



कर्मचारी राज्य बीमा निगम चिकित्सालय सरोजनी नगर लखनऊ

Employees State Insurance Corporation Hospital

श्रम एवं रोजगार मंत्रालय, भारत सरकार

(Ministry of labour & Employment, Govt. of India)

SAROJINI NAGAR LUCKNOW-226023

Tel-0522 – 2473814 E-mail: ms-lucknow.up@esic.nic.in

EXPRESSION OF INTREST (EOI) FOR EMPANELMENT OF SECONDARY CARE TREATMENT AND DIAGNOSTIC & IMAGING SERVICES.

M/s -----

Subject: E-Tender for “EOI for Empanelment OF SECONDARY CARE AND DIAGNOSTIC & IMAGING SERVICES”.

Sir,

Medical Superintendent, ESIC Hospital Lucknow, invites **Expression of Interest** through e-procurement solution for “Empanelment of secondary care and diagnostic & Imaging services” **from CGHS empanelled** Hospitals/diagnostic /imaging centers preferably NABH/ NABL situated in **Lucknow** and **located within 15 Km Radius area of this hospital**, for Secondary **Care and Diagnostic/Imaging Services**, on cashless basis at latest CGHS Rate/AIIMS Rates. Order of preference for empanelment will be –

- i) Hospitals at a distance of < 5km
- ii) Hospitals at a distance of >5 & <10 km
- iii) Hospitals at a distance of > 10 & < 15 km, such that each service has up to 2 centers available

For ESIC Beneficiaries.

The tender will be valid for two year and can be extended up to one additional year, after assessment of performance and with mutual consent of both the parties. The conditions of contract which will govern the contract are contained in the tender form.

E-tender schedule:-

S. no	Name of item	Date of online availability of e-tender	Last date and time for online submission of EOI through e-tender	Last date & time of manual submission of sealed envelope	Date & time of opening of online e-tender & tender box
1	Tender for empanelment of secondary care and Diagnostic/imaging services	10.10.2018	15.11.2018 till 1:00pm	15.11.2018 till 1:00pm	15.11.2018 at 2:30pm at ESIC Hospital, Sarojini Nagar Lucknow In room deputed by MS

- **Any clarification regarding EOI tender, the tenderer can be approach to the Competent Authority.**

Note:- In case the date of opening is declared a holiday then tenders shall be opened on the next working day at the same time & same venue.



Medical Superintendent

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Tenders documents will be available online from 10.10.2018 at www.esic.nic.in, <https://esictenders.eproc.in>. & <https://eprocure.gov.in>..

The interested bidders should upload duly signed tender form along with technical bid with scanned copies of all relevant certificates, documents etc., on the e-tender portal <https://esictenders.eproc.in> latest by 15.11.2018 up to 1:00pm.

In addition to online submission of e-tender, bidders are also required to submit manual/hard copy of the following documents mentioned in the Bid.

The documents should be submitted in a sealed envelope, duly super-scribed “EOI for Empanelment for Secondary Care and Diagnostic Services/ imaging services”, E Tender ID No. _____ Sealed envelope should be dropped in the tender box kept in Administrative Block at ESIC Hospital, Lucknow on or before closing date & time i.e 15.11.2018 upto 1:00pm. Tenders received after the specified date & time shall be summarily rejected.

Proof of postage/courier will not be considered as a claim for timely submission of tender.

The EOI documents will be opened online on 15.11.2018 at 2:30pm. Tender box will also be opened on 15.11.2018 @ 2:30pm. Bidders or their authorized representative (with authority letter) can attend the opening. In case 15.11.2018 is declared a holiday, bids will be opened on next working day at the same time & venue.

Any corrigendum to this letter will be notified through the aforesaid websites only.

Medical Superintendent reserves the right to accept any tender in full or in part, to reject any or all tenders at any time without assigning any reason thereof.

(Medical Superintendent)



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Important Instructions for Bidders regarding Online Payment

All bidders/contractors are required to procure Class-III Digital Signature Certificate (DSC) with Both DSC Components i.e. Signing & Encryption to participate in the E-Tenders.

Bidders should get Registered at <https://esictenders.eproc.in>.

Bidders should add the below mentioned sites under Internet Explorer Tools
Internet Options Security Trusted Sites Sites of Internet Explorer:

<https://esictenders.eproc.in>
<https://www.tpsl-india.in>
<https://www4.ipg-online.com>

Also, Bidders need to select “Use TLS 1.1 and Use TLS 1.2” under Internet Explorer Tools
 Internet Options Advanced Tab Security.

Bidder needs to submit Bid Processing Fee charges of Rs. 2495/- (non-refundable) in favour of M/s. C1 India Pvt. Ltd., payable at New Delhi via Online Payment Modes such as Debit Card, Credit Card or Net Banking for participating in the Tender.

Bidders can contact our Helpdesk at <https://esictenders.eproc.in/html/Support.asp>





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(श्रम एवं रोजगार मंत्रालय, भारत सरकार)

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TENDER FORM

ESIC provides comprehensive health care facilities to the ESI beneficiaries, ESIC staff and pensioners. With a view to provide seamless delivery of services, ESIC Hospital, Lucknow empanels private Health Care Organizations for providing the same.

In this background, willing Hospitals, exclusive Eye hospitals/Centers, diagnostic laboratories and imaging centers (henceforth referred to as Health Care Organizations – HCOs) are invited to apply for empanelment with ESIC Hospital, Lucknow. The eligible private Health Care Organizations seeking empanelment and having prescribed infrastructure and staff and willing to accept the rates of various treatment procedures/ investigations fixed by CGHS and other conditions as detailed in the tender document and may apply for the same in the prescribed format.

The hospitals, exclusive Eye hospitals / Centers and Imaging centers should preferably be accredited by **National Accreditation Board for Hospitals & Healthcare Providers (NABH)**. However, the private health Care Organizations which are not accredited by NABH may also apply and can get empanelled but their empanelment shall be provisional till they are accredited by NABH, which must preferably be done within a period of six months but not later than one year from the date of their empanelment.

Similarly, the diagnostic laboratories should have been accredited by **National Accreditation Board for Testing and Calibration Laboratories (NABL)**. However, the diagnostic laboratories, which are not accredited by NABL, may also participate in application and get empanelled but their empanelment shall be provisional till they are accredited by NABL which must be done preferably within a period of six months but not later than one year from the date of their empanelment.

The Health Care Organizations which are not NABH accredited and diagnostic laboratories which are not NABL accredited may be empanelled provisionally on the basis of fulfilling the criteria and submission of an affidavit that the information provided has been correct and in the event of failure to get recommendation from NABH/NABL as the case may be, which must preferably be done within a period of six months but not later than one year of their empanelment, the empanelled health care Organization shall not be considered for extension of empanelment, if any.

PART - I – EMPANELMENT OF HOSPITALS, EXCLUSIVE EYE HOSPITALS / CENTRES

PART- II - EMPANELMENT OF DIAGNOSTIC LABORATORIES & IMAGING CENTRES

PART I

(For Empanelment of Hospitals, exclusive Eye hospitals / centres

A. MINIMUM NUMBER OF BEDS REQUIRED (Not for exclusive Eye hospitals/centers)

I) Lucknow30

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.

