

 <p>चिंता से मुक्ति</p>	<p>क्षेत्रीय कार्यालय</p> <p><b>Regional Office</b></p> <p><b>कर्मचारी राज्य बीमा निगम</b></p> <p><b>EMPLOYEES' STATE INSURANCE CORPORATION</b></p> <p>(श्रम एवं रोजगार मंत्रालय, भारत सरकार)</p> <p>Labour &amp; Employment, Govt. of India)</p> <p>"पंचदीप भवन", भवानी सिंह मार्ग, जयपुर-302 001</p> <p>Panchdeep Bhawan, Bhawani Singh Marg, JAIPUR – 302 001</p>	<p>दूरभाष-0141-2226113 0141-2226133 फैक्स-0141-2226134</p> <p>Website- <a href="http://www.esic.nic.in">www.esic.nic.in</a></p> <p>E-mail: <a href="mailto:rd-rajasthan@esic.nic.in">rd-rajasthan@esic.nic.in</a></p>
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15-U-11-Tieup (SLT)/MA/2019

Dated :26/04/2019

**NOTICE INVITING EXPRESSION OF INTEREST (EOI) FOR  
PROVIDING SECONDARY CARE TREATMENT & DIAGNOSTIC  
SERVICES" TO ESI BENEFICIARIES IN RAJASTHAN**

Employees' State Insurance Corporation, Jaipur, Rajasthan intends to enter into Tie-up arrangement with reputed Hospitals / Diagnostic Establishments to provide **Secondary Care Treatment & Diagnostic Services (Secondary Level)** on **Cashless** basis to the Beneficiaries of ESI Scheme for whole Rajasthan **except centers of Udaipur, Sikar, Jhunjhunu, Bharatpur, Sawai Madhopur, Beawar, Behror, Neemrana, Kotputli, Bandikui, Ajmer, Bagru, Sri Ganganagar, Chomu, Dausa.**

Regional Director, ESI Corporation, Regional Office, Bhawani Singh Road, Jaipur -302001 invites Application (EOI) from CGHS / Government / Semi-Govt. / ECH Approved / Private Hospitals / Diagnostic Centers of repute located in the State of Rajasthan for **Empanelment for Secondary Care Treatment & Diagnostic Services (Secondary Level) in Rajasthan** on cashless basis. Preference will be given for tie-up to CGHS/STATE GOVT/SEMI GOVT/PSU /ECH Approved Hospitals with maximum specialty/ Diagnostic Centers. The services are to be provided at CGHS Rates (given on its website) / ESIC rates, terms, conditions & guidelines/Hospital Rates whichever is less as per the terms of MOU and guidelines issued by ESIC time to time.

The applicants can download Application Form along with Instruction to Service Provider, General Condition of Contract, Special Condition of Contract, Information about the Hospital/Diagnostics Centre (Annexure-I), Information about Secondary Level Treatment Services being offered (Annexure-II), and undertaking (Annexure-III) & (Annexure-IV) from the website - [www.esic.nic.in/tenders](http://www.esic.nic.in/tenders)

Fees of EOI DOCUMENTS	Security Deposit (SD)
<p>Demand draft of Rs.one thousand . <b>it is non -refundable</b> DD is to be drawn on any Bank in favour of 'ESI Fund Account No.1' payable at SBI Jaipur.</p>	<p>Successful Hospitals shall deposit Rs.2 lakhs in case of <b>Secondary Care Hospital</b> and Rs.1 lakhs in case of <b>Secondary Care Investigation Diagnostic Centres</b>, respectively as security deposit either in form of DD or in Bank Guarantee as per instruction given in offer of empanelment.</p>

**Schedule :**

<b>Last date and time of receipt of EOI and DD of fees</b>	<b>Place of submission of EOI forms and Demand draft of fees</b>
29/05/2019 Up to 5:00 PM	Regional Office, ESIC 'Panchdeep' Bhawan, Room No. 02, Ground Floor, Bhawani Singh Road, Jaipur -302001

The EOI shall remain valid for 180 days from the date of closing of the EOI.

**Duration of agreement:** Duration of agreement shall be for a period of 2 years extendable at the sole discretion of Regional Director, ESIC, Rajasthan subject to fulfillment of all terms and conditions and with mutual consent. Those Hospitals who have already empaneled up to period 31/03/2021 need not to apply a fresh in response to this notice.

- Demand draft of EOI form fees must be dropped in the box kept at Regional Office, ESIC, Room no. 2 Bhawani Singh Road, Jaipur in a sealed envelope latest by the date as specified above. It should be labeled as: fees of EOI form for SLT Empanelment along with Name and Complete Address of the hospital.
- A complete set of EOI documents along with all related documents must be dropped in the box in a sealed envelope with subject line reading "EOI FOR EMPANELMENT OF HOSPITALS FOR SECONDARY CARE TREATMENT"
- The Basis of Evaluation of EOI will be solely on documents submitted by the Applicants.
- Expression of interest received after the scheduled date, time and without fees (either by hand or by post or open expression of interest received through e-mail/fax shall be summarily rejected.
- The ESIC will reserve the right to accept or reject any or all the applications without assigning any reason whatsoever.

**APPLICATION FORM (ON LETTER HEAD OF HOSPITAL)**

**(For empanelment of Hospitals for secondary care treatment)**

To,

The Regional Director,  
Employees' State Insurance Corporation,  
Panchdeep Bhawan,  
Bhawani Singh Road, Jaipur-302001

Sub : Request for EOI for Empanelment for Secondary Care Treatment (including  
Diagnostic Services / Diagnostic Centre at \_\_\_\_\_ Center in Rajasthan

Sir,

In reference to your advertisement in the news paper/ website dated \_\_\_\_\_, I/ We wish to offer secondary care treatment services for ESI Beneficiaries on cashless basis.

I / We pledge to abide by the terms and conditions as mentioned in advertisement and I /We also certify that the above information as submitted by me / us in Annexure I, II & III is correct and I / We fully understand the consequences of default on our part, if any.

