latur**
6. **Ratnagiri**
7. **Jalna**
8. **Bhandara**
9. **Sindhudurg**
10. **Hingoli**
11. **Gadchiroli**
12. **Washim**
13. **Yavatmal**
14. **Nandurbar**

**N.B** The areas of District Headquarters', MIDC and the areas where Population of Workers is relatively on higher side, would be preferred for empanelment.