B. CATEGORIES OF HEALTH CARE ORGANIZATIONS:

The following categories of Health Care Organizations will be considered for empanelment by ESIC Hospital, Lucknow:

(a) NABH Accredited Hospitals-

The hospitals applying under this category must be accredited by National Accreditation Board for Hospitals and Health Care providers (**NABH**) or its equivalent.

(b) NON NABH Accredited Hospitals-

Non NABH accredited hospitals may be empanelled provisionally on the basis of fulfilling the criteria, submission of performance security deposit and submission of an affidavit that the information provided is correct and in the event of failure to get recommendation from NABH preferably within a period of six months but not later

than one year of its empanelment and for all facilities, its name would not be considered for extension of empanelment, if any.

C. EXCLUSIVE EYE HOSPITALS/ CENTERS:

No minimum bed strength is prescribed for empanelment of exclusive Eye hospitals/centers

(a) NABH Accredited- Exclusive Eye Hospitals/Centres

(b) Non-NABH Accredited Exclusive Eye Hospitals/ Centres

The exclusive Eye hospital/center may be empanelled provisionally on the basis of fulfilling the criteria and submission of performance security deposit and submission of an affidavit that the information provided is correct and in the event of failure to get recommendation from NABH preferably within six months but not later than one year of its empanelment its name would not be considered for extension, if any.



ELIGIBILITY CRITERIA FOR HOSPITALS/EXCLUSIVE EYE CENTER (ALL Documents Mandatory)

The Health Care Organizations must fulfill the requirements as detailed below depending on the category under which the applicant HCO is seeking empanelment and must attach the copies of the required documents.

1. The Health Care Organization must have been in operation for at least two years. Copy of audited balance sheet, profit and loss account for the last two financial years (Main documents only- summary sheet-) is to be attached.
2. A) Applicant Hospitals must have minimal annual turnover of Rs.1 Crore.
B) Exclusive Eye hospitals/Centers must have a minimal annual turnover of Rs.10 Lakhs.
3. Copy of NABH Accreditation in case of NABH Accredited Health Care Organizations.
4. Copy of NABH application in case of Non-NABH accredited health Care Organizations who have applied for the same, or an affidavit that the information provided is correct and in the event of failure to get recommendation from NABH preferably within a period of six months but not later than one year of its empanelment and for all facilities, its name would not be considered for extension of empanelment, if any.
5. List of treatment procedures /investigations/ facilities available in the applicant HCO.
6. State registration certificate / Registration with Local bodies, wherever applicable.



7. Compliance with statutory requirements including that of Waste Management.
8. Fire Clearance certificate and details of Fire safety mechanism as in place in the health care Organization. Exclusive Eye centers, exclusive dental Clinics have to enclose a certificate regarding fire safety of their premises.
9. Registration under PNDT Act, if Ultrasonography facility is available.
10. AERB approval for imaging facilities/ Radiotherapy, wherever applicable.
11. Certificate of Undertaking as per the format annexed.
12. An Applicant Health Care Organization must have the capacity to submit all claims / bills in electronic format to the Bill Clearing Agency and must also have dedicated equipment, software and connectivity for such electronic submission.
13. An Applicant Health Care Organization must submit the rates for all treatment procedures / investigations/ facilities available with them and as charged by them.
14. An Applicant Health Care Organization must give an undertaking accepting the terms and conditions spelt out in the tender document.
15. Applicant Health care Organizations must certify that they shall charge as per CGHS rates and that the rates charged by them are not higher than the rates being charged from their other patients who are not ESI beneficiaries.
16. Applicant Health care Organizations must certify that they are fulfilling all special conditions that have been imposed by any authority in lieu of special concessions such as but not limited to concessional allotment of land or customs duty exemption.
17. Bank details and Photo copy of PAN Card are to be submitted.

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PART II

(Diagnostic Laboratories & Imaging Centers)

CATEGORIES OF DIAGNOSTIC LABORATORIES / IMAGING CENTRES

The following categories of diagnostic laboratories and imaging centres would be considered for empanelment:

- a. NABL / NABH accredited Diagnostic Laboratories/ Imaging Centres**
- b. Non- NABL / Non- NABH accredited Diagnostic Laboratories/ Imaging Centres**

The Non-NABL/ Non-NABH diagnostic laboratories/Imaging Centres may be empanelled provisionally on the basis of fulfilling the criteria and submission of performance security deposit and submission of an affidavit that the information provided is correct and in the event of failure to get recommendation from NABL/NABH as the case may be, preferably within a period of six months but not later than one year of its empanelment, the diagnostic laboratory/ imaging centre shall not be considered for extension of empanelment (if any).

ELIGIBILITY CRITERIA FOR DIAGNOSTIC LABORATORIES/ IMAGING CENTRES

(All documents Mandatory for except, Point No. 19 - specially for Imaging Center)

The diagnostic laboratory/imaging centers must fulfill the Criteria as specified below and must attach the copies of the required documents.

1. The Diagnostic laboratory/imaging center must have been in operation for at least two years. Copy of audited balance sheet, profit and loss account for the last two financial years (Main documents only- summary sheet) is to be attached.
2. Minimum annual turnover of diagnostic lab / imaging center must be Rs. 10 (ten) lakhs.
3. Copy of NABL / NABH Accreditation in case of NABL / NABH Accredited Diagnostic Laboratory/ imaging center.
4. Copy of NABL/NABH/ application in case of Non-NABH/Non-NABL accredited laboratories/imaging centres who have applied for same. Those who are not accredited

- and have also not applied must submit an affidavit that the information provided has been correct and in the event of failure to get recommendation from NABH preferably within a period of six months but not later than one year of its empanelment and for all facilities, its name would not be considered for extension of empanelment, if any.
5. List of investigation facilities available with diagnostic lab/imaging center is to be attached.
 6. Diagnostic lab / Imaging Centre must have been registered with State Government / Local bodies, wherever applicable.
 7. Compliance with statutory requirements including that of Waste Management.
 8. Documents to establish that fire safety mechanism is in place.
 9. Registration under PNDT Act, if Ultrasonography facility is available.
 10. AERB approval for imaging facilities, wherever applicable.
 11. Certificate of Undertaking as per the format annexed.
 12. Diagnostic lab / Imaging Centre must submit the rates for all investigations services available with it and as charged by it from other patients.
 13. Diagnostic lab / Imaging Centre must give an undertaking accepting the terms and conditions spelt out in the tender document
 14. Diagnostic lab / Imaging Centre must certify that they shall charge ESIC beneficiaries as per CGHS rates and that the rates charged by them are not higher than the rates being Charged from their patients who are not ESI beneficiaries
 15. Diagnostic lab / Imaging Centre must certify that they are fulfilling all special conditions that have been imposed by any authority in lieu of special concessions such as but not limited to concessional allotment of land or customs duty exemption.
 16. Diagnostic Laboratories and Imaging Centers must have the capacity to submit all claims / bills in electronic format to the Bill Processing Agency and must also have dedicated equipment, software and connectivity for such electronic submission.
 17. Bank details and photocopy of PAN Card are to be submitted.

18. Diagnostic lab/Imaging centre must be able to provide round the clock services (sample collection, reporting etc) for emergency cases on all days.