(Name & Signature of the Proprietor/Partner/  
Director /Legally authorized signatory)

Place :

Date :

Enclosures : Duly filled Annexures

**ANNEXURE-I**

**Information about the Hospital/Center  
(Application Form)**

( To be submitted duly filled along with supporting documents along with the application form for Secondary Care Treatment services)

1. Name of the Nursing Home/Hospital/Clinic				
2. Registered Address of the Nursing Home/Hospital/Clinic				
3. Contact Number				
4. Email id				
5.Registration Number of the Nursing Home/Hospital/Clinic	Name of Issuing Body	Reg. No	Bed as per Reg. Certificate	Valid up to
	Number of ICU Beds		Number of Operation Theaters	
6. Biomedical Waste Management	Name of Issuing Body	Bed as per Reg. Certificate	Valid up to	
7. AERB Certificate	Name of Issuing Body	Valid up to		
8. PCPNDT Certificate				
9. DD no. and Date (Rs. One thousand)				
10. Type of Firm( Tick ✓ wherever applicable & attach documentary proof)				
Public Ltd/ Private Ltd/ Proprietorship/ Partnership/ Society/Others				
11. GST NO. (Attach Self Attested copy of GST certificate)				

PCPNDT Certificate PCPNDT Certificate

12 PAN number of the Hospital/Owner(Attach self attested copy of PAN card)			
13 TAN Number (Attach Self Attested Copy)			

14. Key Person Details ( Owner /Proprietor/Partners/Directors)

Name & Designation		Contact Number	
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15. Details of Authorized Person/Nodal officer (attach authority letter)

Name & Designation	Email id	Contact No.

16. Name of Existing Organization with whom the Hospital is empaneled/ approved (attached relevant valid agreement /documents)	
17.NABH/NABL Accredited (if yes attach certificate)	
18. Bank Details(Attach cancelled Cheque) Name of Bank Name of Account Holder Account Number IFSC code	

19. Details of the Specialist Doctors-Full Time/Part Time (Attach separate sheet signed by the authorized person)

Name of the Specialist	Specialty	Registration Number(Attach self attested PG Degree certificate)
20.. Registration under ESIC Act	ESI Registration NO.	

## 21. Documents to be submitted

Document attached	Yes/ No
1. Ownership documents	
2. Copy of PAN card Self Attested	
3. GST Certificate(Self Attested)	
4. Copy of TAN certificate (Self Attested)	
5. Self attested copy of PG degree certificate of all Specialist (Full Time/Part Time) attached with the Hospital ( Name and registration no.)	
6. Copy of Cancelled Cheque	
7. Valid Nursing Home registration Certificate (Self Attested)	
8. Self attested copy of AERB Certificate	
9. Self attested copy of PCPNDT Certificate	
10. Biomedical Waste Management Certificate/ Agreement	
11. Fire NOC/ Fire clearance Certificate/Documents	
12. Under taking regarding 24 hour's Emergency services.	
13. Registration copy of ESI Registration	
14. DD of Rs. One thousand , name of bank ,date	

Date:

Place:

**(Name and signature of proprietor/ Partner/ Director  
Authorized person with office seal / rubber stamp)**

Note 1: Enclosures should be attached in the order as per the information given above.

Note 2: Technical evaluation of the Hospital/ diagnostic centers shall be based on documents/ Information provided by them on the above mentioned points and they shall mandatory provide documentary proof for the same. No future correspondence shall be entertained in this regard.

## ANNEXURE-II

### Specialties for Empanelment

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

Name of the Hospital: \_\_\_\_\_

### Total No. of Specialty Treatment Applied for -

1. General Medicine (        )
2. General Surgery (        )
3. Obstetrics and Gynecology (        )
4. Pediatrics (        )
5. Orthopedics (        )
6. ENT (        )
7. Ophthalmology (        )
8. Imaging and in- house diagnostic facilities (Blood Investigations) (        )
9. Dental Specialty (        )
10. Blood Bank (        )
11. Others , if any (        )

Date:

Place:

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

## ANNEXURE- III

### UNDERTAKING

I / We \_\_\_\_\_(name of proprietor/ Owner/ Legally authorized signatory) have carefully gone through and understood the contents of the Document form and I / We undertake to abide myself / ourselves by all the terms and conditions set forth. I / We are legally bound to provide services to ESIC Beneficiaries as per rates / terms and conditions of EOI documents failing which Regional Director, Regional Office, ESI Corporation, Jaipur is liable to take action as deemed fit. I / We undertake to provide uninterrupted services or alternative arrangement will be made at the risk of our institute.

I / We have gone through the CGHS rates, terms and conditions available on CGHS website and ESIC rates.

I / We undertake that the information submitted along with document and ANNEXURE I & II is correct and also fully understand that in case of default security money will be forfeited.

I / We certify herewith that my/ our empaneled / Hospital / diagnostic center has never been de-empaneled/ black listed by ESIC / CGHS/ECH or any other Govt. Institution / PSUs in the last three years.

Dated:

Place:

Signatures (With seal / rubber stamp)

Name:



## **INSTRUCTIONS TO SERVICE PROVIDERS**

**(Please read all terms and conditions carefully before filling the application form(EOI) and Annexure thereto)**

### **1. Document Cost: ( Rs. One thousand in form of DD only)**

The EOI document can be downloaded from the Website: [www.esic.nic.in/tenders](http://www.esic.nic.in/tenders).

### **2. Document Acceptance:**

Duly completed EOI forms along with Annexure and necessary documents may either be dropped in person in the Box kept at Room No. 02, office of the Regional Office, Bhawani Singh Road, Jaipur or be sent by Registered/Speed Post at the address mentioned above. The sealed envelope should be super-scribed as “ **EOI for Empanelment of Hospital for Secondary Care Treatment & Diagnostic Services**”. Demand Draft of fees should be dropped in a separate sealed envelope labeled as **fees** in the box kept at Room No. 02, Regional Office, Bhawani Singh Road, Jaipur or sent by Registered/Speed Post at the address mentioned above. .

EOI received after the scheduled date and time (either by hand or by post) or open EOI received through e-mail/fax or without the prescribed fees shall be summarily rejected.

### **3. Submission of EOI For Empanelment:**

1. Please ensure that each page of the EOI is downloaded and is submitted in total with each page signed by the Proprietor/Partner/Director/Legally Authorized Person (Due authorization to be enclosed, in case of Authorized Person).
2. Request for EOI will be out rightly rejected if any technical condition is not fulfilled.
3. Attested photocopy of necessary certificates (as per Annexure-II) should be attached with the form of EOI.