19. In addition the imaging centers shall meet the following criteria:

a. X-ray Centre /Dental X-ray/OPG center

X- Ray machine must have a minimum current rating of 500 MA with image intensifier TV system.

Portable X-ray machine must have a minimum current rating of 60 MA
Dental X-ray machine must have a minimum current rating of 6 MA
OPG X-ray machine must have a current rating of 4.5 -10 MA

Must have been approved by AERB

b. Mammography Centre

Standard quality mammography machine with low radiations and biopsy attachment.

c. USG / Colour Doppler Centre

It should be of high-resolution Ultrasound standard and of equipment having convex, sector, linear probes of frequency ranging from 3.5 to 10 MHz should have minimum three probes and provision/facilities of transVaginal/ Trans Rectal Probes.

Must have been registered under PNDT Act

d. Bone Densitometry Centre

Must be capable of scanning whole body

e. Nuclear Medicine Centre

Must have been approved by AERB / BARC

A. APPLICATION FORM

1. Application Form comprises of Annexure I to VIIIe

Annexure –I is the application format to be filled up and submitted by the Hospital

General Purpose Hospitals,

Annexure-Ia

Eye Care Centres shall fill up

Annexure-Ib Eye

Diagnostic/Imaging Centres shall fill up

Annexure- Ic

Copies of Documents are to be annexed wherever specified

Annexure –II is Certificate of Undertaking.

Annexure –III is list of documents (wherever applicable) whose copies are to be annexed to the application form

Annexure – IV – Rate list of Hospital

Annexure – V – Specialties/Services Applied For Empanelment

Annexure VI – Acceptance Letter by HCO

Annexure VII – MOU for bill processing by BPA

Annexure VIIIa to VIIIe – Forms for referral and billing purpose.

2. OFFER OF EMPANELMENT and SIGNING OF MEMORANDUM OF AGREEMENT

- i. All eligible health Care Organizations have to submit the letter of acceptance of rates to ESIC Hospital, Lucknow.
- ii. All eligible NABH / NABL accredited Health Care Organizations shall be asked to sign a Memorandum of Agreement with Medical Superintendent, ESIC Hospital, Lucknow, and submit Performance Security Deposit.
- iii. All eligible Non – NABH / Non- NABL Health Care Organizations shall be offered provisional empanelment for signing MOA and submission of Performance Security Deposit. If a particular Health Care Organization is not recommended by NABH/NABL as the case may be for all available facilities in it, preferably within six months but not later than one year of its empanelment then its name shall not be considered for extension of empanelment, if any.

3. VALIDITY OF CGHS RATES

The CGHS rates shall be valid, and if CGHS rate are not available then ESIC Rates /AIIMS rates will be applicable.

The empanelled Organizations shall not charge more than CGHS rates (Latest rates for Lucknow, if Lucknow rates not available, then 90 % of Delhi rates).

Any revision in CGHS Rates shall be applicable only after the same has been endorsed by ESIC Headquarters, New Delhi.

Ward entitlement shall be as prescribed by CGHS for General ward, Semi Private Ward and Private Ward.

CGHS "Package Rate" shall mean all inclusive – including lump sum cost of inpatient treatment / day care / diagnostic procedure for which a CGHS beneficiary 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 patients 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 and Blood processing charges (xi) Pre Anesthetic check-up and Anesthesia charges, (xii) Operation theatre charges, (xiii) Procedural charges / surgeon's fee, (xiv) Cost of surgical disposables and all sundries used during hospitalization, (xv) Cost of medicines and consumables (xvi) Related routine and essential investigations (xvii) Physiotherapy charges etc. (xviii) Nursing care charges etc.

Package rates also include two pre-operative consultations and two post-operative consultations.

Cost of Implants / stents / grafts are reimbursable in addition to package rates as per CGHS ceiling rates or as per actual, whichever is lower.

During In-patient treatment of the ESIC beneficiary, the hospital will not ask the beneficiary or his / her attendant to purchase separately the medicines / sundries / equipment or accessories from outside and will provide the treatment within the package rate, fixed by the CGHS which includes the cost of all the items

If one or more minor procedures form part of a major treatment procedure then package charges would be permissible for major procedure and only 50% of charges for minor procedures.

Package rates envisage up to a maximum duration of indoor treatment as mentioned in CGHS compendium.

However, if the beneficiary has to stay in the hospital for his / her recovery for a period more than the period covered in package rate, in exceptional cases, supported by relevant medical records and certified as such by hospital, the additional reimbursement may be allowed, which shall be limited to accommodation charges as per entitlement, investigations charges at approved rates, doctors visit charges (not more than 2 visits per day) and cost of medicines for additional stay).

No additional charge on account of extended period of stay shall be allowed if that extension is due to infection on the consequences of surgical procedure/ faulty investigation procedure etc.

The empanelled Health Care Organization shall not charge more than ESIC Hospital, Lucknow/CGHS approved rates when a patient is admitted with valid ESIC Card/ESIC Staff Identity card/ESIC Pensioners Medical Card without prior permission or under emergency.

If any empanelled Health care Organization charges from ESIC beneficiary for any expenses incurred over and above the package rates vis-à-vis medicine, consumables, sundry equipment and accessories etc., which are purchased from external sources, based on specific authorization of treating doctor / staff of the concerned hospital and if they are not falling under the list of non-admissible items, reimbursement shall be made to the beneficiary and the amount shall be recovered from the pending bills of hospitals.



Where CGHS rates do not exist.

- (A) In order to remove the scope of any ambiguity on the point of package rates, it is reiterated that the package rate for a particular procedure is inclusive of all sub-procedures and all related procedures to complete the treatment procedure. The patient shall not be asked to bear the cost of any such procedure / item. **Whenever there is no rate available in CGHS (listed as well as unlisted procedures), rate of AIIMS, New Delhi will be followed.**
- (B) 15 % discount on hospital rates which already exist for other patients (non ESI) will be paid if not prescribed in AIIMS.
- (C) For devices / stents etc. 15% discount on MRP (Maximum Retail Price). In such cases, the claim is to be supported by both the sticker/Packaging & the bill of purchase. In this regard, statutory directions of Govt of India/State Govt/ESIC Headquarters governing ceiling prices etc, if any will be applicable, as amended from time to time.
- (D) 10% discount on the MRP as per ESIC in case of drugs not available in the CGHS Package/Procedure.
- (E) Expenses on toiletries, cosmetics, diet, food supplements, mouth freshener and telephone bills etc. are not reimbursable.
- (F) The center 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 patients and will furnish a certificate that rates charged are not more that from non-ESIC patients. **Rate list of the Health Care Organization to be submitted along with technical bid.**

DISCOUNT: ANY DISCOUNT ON CGHS/ESIC PACKAGE FOR SURGERIES ETC. TO BE MENTIONED.

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4. PERFORMANCE SECURITY DEPOSIT

Health Care Organizations that are recommended for empanelment after the initial assessment shall also have to furnish a performance security deposit in the form of Demand Draft of any scheduled bank, for the amount mentioned below, in favour of ESIC Fund Account No 1, payable at Lucknow:

Hospitals	Rs. 2.0 lakhs
Eye Hospital/Centre	Rs. 1.0 lakh
Diagnostic Centre (Lab/imaging)	Rs.1.0 lakh

The Security Deposit shall be forfeited if the successful bidder fails to comply with any of the terms & conditions of the contract or is implicated of indulging in any fraudulent practices/blacklisted at any time during the validity of contract.