### **4. Scope of Services to be covered under Secondary Level Treatment:**

- General Medicine
- General Surgery
- Obstetrics and Gynecology
- Pediatrics
- Orthopedics
- ENT
- Ophthalmology
- Imaging and in- house diagnostic facilities (Blood Investigations)
- Dental Specialty
- Blood Bank
- Others , if any

## **GENERAL CONDITIONS OF CONTRACT (GCC)**

### **1. Condition for Empanelment:(Technical requirement )**

#### **Minimum Basic Requirements of Hospital / Diagnostic Centre-**

- i. Minimum commissioned Bed strength should be 20 beds for multispecialty and 10 beds for single specialty.
- ii. The HCO (Health Care Organization) should have been operational for at least one full financial year.
- iii. Valid State registration certificate/registration with local bodies should be attached.
- iv. Valid Fire clearance certificate / Fire NOC.
- v. Valid Compliance certificates with all statutory requirements including of waste management should be attached.
- vi. Valid Registration certificate under PCPNDT Act for empanelment of Ultra-Sound facility should be attached.
- vii. Valid AERB approval/certificate for Radiological investigations should be attached.
- viii. Valid Certificate of Registration for Organ Transplant Facilities wherever applicable should be attached.
- ix. The HCO (Health Care Organization) should have the capacity to submit all the claims / bills in Electronic format to the ESIC / ESIS System and must also have dedicated equipment, software and connectivity for such electronic submission.
- x. Hospital must have Intensive Care Unit (ICU).
- xi. Valid undertaking should be attached that 24 Hrs. Emergency services managed by technically qualified staff.
- xii. Hospital should have Provision of Dietary Services (In-house / Out Sourced). Valid certificate/undertaking should be attached.
- xiii. Hospital should have provision of Blood Bank. (In-house / Out Sourced). Valid certificate/undertaking/license should be attached.
- xiv. Preference will be given to NABH/NABL HCO (Health Care Organization). Hence copy of NABH/NABL accreditation in case of NABH/NABL accredited HCO and copy of NABH/NABL application in case of non-accredited HCO should be attached.
- xv. HCO (Health Care Organization) should be registered under ESI Act on or before Closing date of EOI and Copy of registration should be attached with application.
- xvi. TAN , GST, PAN number copy should be attached .

The following terms and expressions shall have the following meanings for purposes of Agreement:

- 1.1.1 “Agreement” shall mean this Agreement and all Schedules, supplements, appendices, appendages and modifications thereof made in accordance with the terms of this Agreement.
- 1.1.2 “Benefit” shall mean the extent or degree of service the beneficiaries are entitled to receive as per the rules on the subject.
- 1.1.3 “Bill Processing Agency “(BPA) means the agency appointed by ESIC for processing of Data/ Bills of all beneficiaries attending the empaneled Center through proper channel.
- 1.1.4 “Card” shall mean the IP Pehchan Card / E-Pehchan Card, Employees ID Card, Pensioners Medical Card/Diary issued by any competent authority
- 1.1.5 “Card Holder” shall mean a person having a Card issued as 1.1.4 .
- 1.1.6 “ESI Beneficiary” shall mean a person who is eligible for Benefits of ESI Scheme, ESIC Serving Employee & Dependent and ESIC Pensioner & Dependent who holds a valid Card.
- 1.1.7 “Coverage” shall mean the types of persons to be eligible as the beneficiaries of the Scheme to health services provided under the Scheme, subject to the terms, conditions and limitations.
- 1.1.8 “Diagnostic Center” shall mean the (Name of the Diagnostic Center) performing tests / investigations.

- 1.1.9 “Emergency” shall mean any condition or symptom resulting from any cause, arising suddenly and if not treated at the earliest opportunity would be detrimental to the health of the patient or shall jeopardize the life of patient.
- 1.1.10 “Empaneled Center” shall mean the hospital/diagnostic center authorized by the ESIC for a particular period performing under this Agreement providing medical investigation, treatment and the healthcare of human beings.
- 1.1.11 “De-recognition of Empaneled Center” shall mean debarring the hospital on account of adopting unethical practices or fraudulent means in providing medical treatment to or not following the good industry practices of the health care for the ESIC beneficiaries after following certain procedure of inquiry, if required by ESIC.
- 1.1.12 “Party” shall mean either the ESIC or the Empaneled Center and “Parties” shall mean both the ESIC and the Empaneled Center.
- 1.1.13 “Package rate” is defined as lump sum cost of inpatient treatment/ day care for which a patient has been referred by competent authority or CGHS to Hospital. This includes all charges pertaining to a particular treatment/ procedure including:
- Registration charges,
  - Admission charges,
  - Accommodation (Room/Ward) charges (includes diet provided to patient),
  - Operation charges,
  - Injection charges,
  - Dressing charges,
  - Doctor/consultant visit charges,
  - ICU/CCU charges,
  - Monitoring charges,
  - Transfusion charges,
  - Anesthesia charges,
  - Operation theatre charges,
  - Procedural charges/surgeon’s fee,

- Cost of surgical disposables and all sundries used during hospitalization,
- Cost of medicines,
- Related routine and essential investigations,
- Physiotherapy charges etc.
- Pre-anesthetic checkup,
- Any other charges levied during stay under package days duration,
- The above list is an illustrative one only.

The package rate, however, does not include expenses on telephone, tonics, cosmetics / toiletries, etc. These are not part of the treatment regimen. Cost of these additional items, if provided with the prior consent of the patient, has to be settled with the patient, for which no reimbursement shall be admissible.

-In order to remove the scope of any ambiguity on the point of package rates, it is reiterated that the rate quoted for a particular procedure must be 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.

-Implants shall be allowed as per CGHS ceiling rate or as per actual, whichever may be less or as per clause 2.4(ii), if there is no CGHS rate.

1.1.14 “Specialized treatment” shall mean the treatment in a particular specialty.

1.1.15 “Rate” – Charges for approved procedures / services as may be notified by CGHS/ESIC from time to time.

## **2 TERMS & CONDITIONS FOR SERVICES**

- 2.1 Empaneled center will provide all the facilities to ESIC beneficiaries as per the package rates agreed to for various procedures, investigations, etc. on the CGHS/ESIC/Hospital rates, whichever is less, and at the terms and conditions of CGHS/ESIC. Package rate shall mean and include lump sum cost of in-patient treatment/day Care/diagnostic procedure for which a ESI beneficiary has been permitted by the competent authority for treatment from

- the time of admission to the time of discharge. Lowest of Hospital Rate/CGHS Rate/ESIC Rate will be payable for any of the package/procedure/investigation.
- 2.2 Empaneled center will provide all the services on cashless basis to ESI beneficiaries. Appropriate action, including De-recognition of Empaneled Center from empanelment and / or termination of this Agreement, may be initiated on the basis of a complaint, medical audit or inspections carried out by ESIC team.
- 2.3 The empaneled Center will provide cashless treatment only to the patient referred by competent authority as defined and will provide only those services for which it has been empaneled by ESIC and shall be binding.
- 2.4 Certain discount on Drugs/treatment/procedures/devices will be given as under:
- (i) 15 % discount on hospital rates if there is no package/procedure under CGHS/ESIC/AIIMS.
  - (ii) 15% discount on MRP (Maximum Retail Price) for implants/devices/stents etc. not described under CGHS Rates.
  - (iii) 10% discount on the MRP, In case of drugs not available in the CGHS/ESIC package/Procedure.
- 2.5 If any procedure/package/Investigation does not exist in the Current Rate list of CGHS but were in existence in Previous Rate List of CGHS, then rates as per Previous List will be applicable.
- 2.6 If one or more minor procedures form part of a major treatment procedure than package charges would be permissible for major procedure and only 50% of charges for minor procedures.
- 2.7 In case of Patient admitted for chemotherapy the Empaneled Center shall not charge for chemotherapy drugs supplied to the patients by ESIC
- 2.8 The 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 that shall alone be responsible for the effect and/or deficiencies in rendering such services.
- 2.9 The hospital will investigate / treat the ESIC beneficiary patient only for the condition for which they are referred with permission and in the specialty and / or purpose for which they are approved by ESIC. In case of unforeseen emergencies of these patients during admission for approved purpose / procedure, necessary life saving measures be taken and concerned authorities may be informed accordingly later with justification at the earliest.

- 2.10 The Hospital will not refer the patient to other specialist/other hospital without prior permission of ESIC authorities.
- 2.11 The duration of indoor treatment for specialized and other procedures will be as per CGHS terms and conditions.
- 2.12 Referral Letter {(P-I Form)Annexure-A} once issued will be valid only for one week and after that it has to be renewed/reissued by Competent Authority.
- 2.13 P1-Form in which purpose of referral is generalized written as Admission /Management/Investigation/etc. should not be entertained by the Hospital and written clarification for a specific Treatment/Procedure/Investigation to be taken from referral Authority before start of treatment.
- 2.14 Package rates envisage duration of indoor treatment as follows:
- 2.14.1 Up to 12 Days: for Specialized (Super Specialty) treatment.
- 2.14.2 Up to 7 Days: for the other Major Surgeries
- 2.14.3 Up to 3 Days: for Laparoscopic Surgeries/normal Deliveries
- 2.14.4 1 Day: for day care/Minor (OPD) surgeries.
- 2.15 All investigations regarding fitness for the surgery shall be done prior to the admission for any elective procedure and are part of package. For any material / additional procedure / investigation other than the condition for which the patient was initially permitted, would require the permission of the competent authority.
- 3.** 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 allowed and expenses incurred thereon will not be reimbursed.
- 4.** Extended stay i.e. more than the period covered in package rates, 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 doctors visit charges (two visit /day) and cost of medicine for additional stay. The approval in such cases is required from respective referral authority or REGIONAL DIRECTOR, ESIC, Jaipur. This approval must be attached with the bill so sent for payment to the concerned authority.

5. 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. For private ward entitlement, there will be an increase of 15 %. However the rates shall be same for investigation irrespective of entitlement, whether the patient is admitted or not and the test, per se, does not require admission. A hospital/diagnostic center empaneled under the REGIONAL DIRECTOR, ESIC Jaipur 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 that is charged from Non – ESIC Beneficiaries. Rate list of the hospital/empaneled center is to be submitted along with MOU. Hospital rates as on date of issue of tender for empanelment and submitted once can't increase during validity if this MOU.

**6. Discounts:-** Any discount on CGHS/ESIC Package for Surgeries etc. if given is to be mentioned.

**7. Room Rent:**

(7.1) There are certain procedures where there is no prescribed package rate under CGHS/ESIC. Similarly, there are medical emergencies where the treatment is mainly conservative. The admissible amount in such cases is calculated item wise, room rent, procedures, investigation, etc. as per rates applicable under clause 2.4(i) or CHGS rates adopted by ESIC whichever is less.

(7.2) only in cases described as above in clause 7.1, room rent applicable will be as follows as per CGHS rate or as per hospital rate, whichever is less.

General Ward	Rs. 1000/- Per Day
Semi Private Ward	Rs. 2000/- Per Day
Private Ward	Rs. 3000/- Per Day

- This Room rent will include charges for occupation of Bed, diet for the patient, charges for water and electricity supply, linen charges, nursing and routine up keeping.
- For any day care procedure requiring short admission - a few hours to one day- accommodation charge for one day as per entitlement shall be applicable provided the patient has been admitted in a room as per his/her entitlement.

(7.3) During treatment in ICU/ICCU, no separate room rent will be admissible.

**8. Entitlements for various types of wards:**



(8.1) ESI Scheme Beneficiaries (IPs and their Dependent Family Members) are entitled to only for General Ward.

(8.2) ESIC Employees, Pensioners and their dependent family members are Entitlement of various types of wards depending on their pay drawn/pension. These entitlements are amended from time to time and the latest order in this regards needs to be followed. The Entitlement is as follows-

<b>S.No</b>	<b>Ward Entitlement</b>	<b>Corresponding Basic pay drawn by the officer in 7th CPC per month</b>
1	General Ward	Upto Rs. 47,600/-
2	Semi Private Ward	Rs. 47,601 to 63100/-
3	Private Ward	Rs. 63101 and above

(A) Private ward is defined as a hospital room where single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have furnishings. The room shall have furnishings like wardrobe, dressing table, bedside table, sofa set etc. as well as a bed for attendant. The room has to be air conditioned.

(B) Semi private ward is a hospital room where 2 or 3 patients are accommodated which has attached toilet facilities and necessary furnishings.