The Security Deposit will be returned three months after satisfactory completion of contract period.

5. BILLING TO BE IN ELECTRONIC FORMAT

All Billing is to be done in electronic format and medical records need to be submitted in digital format to the Bill Processing agency (BPA) for necessary processing. In addition to this physical submission of hard copies will also have to be done to the ESIC Hospital, Lucknow. The HCO shall follow the instructions/guidelines issued by ESIC Headquarters, New Delhi in this regard.

6. FEE FOR PROCESSING OF BILLS/CLAIMS

At present the Bill Processing Agency engaged by ESIC is UTIITSL and shall charge a processing fee @ 2% of claimed amount and GST thereon with a minimum of Rs.12.50/- and maximum of Rs. 750/- per bill. ESIC reserves the right to revise these charges from time to time. MOA on the enclosed format will have to be signed for processing of bills by BPA.

7. CORRUPT AND FRAUDULENT PRACTICES

“Corrupt practice” means the offering, giving, receiving or soliciting of anything of value to influence the action of the public official “fraudulent practice” means a misrepresentation of facts in order to influence E-Tender process or a execution of a contract to the detriment of ESIC, and includes collusive practice among bidding hospitals /authorized representative/service providers (prior to or after bid submission) designed to establish bid prices at artificial non-competitive levels and to deprive ESIC of the benefits of the free and open competition;

ESIC Hospital, Lucknow will reject a proposal for award if it is established that the health care Organization recommended for empanelment has engaged in corrupt or fraudulent practices.

ESIC will declare a Health Care Organization ineligible, either indefinitely or for a stated period of time, to be empanelled if it at any time determines that the applicant Health Care Organization has engaged in corrupt and fraudulent practices in competing for, or in executing contract.

8. INTERPRETATION OF THE CLAUSES IN THE APPLICATION DOCUMENT

In case of any ambiguity in the interpretation of any of the clauses in Application Document, interpretation of Medical Superintendent, ESIC Hospital, Lucknow, of the clauses shall be final and binding on all parties.

9. DUTIES AND RESPONSIBILITIES OF EMPANELLED HOSPITALS/DIAGNOSTIC CENTRES

It shall be the duty and responsibility of the hospital at all times, to obtain, maintain and sustain the valid registration 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 ESIC Hospital, eligibility etc. must be mentioned on the board. The ESI patient must be entertained without any queue/wait.

10. INTEGRITY AND OBLIGATIONS DURING AGREEMENT PERIOD

The Hospital is responsible for and obliged to provide all facilities 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 misdemeanour, negligence, misconduct or deficiency in services, if any.

11. LIQUIDATED DAMAGES

Empanelled center shall provide the services as specified under terms & conditions of 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 bills and the ESIC shall have exclusive right to terminate the contract at any time, and also render forfeiture of security amount.

12. TERMINATION FOR DEFAULT

a. Medical Superintendent, ESIC Hospital Lucknow may, without prejudice to any other remedy and for breach of Agreement in whole or part may terminate the contract.

b. The Second Party will not terminate the agreement without giving notice of three (3) months.

If they do so security money will be forfeited.

c. The Institution shall be de-empanelled:-

- (i) 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
- (ii) If the Hospital, in the judgment of the ESIC is engaged in corrupt or fraudulent practices in competing for or in executing the Agreement. or
- (iii) If the hospital fails to follow instruction, guidelines, repeated failure of submission of bills in specified format (P II) and repeated deficiencies etc, the Institution shall be de-empanelled without giving any opportunity.

d. 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.

13. NODAL OFFICERS

Empanelled health care organizations shall notify names of CFO and CEO (or a person with similar area of operation) designated for dealing with ESIC Hospital, Lucknow. Additionally, a liaison officer for day to day communication for issues pertaining to ESI Beneficiaries/staff/pensioners is to be nominated along with his/her mobile number, e-mail id etc. All mails to ESIC Hospital, Lucknow, should be sent within working hours, duly dated, signed and stamped by the concerned specialist and along with all relevant documents (reports, IPD Sheets etc.)

14. INDEMNITY

The HCO 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 HCO 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), HCO as a party for anything done or purported to be done in the course of the execution of this Agreement. The HCO 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 HCOs negligence or misconduct. The HCO 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 HCO defends such suit, either jointly with the tie up HCO or separately in case the latter chooses not to defend the case.

15. ARBITRATION

The provision of Arbitration and Conciliation Act, 1996 shall apply to the arbitration proceedings.

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 Centre upon or relation to or in connection with or arising out of the Agreement, it shall be referred to for arbitration by the Medical Superintendent, ESIC Hospital, Lucknow who will give written award of his decision to the Parties. Arbitrator will be appointed by the Medical Superintendent, ESIC Hospital, Lucknow. The decision of the Arbitrator will be final and binding. The venue of the arbitration proceedings shall be at the office of Medical Superintendent, ESIC Hospital, Lucknow.

During Arbitration proceedings, services under valid contract shall not be stopped.

Any legal dispute to be settled in Lucknow (UT) jurisdiction only.

16. RIGHT TO ACCEPT ANY APPLICATION AND TO REJECT ANY OR ALL APPLICATIONS

Medical Superintendent, ESIC Hospital, Lucknow reserves the right to accept or reject any application and to annul the process and to reject all the applications at any time without thereby incurring any liability to the affected hospital/ authorized representative/ service provider or any obligation to inform the affected hospital / authorized representative/ service provider of the grounds for his action.

17. LIST OF DOCUMENTS AT ANNEXURE III

Every Application must be accompanied by documents as listed at **Annexure III**.

18. MONITORING AND MEDICAL AUDIT

ESIC Hospital, Lucknow reserves the right to inspect the health care Organization at any time to ascertain their compliance with the requirements of ESIC.

Bills of empanelled health care Organizations shall be reviewed periodically for irregularities including declaration of planned procedures / admissions as 'emergencies', unjustified investigations/treatment, overcharging and prolonged stay, etc., and if any empanelled health Care Organization is found involved in any wrong doings, then the concerned hospitals/other health care Organizations would be suspended/ removed from ESICMH panel and would be black listed for specified period for future empanelment with ESIC. Bank guarantee shall also be forfeited.



APPLICATION DOCUMENT**Annexure-Ia****FOR****EMPANELMENT OF HOSPITALS**

1. Name of the city where hospital is located.

2. Name of the hospital

3. Address of the hospital and **distance from ESIC Hospital, Lucknow**

4. Tel / fax/e-mail

Telephone No	
Fax	
e-mail address	
Name and Contact details of CFO, CEO And Liaison Officer.	
Bank Details and PAN No.	