(C) General ward is defined as Halls that accommodate 4 to 10 patients.

(8.3) Normally treatment in higher category of accommodation than the entitled category is not permissible However in case of an emergency when entitled category accommodation is not available; admission in immediate higher category is to be allowed till entitled accommodation is available. Even in this case the empaneled center has to charge as per entitlement of the patient,

9. The empaneled Hospital/Diagnostic centers shall honor permission letter issued by Regional Director / The Competent Authority of the ESIC/IMP and ESIS/ESIC Dispensaries whose list will be provided separately and provide treatment/investigation, facilities as prescribed in permission/Referral letter. Bills in respect of referrals issued by these authorities will be submitted to same respective referring authorities within in prescribed time limit.

10. Any legal liability arising out of such services shall be the sole responsibility of the 2nd party and shall be dealt with by the concerned empaneled hospital/diagnostic center.

Services will be provided by the hospital / diagnostic center as per the terms of this agreement and Tender published for this empanelment.

11. Direct admission of ESI Scheme beneficiaries without Referral form (P-I) should not be entertained by the empaneled center as the patients going to empaneled center without being referred as such by the ESI system shall not be eligible for cash less services except in case of Emergency. In case of such emergency, permission for cashless treatment of the ESI beneficiaries shall be taken from REGIONAL DIRECTOR/COMPETENT AUTHORITY within 24 Hours of admission. However the empaneled center will charge the payment of treatment of such cases, which are otherwise entitled to SLT treatment but for non-issue of referral take admission directly, at CGHS/ESIC rates as envisaged in this agreement.
- 11.1 In case of ESIC Serving Employees and their family members, ESIC Pensioners and their family members empaneled center will charges them on CGHS rates for all type of treatment/procedure/investigation available including OPD if they visit the empaneled center directly without any referral letter and show their Card.
12. The empaneled center will not refer the patient to other specialist/other hospital without prior permission of ESIC authorities.
13. In case of any natural disaster/epidemic, the empaneled center shall have to fully cooperate with the ESIC and will convey/reveal all the required information, apart from providing treatment.
14. The empaneled center will have to report admitted patients on daily basis to the referral authority as well as to the REGIONAL DIRECTOR and Medical Vigilance Officers regarding statement showing details of ESI Insured person under indoor treatment as per format (**Annexure-B**) given by ESIC failing which hospital may be de-empaneled.
15.
  - (15.1) The empaneled center shall immediately communicate to First Party about any change in the infrastructure / strength of staff. The empanelment shall be temporarily withheld in case of shifting of the facility to any other location without prior permission of ESIC. The new establishment of the same Hospital shall attract a fresh inspection, at the prescribed fee, for consideration of continuation of empanelment.

- (15.2) The empaneled center shall submit a Monthly report to First Party regarding number of referrals received, admitted, bills submitted to the referring authorities and payment received, changes in the strength of doctors / staff and infrastructure if any. Annual audit report of the hospitals shall also be submitted along with the statement.
- (15.3) Authorized signatory / representative of the empaneled center shall attend the periodic meetings held by First Party, required in connection with improvement of working conditions.
- (15.4) The Empaneled Center after being empaneled with First Party under this agreement, has to be agreed for empanelment with any ESIC institutions in India on same Terms & Conditions, if required.
- (15.5) The Empaneled Center shall not refuse to treat any ESI Beneficiary only in case of emergency or referred by Regional Director, Jaipur in any specialty/super specialty which is available in their Hospital/Diagnostic center even whether such specialty is not empaneled under this agreement. Rates clause applicable for such treatments given will same as agreed under this agreement for empaneled specialties.

**16. Special terms and condition for Laboratory services:**

- (16.1) The representative of the empaneled center should be available / approachable over phone and Otherwise on all the days.
- (16.2) In emergency, the empaneled center should be prepared to inform Reports over the telephone/e-mail.
- (16.3) The empaneled center must be standard one with Standard equipment, re-agents etc, and trained manpower.
- (16.4) Bills should be sent monthly in triplicate, and should be accompanied by a copy of each of requisition form. The empaneled center shall deliver reports in duplicate to the hospital/dispensary in person.
- (16.5) The lab in tie-up shall collect samples daily from the hospital or as requested by the competent authority from time to time and if necessary, shall be prepared to draw the sample from the patients in certain cases, like blood culture.
- (16.6) Lab may be visited at any time during the period of contract and if any irregularity noticed then necessary action may be initiated as deemed fit.

**17. Special terms and conditions for blood bank:**

- (17.1) The Centre should have necessary facilities for round the clock (24 hours) supply of the Whole Human Blood and various blood components.
- (17.2) The Centre should have the necessary and valid license from the appropriate authority to run the Blood Bank.
- (17.3) Under the tie-up arrangement, the requisition shall be made on the “in house standard form” duly signed by the attending doctor of hospital, and countersigned by the casualty medical officer (CMO) /Dy. Medical Superintendent / Medical Superintendent with the rubber stamp of the hospital, and shall contain particulars of units of Blood or blood components, name of the patient, Insurance number of the Insured person (IP) patient as well as the MRD No. /Inpatient No/Bed No, along with provisional diagnosis. Any requisition form sent to you not in prescribed manner, as stated above is not to be considered by your Blood bank / office and no claim shall be accepted unless the requisition as aforesaid.
- (17.4) The whole Human Blood and Blood components should be screened for all routine and special investigations including Blood grouping, Typing, Cross Matching and other standard as well as specialized tests for HIV, Hepatitis, etc. as specified by competent authority in this regard.
- (17.5) Bills should be sent monthly in triplicate, and should be accompanied by a copy of each of the requisition forms.
- (17.6) Officers authorized by the Hqrs. Office / Regional Director may visit the empaneled center at any time and if any irregularity noticed then necessary action may be initiated as deemed fit.
- (17.7) The services should be made available round the clock on all days.
- (17.8) If hospital authority certify emergency/lifesaving requirement of human blood and blood components blood bank must provide same without donation.