5. a) **Whether NABH Accredited**
Whether NABH applied for
Details of NABH application

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

6. Total turnover during last two financial years
(Certificate from Chartered Accountant is to be enclosed).

7. Total Number of beds

8. Categories of beds available with number of total beds in following type of wards

Casualty/Emergency ward	<input type="text"/>	<input type="text"/>
ICCU/ICU	<input type="text"/>	<input type="text"/>
Private	<input type="text"/>	<input type="text"/>
Semi-Private (2-3 bedded)	<input type="text"/>	<input type="text"/>
General Ward bed (4-10)	<input type="text"/>	<input type="text"/>
Others		

9. Total Area of the hospital

Area allotted to OPD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Area allotted to IPD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Area allotted to Wards	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Furnishing specify as (a), (b), (c), (d) as per index below Index- Tick if available

(a) Bedsides table	<input type="checkbox"/>
(b) Wardrobe	<input type="checkbox"/>
(c) Telephone	<input type="checkbox"/>
(d) Any other	<input type="checkbox"/>

11. Amenities specify as (a), (b) (c) (d) as per index below Amenities – Tick if available

(a) Air conditioner	<input type="checkbox"/>
(b) T.V.	<input type="checkbox"/>
(c) Room service	<input type="checkbox"/>
(d) Any other	<input type="checkbox"/>

12. Nursing Care

Total No. of Nurses

No. of Para-medical staff

Category of bed Bed/Nurse Ratio (acceptable Actual bed/nurse standard) ratio- Tick if available

- | | | | |
|-------------------------|-----|--------------------------|--------------------------|
| a) General | 6:1 | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Semi-Private | 4:1 | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Private | 4:1 | <input type="checkbox"/> | <input type="checkbox"/> |
| d) ICU/CCU | 1:1 | <input type="checkbox"/> | <input type="checkbox"/> |
| e) High dependency Unit | 1:1 | <input type="checkbox"/> | <input type="checkbox"/> |



13. Alternate power source Yes or No

14. a) Bed occupancy rate b) Bed turnover rate

General bed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Semi-Private Bed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Private Bed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

15. Av daily census
 Note: Bed occupancy rate = _____

16. Av No. of bed available
 (i.e. number of authorized bed)

17. Turnover ratio = $\frac{\text{Total discharge during a year}}{\text{Bed compliment}}$

18. Doctors available-

a) No. of in house Doctors

b) No. of in house Specialists/Consultants

19. Laboratory facilities available - Pathology Biochemistry Microbiology
 or any other

20. Imaging facilities available

21. No. of Operation Theaters.

22. Whether there is separate OT for Septic cases

23. Supportive services

Boilers/sterilizers	<input type="text"/>
Ambulance	<input type="text"/>
Laundry	<input type="text"/>
Housekeeping	<input type="text"/>
Canteen	<input type="text"/>
Gas plant	<input type="text"/>

24. Waste disposal system as per statutory requirements

25. Dietary Services

26. Others supportive services (preferably)

- A. Blood Bank

- B. Physiotherapy

27. ORTHOPAEDIC JOINT REPLACEMENT

- a. Whether there is Barrier Nursing for Isolation for patient Yes/ No
- b. Facilities for Arthroscopy Yes/No



28. E.N.T. – Essential information reg. Whether the hospital has aseptic Operation theatre for ENT	Yes	No
Whether, it has required instrumentation For E.N.T. Surgery including diagnostic procedures	yes	No
Facilities for Endoscopy –	Yes	No
Facilities for reconstruction surgery –	Yes	No

29. Endoscopic / Laparoscopic Surgery:

Criteria for Laparoscopic/Endoscopic Surgery: (copy to be uploaded)

- Centre should have facilities for casualty/emergency ward, full-fledged ICU, proper wards, proper number of nurses and paramedical, qualified and sufficient number of Resident doctors/specialists.
- The surgeon should be Post Graduate with sufficient experience and qualification in the specialty concerned.
- He/She should be able to carry out the surgery with its variations and able to handle its complications.
- The hospital should have carried out at least 250 laparoscopic surgeries per year.
- The hospital should have at least one complete set of laparoscopic equipment and instruments with accessories and should have facilities for open surgery i.e. after conversion from Laparoscopic surgery.

Yes

No

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

Annexure-I b(eye)**APPLICATION DOCUMENT****FOR****EMPANELMENT OF EXCLUSIVE EYE HOSPITALS**

1. Name of the city where Eye hospital /center is located.

2. Name of the Eye hospital/ center

3. Address of the Eye hospital / center and **distance from ESIC Hospital, Lucknow**

4. Tel / fax/e-mail

Telephone No	
Fax	
e-mail address	
Name and Contact details of CFO, CEO and Liaison Officer	<input type="checkbox"/>
Bank Details and PAN No.	<input type="checkbox"/>

5. Whether NABH Accredited**Whether NABH applied for**

Details of Accreditation and Validity period**Details of NABH application**

6. Total turnover during last two financial year
(Certificate from Chartered Accountant is to be enclosed).

7. Preferable facilities and equipments-

A. FOR IOL IMPLANT: Please tick if available

(i) *Phacoemulsifier Unit (IIIrd or IVth generation) – minimum 2 with extra hand*

pieces

(ii) *Flash/rapid sterilizer – one per OT*

(iii) (iii) *YAG laser for capsulotomy*

(iv) *Digital anterior segment camera*

(v) *Specular microscope*

(vi) Whether beds available
(Yes

No

(*General, Semi Private, Private or Deluxe Room*

Yes No

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(If yes, specify the number)

Gl. ward Semi-Pvt. ward Pvt. Ward

B) OCULOPLASTY & ADENEXA: Tick if available

- Specific for Oculoplasty & Adenexa:
- Specialized Instruments and kits for:
- (i) Dacryocystorhinostomy
 - (ii) Eye lid Surgery e.g ptoisis and Lid reconstruction Surgery
 - (iii) Orbital surgery
 - (iv) Socket reconstruction
 - (v) Enucleation/evisceration

(Vi) Availability of Trained, proficient Oculoplasty surgeon who is trained for Oculoplasty ,Lacrimal and Orbital Surgery

8. INVESTIGATIVE FACILITIES: Tick if available

- (i) Syringing, Dacryocystography
- (ii) Exophthalmometry
- (iii) Ultrasonography – A&B Scan
- (iv) Imaging facilities - X-ray, CT Scan & MRI Scan
- (v) Ocular pathology, Microbiology services
- (vi)& Blood bank services.
- (vii) Consultation facilities from related Specialties such as ENT, Neurosurgery, Hematology, Oncology

9. PREFERABLE OPERATIVE (O.T.) FACILITIES:

Specialized instruments & Kits for the following surgeries should be available. (i) Dacryo cystorhinostomy

- (ii) Lid surgery including eyelid reconstruction & Ptoisis correction.
- (iii) Orbital surgery
- (iv) Socket reconstruction
- (v) Enucleation & Evisceration
- (vi) Orbital & Adnexal Trauma including Orbital fractures.