**18. Directions/Instructions for empaneled center & Payment schedule:**

- (18.1) The empaneled center will honor the referral letter issued by ESI hospitals and will provide medical care on priority basis. The tie-up hospital will provide medical care as specified in the referral letter; no payment will be made to tie-up hospitals for treatment/procedure/investigation which are not mentioned in the referral letter. If the tie-

up hospitals feel necessity of carrying out any additional treatment/procedure/investigation in order to carry out the procedure for which patient was referred, the permission for the same is essentially required from the referring hospital either through e-mail, fax or telephonically (to be confirmed in writing at the earliest). The tie-up hospitals will not charge any money from the patient/attendant referred by ESIC System for any treatment/procedure/investigation carried out. If it is reported that the empaneled center has charged money from the patient then the concerned empaneled center may attract action for de-empanelment/blacklisting. All the drugs/dressings used during the treatment of the patient requiring reimbursement should be of generic nature. All the drugs/dressings used by the tie-up hospital requiring reimbursement should be approved under FDA/IP/BP/USP pharmacopeia or DG ESIC Rate Contract. Any drug/dressings not covered under any of this pharmacopeia will not be reimbursed. Food supplement will not be reimbursed.

- (18.2) It shall be mandatory for the empaneled center to send a report online to the REGIONAL DIRECTOR /Referring Authority 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 estimate of treatment.
- (18.3) The empaneled center shall raise the bills on their hospital letter head with address and e-mail/fax number of the hospital, as per the Performa P-II,P-III & P-V format enclosed in **Annexure-C, Annexure-E and Annexure-D** respectively. The tie-up hospitals shall raise the bills with supporting documents as listed in P-II,P-III & P-V duly signed by the authorized signatory. The specimen signatures of the authorized signatory duly certified by competent authority of the tie-up hospital shall be submitted to all the referring ESIC/ESIS hospitals and REGIONAL DIRECTOR. 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 hospitals to all the referring authority/Regional Director
- (18.4) The drugs prescribed at the time of discharge of the patient after SLT care treatment shall be issued by 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 bills. Afterwards all the medicines shall be issued by the ESIS system.

- (18.5) Bills to be submitted as per the Performa provided by the ESIC time to time.
- (18.6) The bills must be submitted within 15 days of discharge/investigation for payment. The bills received after that period shall not be entertained.
- (18.7) The empaneled center will send bills along with necessary supportive documents to the concern Referring Authorities/ REGIONAL DIRECTOR, ESIC Jaipur as the case may be as soon as bills are generated after discharge of patient for further necessary action.
- (18.8) Copy of the discharge slip incorporating brief history of the case, diagnosis, details of procedure done, reports of investigations, Discharge summary, original receipts of medicines/implants, stickers of implants, wrappers of costly medicine/equipment [costing more than 3000 rupees], CD / Report of all investigate for treatment given and advice shall be submitted by the empaneled center along with the bill in duplicate in prescribed performs.
- (18.9) PATIENT/ATTENDANT SATISFACTION CERTIFICATE {(P-VI) Annexure-F} duly signed by admitted referred patient must be attached while sending the bills, failing which bill will not be processed and will be returned back for needful.

**19. Duties and responsibilities of empaneled centers:**

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 at the reception area. The documents like referral from ESI Hospital, eligibility etc. must be mentioned on the board. The ESI patient must be entertained without any queue/wait.

**20. Empaneled center's integrity and obligations during agreement period:**

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

**21. Performance Bank Guarantee:**

The Empaneled center shall furnish a Performance Bank Guarantee from any Nationalized Bank in the prescribed format (**Annexure-H**) of Rupees Two Lakhs in case of Hospitals / Rupees Fifty thousands in case of Diagnostic Center, valid for a period of 3(Three) years to ensure efficient service and to safeguard against any default.

**22. Forfeiture of performance bank guarantee and removal from list of empaneled institutions:**

In case of any violation of the provisions of this Agreement by the hospital such as:

- (a) Refusal of service,
- (b) Undertaking unnecessary procedures
- (c) Prescribing unnecessary drugs/tests
- (d) Over billing
- (e) Reduction in staff/ infrastructure/ equipment etc. after the hospital/ has been empaneled
- (f) Non submission of the report, habitual late submission or submission  
Incorrect data in the report
- (g) Refusal of credit to eligible beneficiaries and direct charging from them.
- (h) if recommended by NABH at any stage
- (i) Discrimination against ESIC beneficiaries vis-à-vis general patients
- (j) Any information furnished in Tender application for empanelment found false at any stage and violation of Terms and Condition of Tender Published for this empanelment.

The REGIONAL DIRECTOR, Jaipur / ESIC will have the full right to forfeit the Performance bank guarantee as well as removal Empaneled center from list of empaneled institution. Such action could be initiated on the basis of a complaint or on the above

points (a to j) by the REGIONAL DIRECTOR ESIC Jaipur as the case may be and decision of REGIONAL DIRECTOR /ESIC in this regard shall be final and binding to Empaneled center.

**23. Liquidated damages:**

(23.1) The Hospital shall provide the services as per the requirements specified by the ESIC in terms of the provisions of this Agreement. In case of initial violation of the provisions of the Agreement by the recognized private Hospital, the amount equivalent to 15% of the amount of security deposit will be charged as agreed Liquidated Damages by the ESIC, however the total amount of the security deposit will be maintained intact being a revolving Guarantee.

(23.2) In case of repeated defaults by the Hospital, the total amount of security deposit will be forfeited and action will be initiated against the hospital for removing the Hospital from the empanelment of ESIC as well as termination of this Agreement.

(23.3) 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 that Hospital and termination of this Agreement.

**24. Termination for default:**

The REGIONAL DIRECTOR, ESIC Jaipur may without prejudice to any other remedy for breach of Agreement, in whole or part, may terminate the contract in following circumstances.

(24.1) If the Empaneled center fails to provide any or all of the services for which it has been empaneled 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

(24.2) If the Empaneled center fails to perform any other obligation(s) under the Agreement. or

(24.3) If the Empaneled center, in the judgment of the ESIC is engaged in corrupt or fraudulent practices in competing for or in executing the Agreement.



(24.4) If the Empaneled center fails to follow instruction & guidelines and there is repeated submission of bills as per its own way with repeated deficiencies etc.

(24.5) If the Empaneled center is found to be involved in or associated with any unethical illegal or unlawful activities, the Agreement will be summarily terminated by ESIC without any notice. Terms and conditions can be modified on sole discretion of the First Party only.