10. PERSONNEL:

- (i) Resident Doctor Support
- (ii) Nursing care (24 hours)
- (iii) Resuscitative facilities

o) *Lees/Hess chart***11. STRABISMUS SURGERY:**

Functional OT with Instruments needed for strabismus surgery

YES NO

Availability of set up for Pediatric Strabismus - Orthoptic room with distance fixation targets (preferably child friendly) may have TV/VCR, Lees/Hess. Chart

YES NO **12. GLAUCOMA: Tick if available**

a. Specific: Facilities for Glaucoma investigation & management.

a) Applanation tonometry b) Stereo Fundus photography/OCT/ Nerve fibre Analyser c) YAG Laser for Iridectomy d) *Automated/Goldmann fields (Perimetry)* e) *Electrodiagnostic equipments (VER, ERG, EOG)* f) *Colour Vision – Ishihara Charts* g) *Contrast sensitivity – Pelli Robson Charts* h) *Pediatric Vision testing – HOTV cards* i) *Autorefractometers* j) *Synaptophore (basic type with antisuppression)* k) *Prism Bars* l) *Stereo test (Randot/TNO)* m) *Red – Green Goggles* n) *Orthoptic room* *with distance fixation targets**(Preferably child friendly) may**have TV/VCR.*

APPLICATION DOCUMENT

Annexure Ic

FOR

EMPANELMENT OF DIAGNOSTIC LABORATORIES/ IMAGING CENTRES

1. Name of the city where DIAGNOSTIC LAB / IMAGING CENTRE is located.

--

2. Name of the Diagnostic Lab / Imaging Centre

--

3. Address of the Diagnostic Lab / Imaging Centre and **distance from ESIC Hospital, Lucknow**

--

4. Tel / fax/e-mail

Telephone No Fax	
e-mail / website address	

5. **Whether NABL/NABH recommended**

**Whether NABL/NABH applied for
Details of NABH/NABL application**

6. Total turnover during last two financial years
(Certificate from Chartered Accountant is to be enclosed).



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7. CRITERIA FOR LABORATORY DIAGNOSTIC CENTER: -**Preferable facilities/equipment**

Indicate (✓) for Yes and (x) for No in the Box

I. Laboratories (Clinical Pathology):

- a. Space: Minimum 10X12 ft.
- b. Adequate space for collection of samples and dispatch of reports. Waiting space - Minimum for 10 patients.
- c. . Equipment: Tick if available**
1. Microscope , 2. fully automatic hematology cell counter
3. Incubator 4. centrifuge machine 5. fridge (300 liters)
6. Automated Electrophoresis Apparatus, Automated Coagulation apparatus
7. Cytology and histopathology related set up
8. Needle Destroyer 9. Trolley for waste disposal with Bags.

d. Manpower with Qualification:

Names of In house Specialist Doctors with their Qualification and Registration Details. (copy enclosed) yes----/no-----

Technician –

Diploma in MLT and adequate experience of handling pathology specimens including Cytology and Histopathology.

- e. Facilities for Waste Management: Provision for waste management as per the Biomedical waste Act.

- F. Quality Control: Tick if available

Arrangement for Internal and external quality control.

- The set up should be able to handle the workload with adequate staff and equipments. Reports should be available at the earliest depending on the test.

- g. Backup of Generator, UPS, Emergency light

- H. General requirements for Pathological Diagnostic Centers: yes or no

- Minimum workload of 40-50 samples per day (not tests).
- Slides for Histopathology / Cytology should be preserved a reasonable period.
- Records of patients / investigation should be well maintained and updated.
- Charges should be displayed on the notice board.
- Fire Fighting system should be in place wherever it is necessary.

II. Laboratory (Biochemistry):- tick if available

- a. Space for working lab minimum 10X12 ft.
- b. Reception and sample collection should have an area for at least 10 patients to sit.
- c. Laboratory (Preferably air-conditioned)
- d. Washing area/waste disposal.
- e. **Equipment:**
 - Refrigerator Water-bath Hot-air-oven Centrifuge machine Photo-electric calorie meter or Spectrophotometer or semi-auto-analyzer/auto analyzer
 - Flame Photometer or ISE Analyzer Micro-pipettes
 - All related Lab glasswares and reagents needle destroyer
 - standard balance
- f. **Manpower with qualification:**
 - Technician with DMLT.
 - g.. Provision for waste management as per the Biomedical waste Act.,
- h. **Quality Control:**
 - Should be Internal as well as External
 - i. Backup of Generator, UPS, Emergency light
 - j. 24 hours supply of water, provision for toilet.

Indicate (✓) for Yes and (x) for No in the Box Additional requirements for Laboratory for Hospitals/ Nursing Homes:-

- K In addition to the criteria written above the following additional equipment will be required

Blood Gas analyzer Elisa Reader HPLC and Electrophoresis apparatus

III. Laboratory (Microbiology): Tick if available

- a. Minimum Space required is 10X12 ft.
- b. Receiving samples & labeling, sorting, registration,
- c. **minimum waiting space for 10 patients** and dispatch area.
- d. Media room (autoclave, hot air oven, pouring hood) Area required minimum 6X4 ft.
- Processing of samples – staining, cultures etc.
- e. **Equipment: tick**
- 1. **Non-expendable** – Autoclave Hot Air oven water bath, incubator centrifuge microscopes vortex ELISA reader.
- 2. **Expendable** – Chemicals, media, glassware, stationery .
- f. **Manpower with qualification:**
- Technician - DMLT
- g. Provision for waste management as per the Biomedical waste Act., 1998.
- h. Quality control:
- 1. Internal
- 2. External tie up with higher Organizations.
- i. Backup of Generator, UPS, Emergency light.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

UNDERTAKING**Annexure II**

I, Son / Daughter of Shri
Proprietor / Partner /
 Director / Authorized Signatory ofam
 competent to sign this declaration and execute this tender document.

I have carefully read and understood all the terms and conditions of the tender and hereby convey my acceptance of the same.

1. I/We undertake to provide uninterrupted services or alternative arrangement will be made at the risk and cost of our institute
2. The information / documents furnished along with the above application are true and authentic to the best of my knowledge and belief. I / we, am / are well aware of the fact that furnishing of any false information / fabricated document would lead to rejection of my tender at any stage besides liabilities towards prosecution under appropriate law.
3. That Hospital shall not charge ESI beneficiaries higher than the CGHS notified rates or the rates charged from other patients who are not ESI beneficiaries (whichever is lower).
4. That the rates have been provided against a facility/procedure/investigation actually available at the Organization.
5. That if any information is found to be untrue, Hospital 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.
6. That the Hospital has the capability to submit bills and medical records in digital format and that all Billing will be done in electronic format and medical records will be submitted in digital format.
7. The Hospital will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence.
8. That the Hospital has not been derecognized by CGHS or any State Government or other Organizations.
9. That no investigation by central Government/State Government or any statutory Investigating agency is pending or contemplated against the Hospital.
10. That the hospital shall charge CGHS/AIIMS Rates for direct admission cases.
11. Agree for the terms and conditions prescribed in the tender document.

12. Non NABH hospitals will get NABH accreditations preferably within a period of six months but not later than one year from the date of their empanelment. Failing to do so, ESICMH can remove its name from empanelment.

Signature of Authorized Person

Full Name -

Date:

Place:



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Particulars	All mandatory	Annexure III	Yes/no
1	Hospital/Centre profile mentioning Name, Registered Address, Telephone number, Distance (in Kilometers from ESIC Hospital, Lucknow), Bank details (RTGS, IFSC code, cancelled Cheque etc.), PAN No., total number of Doctors and other employees with qualification, Equipment list, area etc. as per Annexure I and II.		
2	Proof of clinic/establishment in Lucknow		
3	Annual accounts for the last two years i.e. 2016-17 & 2017-18 A) Financial year 2016-17/assessment year 2017-18 B) Financial year 2017-18/assessment year 2018-19, containing balance sheet profit and loss accounts duly certified by Chartered Accountant (Annual turnover of the bidder should not be less than 1 crore (for Group A) and 10 lacs (for Group B)) C) Copy of tax audit report/certificate of CA for taxation as applicable as per income tax law for above two financial years.		
4	Self-attested photocopy of latest GST registration certificate / GST receipt.		
5	Affidavit on non-judicial stamp paper of appropriate value, duly signed and stamped along with date as per Annexure II (Undertaking)		
6	Services for which empanelment is being sought as per Annexure V		
7	Scanned Copies of the following documents (wherever applicable) are to be submitted and uploaded- 1. Copy of legal status, place of registration and principal place of business of the health care Organization or partnership firm, etc., 2. A copy of partnership deed/memorandum and articles of association, if any 3. Copy of PAN Card. 4. Copy of bank details. 5. Rate list of treatment, procedures, investigation and specialties available in the hospital. 6. Copy of valid empanelment letter of CGHS. 7. a) Copy of NABH /NABL accreditation (where as applicable), if NABH/NABL accredited. b) For non NABH/ NABL (whereas applicable) and applied for same , copy of application along with affidavit. c) For non NABH/NABL (where as applicable) and not applied - affidavit to get the same within 6 months or maximum 1 year. 8. Copy of the documents full filling necessary statutory requirements including waste management, along with NOC from Pollution Control Board. 9. Copy of the license for running Blood Bank. 10. COPY OF ALL VALID STATUTORY LICENSES AS ON DATE.		
9	Duly signed and stamped complete tender document along with all annexures to be uploaded.		

Annexure-IV

Rate list of hospital (facility/investigation wise) attached.

Date :

Place:

(Name and signature of proprietor/authorized person with office seal/rubber stamp)



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ANNEXURE – V

Specialties for Empanelment

(Tick the specialties in which empanelment are desired by Hospital/Centre)

Group A

- i. General Medicine
- ii. General Surgery
- iii. Obstetrics & Gynecology
- iv. Pediatrics
- v. Orthopedics
- vi ENT
- vii Ophthalmology
- viii Dental speciality
- ix Blood Bank (Optional)
- x Others ,If any

Group B

- xi Imaging services as per CGHS list (**excluding Super specialty Investigations i.e. MRI, CT scan and PET scan**, but including Ultrasonography, X-ray, Mammography, OPG, Doppler, BMD, Bone Scan etc.) and unlisted tests as per list enclosed. Any deviation from CGHS List to be mentioned separately.
- xii Diagnostic laboratory services as per CGHS list and unlisted tests as per list enclosed. Any deviation from CGHS List to be mentioned separately.
- xiii Any other investigation less than Rs. 3000.00/- per test as per CGHS.
- xiv. Others (If any)

(Name and signature of proprietor/authorized person with office seal/rubber stamp)

Date

Place

Investigations and Procedures not listed in CGHS and AIIMS Rate List (Annex V)

1. Lab Investigations

S.No	INVESTIGATIONS (NOT IN CGHS AND AIIMS RATE LIST)
1.	Serum Transferrin Levels
2.	BCR-ABL (Quantitative)
3.	DNA Fragmentation Test Semen
4.	Dual Test/Dual marker test
5.	Anti Mullerian Hormone
6.	Angiotensin Convertin Enzyme Level (ACE)
7.	ADA Level in various body fluids-Biochemistry
8.	Antigladin Antibodies
9.	Anti Mitochondrial Antibodies
10.	Anti Smooth Muscle Antibodies
11.	Anti-RNP
12.	Anti-HBs Antibody Titre
13.	HBeAg
14.	ELISA for Hepatitis B
15.	ELISA For Hepatitis C
16.	HBV DNA Quantitative
17.	Monospot test for EB Virus
18.	H1N1 SWINE FLU
19.	Culture Bactec
20.	Bactec for T.B.
21.	IgE Total
22.	PCR for Chlamydia
23.	PCR for Gonococcus
24.	Serum Procalcitonin
25.	Serum Methyl Malonic Acid (MMA)

Procedures not listed in CGHS/AIIMS Rates (Annexure V)

S.No	Name of Procedure
26.	Unicondylar Knee Arthroplasty with Implant price



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Annexure-VI

ACCEPTANCE LETTER

(To be given on Health Care Organizations Letter Head)

Date:

To,

Sub: Acceptance of Terms & Conditions of Application.

Application Reference No: _____

Name of Application / Work: -

Dear Sir,

1. I/ We have downloaded / obtained the Application document(s) for the above mentioned 'Application/Work' from the web site(s) namely:

as per your advertisement, given in the above mentioned website(s).

2. I / We hereby certify that I / we have read the entire terms and conditions of the Application documents from Page No. _____ to _____ (including all documents like annexure(s), schedule(s), etc .), which form part of the contract agreement and I / we shall abide hereby by the terms / conditions / clauses contained therein.

3. The corrigendum(s) issued from time to time by your department/ organizations too have also been taken into consideration, while submitting this acceptance letter.

4. I / We hereby unconditionally accept the Application conditions of above mentioned Application document(s) / corrigendum(s) in its totality / entirety.

5. In case any provisions of this Application are found violated , then your department/ organization shall without prejudice to any other right or remedy be at liberty to reject this Application/application including the forfeiture of the full said earnest money deposit absolutely.

6. Also I / We have not been suspended / blacklisted by any PSU / Government Department / Financial Organization / Court.

Yours Faithfully,

(Signature of the Applicant with Official Seal)



Annexure VII

MOA FOR PAYMENT SCHEDULE and PROCESSING OF BILLS BY BPA

The parties shall abide by the following undertakings in addition to ESIC Policy and standard Operating Procedures (available at ESIC website www.esic.nic.in) and the clauses mentioned in the Memorandum of agreement with ESIC Hospital and for the purpose of bill processing:

A. The empanelled hospital shall acknowledge the referral from ESIS/ESIC Hospital/institution online.

B. The empanelled hospital on admission of an ESI Hospital/institution Beneficiary shall intimate online to BPA the complete details of the patient, proposed line of treatment, proposed duration of treatment with clinical history within 24 hours of admission.

19. After the patient is discharged, the hospital will upload the claim related documents as per SOP and ESIC policy viz Referral letter, bills, Lab reports, Discharge Summary, Doctors report, indoor papers etc to BPA through the web based application within seven (7) working days.

D. The hard copies of the claim will be delivered/ dispatched to the concerned referring ESI Hospital/ institution within seven (7) working days but not later than 30days.

E. The empanelled hospital shall submit all the medical reports in digital form as well as in physical form as per ESIC policy and SOP.

F. The empanelled hospital agrees that the actual processing shall start when physical copies of the bills submitted by the empanelled hospitals to the concerned referring ESIC Hospital, are verified by them on behalf of respective ESIC Hospital. Counting of days shall start from such date for the purpose of TAT. In case of query raised on the bills the TAT for the purpose of BPA shall start from the date of reply to the last query raised by the Tie-up Hospital.