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

**26. Indemnity:**

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

**27. Arbitration:**

If any dispute or difference of any kind whatsoever (the decision whereof is not being otherwise provided for) shall arise between the ESIC and the Empaneled Center upon or relation to or in connection with or arising out of the Agreement, shall be referred to for arbitration by the REGIONAL DIRECTOR ESIC Jaipur who will give written award of his/her decision to the Parties. Arbitrator will be appointed by REGIONAL DIRECTOR. The decision of the Arbitrator will be final and binding. The provision of Arbitration and Conciliation Act, 1996 shall apply to the arbitration proceedings. The venue of the

arbitration proceedings shall be at office of REGIONAL DIRECTOR, ESIC Jaipur. Any legal dispute to be settled in Jaipur Jurisdiction only.

**28. Engagement of Agency for Online Referral and Bill Processing (BPA):**

The parties shall abide by the following undertakings in addition to ESIC Policy and Standard Operating Procedures, the clauses mentioned in the Memorandum of Agreement with ESIC Hospital/ REGIONAL DIRECTOR Office and for the purpose of bill processing:

- A. The empaneled hospital shall acknowledge the referral from ESIS/ESIC/IMP/institution online.
- B. The empaneled center on admission of an ESIS/ESIC/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.
- C. 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 30 days.
- E. The empaneled hospital shall submit all the medical reports in digital form as well as in physical form as per ESIC policy and SOP.
- F. The empaneled hospital agrees that the actual processing shall start when physical copies of the bills submitted by the empaneled hospitals to the concerned referring IMP/ESIC/ESIS disp. are verified by them on behalf of respective ESIC/ESIS /IMP. 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 respective ESIC/ESIS/IMP, BPA or Medical processing team of respective ESIC/ REGIONAL DIRECTOR office to the empaneled hospital/diagnostic center for the missing/ambiguous physical documents (As per SOP). Empaneled hospitals/diagnostic centers shall have to submit the clarifications/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 empaneled hospital and make recommendations for onward payment to ESIC / REGIONAL DIRECTOR Office in a time bound manner within a period of 10 working days from the date of submission of bills in physical format or reply to last query, whichever is later.
- I. The empaneled 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, Printers, etc.
- J. In case of some mistakes in the scrutiny of claims recommendations thereto by BPA resulting in excess payment to the empaneled hospital by ESIC Hospital/ REGIONAL DIRECTOR Office the excess amount shall be recovered from the future bills of the empaneled hospital.
- K. Subject to BPA rendering bill-processing services as per terms and conditions of this agreement, the empaneled hospitals/diagnostic centers/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 centers shall be forwarded by ESIC to BPA simultaneously along with the payments to empaneled 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 empaneled hospital/diagnostic center (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 (exclusive of service tax/GST/any other tax by any name, 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 ESIC/ REGIONAL DIRECTOR 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 or any other taxes by whatever name called as applicable on such fee amount admissible to BPA.
- O. If the claim is rejected or results into nonpayment to the empaneled hospital/diagnostic center, ESIC / REGIONAL DIRECTOR Office 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 empaneled hospital/diagnostic center 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 empaneled hospital by ESIC / BPA.

**29. Miscellaneous**

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

(29.6) In case of any problem related to insured beneficiaries / staff / pensioner and payment of bill, the tie-up institute should coordinate with single point of contact (SPOC)/OSD as appointed by REGIONAL DIRECTOR from time to time.

(29.7) The Empaneled center shall bear all expenses incidental to the preparation and stamping of this agreement.

**30. TDS deductions:**

TDS will be deducted as per Income Tax Rules.

**31. Notices:**

(31.1) Any notice given by one Party to other pursuant to this Agreement shall be sent to other party in writing by Registered Post at the official address as given above.

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

**32. Validity:**

Duration of the agreement shall remain in force for two Years and may be extended for subsequent period (if satisfactory services provided to ESI beneficiaries) at the sole discretion of the **REGIONAL DIRECTOR, REGIONAL OFFICE, EMPLOYEES STATE INSURANCE CORPORATION, PANCHDEEP BHAWAN, BHAWANI SINGH MARG, JAIPUR-302001** subject to fulfillment of all terms and conditions of this agreement and with mutual consent.

**This agreement is valid from ..... to .....**

IN WITNESSES WHEREOF, the parties have caused this Agreement to be signed and executed on the day, month and the year as mentioned above.

**HOSPITAL ADMINISTRATOR,  
NAME and Address of Hospital,**

**REGIONAL DIRECTOR,  
ESIC JAIPUR, RAJASTHAN.**

In the Presence of

(Witnesses)

1)

2)

**To be used by ESI Referring Hospital/Dispensary**  
**Letterhead of Referring ESI Hospital/Dispensary**  
**Referral Form (Permission letter) - (P-I)**

Referral No : Insurance No/Staff Card No/  
Pensioner Card No :

Age/Sex :

Name of the Patient :

Address/Contact No :

Identification marks (if any) :

IP/Beneficiary/Staff :

Relationship with IP/Staff : F/M/S/D/Other

Entitled for Speciality/Super Speciality : Yes/No

Diagnosis/clinical opinion/case summary  
along with Relevant Treatment given/  
Procedure/ Investigation done in referring  
ESIC/ESIC hospital/Dispensary :

Treatment/Procedure/Investigation for which patient is being referred:

I voluntarily choose \_\_\_\_\_ Hospital for treatment of self or my \_\_\_\_\_

**(Sign / Thumb Impression of IP / Beneficiary / Staff)**

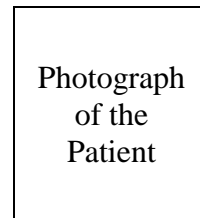
Referred to \_\_\_\_\_ Hospital/Diagnostic Centre for \_\_\_\_\_

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.**

**P.T.O**



## **Mandatory Instructions for Referral Hospital:**

- 1) Referral hospital is instructed to perform only the procedure/treatment for which the patient has been referred to.
- 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).
- 3) The referred hospital is has 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.
- 4) Food supplement will not to be prescribed/reimbursed.
- 5) Only Generic medicine to be used wherever possible.
- 6) Only those medicines to be used which are FDA/ IP/ BP or USP approved.