G. in case of absence of certain physical documents, the "Need More Information" (NMI) status will be raised by the Verifier of the ESIC Hospital, BPA or Medical processing team of ESIC Hospital to the empanelled hospital/diagnostic centre for the missing/ambiguous physical documents (as per SOP). Empanelled hospitals/diagnostic centres shall have to submit the clarification/information inter-alia for all bills returned online at any level under "Need for more info" category (NMI), within 15 days failing which these claims will be processed by the respective levels and BPA on the basis of available documents without any further intimation and such bills/claims will be closed not to be opened further.

H. The BPA will audit the medical claims of the ESI Hospital/institution Beneficiaries in respect of the treatment taken by them in the empanelled hospital and make recommendations for onward

payment to ESIC Hospital in a time bound manner within a period of 10 days from the date of submission of bills in physical format or reply to last query, whichever is later.

I. The empanelled hospitals shall have the necessary IT infrastructure for interaction with BPA such as Desktop PC with internet connectivity features, High speed High resolution multi page Document Scanner, Printer ETC.

J. In case of some mistakes in the scrutiny of claims recommendations thereto by BPA resulting in excess payment to the empanelled hospital by ESIC Hospital the excess amount shall be recovered from the future bills of the empanelled hospital.

K. Subject to BPA rendering bills-processing services as per terms and conditions of the agreement, the empanelled hospitals/diagnostic centres/claimants shall pay to the BPA, the service fees and service tax/GST/any other tax by any name called as applicable on per claim basis, as detailed below, through ESIC.

L. The amount deducted towards fee and service tax/GST/any other tax by any name called from the payable claims of hospitals/diagnostic centres shall be forwarded by ESIC to BPA simultaneously along with the payments to empanelled hospital through ECS or any other mode of money transfer, as decided by ESIC.

M. The processing fee admissible to BPA will be at the rate of 2% of the claimed amount of the bill submitted by the empanelled Hospital/Diagnostic centre (and not on the approved amount) and service tax/GST/any other tax by any name thereon. The minimum admissible amount shall be Rs. 12.50 (, which will be payable extra) and maximum of Rs. 750/- (exclusive of service tax/GST/any other tax by any name, which will be payable extra) per individual bill/claim. The fee shall be auto-calculated by the software and prompted to the ESI Hospital/SMC office by the system at the time of generation of settlement ID.

N. The fee shall also mean to include any additional payment of service tax/GST/any other tax by any name called as applicable on such fee amount admissible to BPA.

O. If the claim is rejected or results in to non-payment to the empanelled hospital/diagnostic centre, ESIC Hospital shall recover the service charge and service tax/GST/any other tax by any name due to the BPA from the subsequent claims of the respective empanelled hospital/diagnostic centre and shall pay to the account of the BPA.

P. **MEDICAL AUDIT OF BILLS:** There shall be continuous medical audits of the services provided/claims raised by the empanelled hospital by ESIC/BPA.

ANNEXURE-VIII a

Letterhead of Referring ESI Hospital (P-I)

Referral Form (Permission letter)

Referral No : I.P/Beneficiary/Staff:

Name of the Patient : Age/Sex :

Address/Contact No F/M/S/D/Other

Entitled for Speciality/Super Sptt : Yes/No

Identification marks (if any) :

I.P/Beneficiary/Staff:

Relationship with IP/Staff :

Diagnosis/clinical opinion/case summary:

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

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

Treatment/Procedure for which patient is referred is available in the referring hospital.:

I voluntarily choose _____ 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:

- 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

earlier.

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 referrals perform.
2. Copy of Insurance Card/Photo I card of IP.
3. Referral recommendation of the specialist/concerned medical officer.
4. Copy of entitlement evidence of Specialty/super specialty treatment.
5. Reports of investigations and treatment already done.
6. Photograph

Date:

Signature of the Competent Authority

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ANNEXURE- VIII b

To be used by Tie-Up hospital (for raising the bill)

(P-II)

Letterhead of Hospital with Address & Email/Fax/TeleFax Number

(NABH accredited/NON NABH Hospital)

(Attach documentary Proof)

Date of Submission

Individual Case Format

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

Emergency/through
MEDICAL SUPDPT/SMC :

Address :

Contact No :

Insurance Number/Staff Card No/Pensioner Card No:

Date of Referral :

Diagnosis :

Condition of the patient at discharge :

(For Package Rates)

Treatment/Procedure done/Performed:

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	Amount Claimed with Date	Amount Admitted with Date (X)	Remarks (X)

Charges of Implant/device used

Amount Claimed.....Amount Admitted Remarks

(To be filled up by ESIC official(s))

S.No.	Chargeable Procedure	Amt. Claimed with date	Amt. admitted with date	Remarks(X)

III. Additional Procedure Done with rationale and documented permission

S.No	Chargeable Procedure	CGHS Code with page no. (!)	Other if not on code no with page no.(!)	Rate	Amount claimed with date	Amount admitted with date	Remarks(X)

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

Total Amount Admitted (X) (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 ESIC Competent Authority (Medical Superintendent ESIC Hospital, Lucknow

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/MEDICAL SUPDT 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.

ANNEXURE- VIII C

Letterhead of Referring ESI Hospital _(P-IV)
Sanction Memo/Disallowance Memo

Name of Referral Hospital (Tie-up Hospital)

Bill NoDate of Submission.....

S.No.	Name of the Patient & Reference No.	Amount Claimed With Date	Amount Sanctioned /Admitted with date	Reasons(s) For Disallowance	Remarks

Date:

Signature of Competent Authority
With Stamp

(To be filled up by ESIC official(s))

कराधीन
ESIC

ANNEXURE- VIII d

Letterhead of Tie-up Hospital with Address details (P- V) Monthly
Bill Special Investigations For diagnosis centres/referral Hospitals

Bill NoDate of Submission.....

S.N.	Name of the patient With Insurance/ Staff. No	Date of reference	Investigation Performed	CGHS/Other code in package rate list	Amount admitted with date	Amount claimed with date	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. Copy of Referral Document of each individual/Pt.
3. Serialization of individual bills as per the Sr. No. in the bill.

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

Signature of Account department with stamp

Signature of Competent Authority
Date: Referral Hospital.

(To be filled up by ESIC official(s))

Patient Referral No _____

ANNEXURE- VIII e

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.

Sign/Thumb impression of patient/Attendant

Date & Time :

Name of the Patient/attendant
Name of IP
Insurance No/Staff no
Date of Admission

Date of Discharge

कराची
E.S.I.C

Note:

It is the sole responsibility of the bidder to submit the tender both Online & Manually as listed.

All documents as listed above should be clear & legible, duly attested / notarized, properly indexed & serially page numbered. All documents should be duly signed digitally for online submission and manually for hard copy by the authorized signatory. Copies to be uploaded and submitted online **should be in proper resolution.**

The onus of uploading correct files under proper resolution solely lies with the bidder.

Final evaluation shall only be done on the basis of e-tender, manual copies shall ordinarily not be processed.

The above said instructions should be followed strictly, failing which the tender will be summarily rejected.

The bidder who submits false, forged or fabricated documents or conceals facts with intent to win over the tender, legal action as deemed fit will be initiated.