## **Checklist for Referring Hospital**

- 1. Duly filled & signed referral proforma (P-1).*
- 2. Copy of Insurance Card/Photo I card of Beneficiary/IP.*
- 3. Referral recommendation of the specialist/concerned medical officer.*
- 4. Copy of entitlement for Specialty/super specialty treatment.*
- 5. Reports of investigations and treatment already done.*
- 6. One Additional Photograph pf Patient.*

**Date:**

*Signature of the Competent Authority \*\* (With Stamp)*

**ANNEXURE-B**

**To be used by Tie-up/empaneled Hospital**

**Letterhead of Hospital with Address & Email/Fax/Tele-Fax Number**

**STATEMENT SHOWING DETAILS OF ESI INSURED PERSONS UNDER INDOOR TREATMENT**

**Name of Tie-up Hospital:** \_\_\_\_\_

**Date :** \_\_\_/\_\_\_/\_\_\_\_\_

S N	Name Ins. No. & Date of appointment of I.P.	Employers Details		Reference Details			Admission Details		
		Name & Address of the Employer	Code No.	Name of Hospital / Dispensary	For Treatment of	Date of Admission	Name of Patient & relation with IP	Diagnosis & Expected period of Indoor Treatment	Packaged/Non- packaged/Treatment
1	2	3	4	5	6	7	8	9	10

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



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

**Letterhead of Hospital with Address & Email/Fax/Tele-Fax Number**  
**(NABH accredited/ Super Specialty Hospital)**  
(Attach documentary proof)

**Date of Submission:**

**Individual Case Format**

Name of the Patient :

Referral S.No.(Routine) /

Emergency/ through verified by REGIONAL DIRECTOR:

Age/Sex :

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:

**(For Package Rates)**

Treatment/Procedure done/performed:

**I. Existing in the package rate list's**

CGHS/other Code no/no's for chargeable procedures:

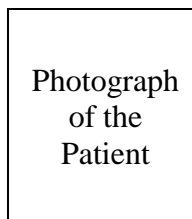
S.No	Chargeable procedure	CGHS Code Number and page No. (1)	Other, if not in page (1), Prescribed code No. and page NO.	Rate	Amount claimed with date	Amount admitted (X)	Remarks(X)

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)**

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

**III. Additional Procedure Done with rationale and documented permission**

S.No	Chargeable procedure	CGSH code No. and page No.(1)	Other, if not in page (1), prescribed Code No. of	Rate	Amount claimed with dtre	Amount admitted (X)	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 Amount payable:

Date of payment:

Signature of Dealing Assistant

Signature of Superintendent

**Date:**

**(MS/ REGIONAL DIRECTOR)**

**Signature of ESIC Competent Authority**

**Checklist for raising bills**

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 REGIONAL DIRECTOR in case of emergency treatment or additional procedure performed.
4. Sign & Stamp of Authorized Signatory.
5. Patient/Attendant satisfaction certificate.
6. Document in favor of permission taken for additional procedure/treatment or investigation.

**(X) to be filled by ESIC Official(s).**

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

Bill No .....

Date of Submission.....

S.No	Name of patient with Insurance number	Date of reference	Investigation performed	CGHS/ other code number with page NO.	Charges not in package rate list	Amount claimed with date	Amount admitted (entitled) with date (X)	Remarks disallowance with reasons (X)

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 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:

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

Referral Hospital.

Patient Referral No \_\_\_\_\_

**(X) to be filled by ESIC Official(s).**

**ANNEXURE-E**  
**To be used by Tie-up hospital (P-III)**  
**Letterhead of Hospital with Address & Email /Fax /Tele-fax**

**Consolidated Bill Format**

Bill No .....

Date of Submission.....

**Bill Details (Summary)**

Sr. No.	Name of	Ref. No.	Diag./Procedure Procedure for which referred	Procedure performed/ treatment	CGHS / other code with page NO. Nos/ NA	Other if not in CGHS	Amount claimed with date	Amount entitled with date	Remarks

**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 proforma.
2. Duly filled up Individual Pt Bill .proforma.
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 proforma in original, Insurance Card/ Photo I card of IP/ Referral recommendation of medical officer & entitlement certificate. Approval letter from REGIONAL DIRECTOR in case of emergency treatment or additional procedure performed.
6. Sign & Stamp of Authorized Signatory.

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

**Date:**

**Signature of the Competent Authority**

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

**ANNEXURE-F**

**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.

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3. It is stated that no money has been demanded/ charged from me/my relative during the stay at hospital.

Date & Time:

Name of IP/Staff:

Insurance No./Staff no. :

Date of Admission:

Date of Discharge:

**Sign/Thumb impression of Patient/Attendant/IP**

**Name of the Patient/attendant**

**To be Used by Referring ESI Hospital/Dispensary (P-IV)**

**Letterhead of Referring ESI Hospital**

**Sanction Memo/Disallowance Memo**

Name of Referral Hospital (Tie-up Hospital) \_\_\_\_\_

Bill No .....

Date of Submission.....

Sr. No. /Bill No.	Name of the patient & Reference No.	Amount Claimed with code	Amount sanctioned	Reasons for disallowance	Remarks

**Date:**

**Signature of Competent Authority With Stamp  
(To be filled up by ESI official(s))**

**ANNEXURE-H**

**To:**  
**REGIONAL DIRECTOR,**  
**ESI Corporation,**  
**Regional Office, PanchdeepBhawan,**  
**Jaipur, Rajasthan – 302001**

WHEREAS \_\_\_\_\_(Name and Address of Hospital) has undertaken, Agreement dated.....Valid from.....to .....(Description of Services) hereinafter called "the Agreement".

AND WHEREAS it has been stipulated by you in the said Agreement that the Hospital selected for empanelment shall furnish you with a bank Guarantee by a nationalized bank for the sum specified therein as security for compliance with the Hospital performance obligations in accordance with the Agreement. AND WHEREAS we have agreed to give the Hospital a guarantee:

THEREFORE WE ( **Name of the Bank**) hereby affirm that we are Guarantors and responsible to you, on behalf of Hospital (herein after referred to “the Second Party” up to a total of \_\_\_\_\_(Amount of the guarantee in Words and Figures) and we hereby irrevocably, unconditionally and absolutely undertake to immediately pay you, upon your first written demand declaring the Second Party to be in default under the Agreement and without cavil or argument, any sum or sums within the limit of \_\_\_\_\_ as aforesaid, without your needing to prove or to show this grounds or reasons for your demand or the sum specified therein. This guarantee is valid until the 31st day of \_March\_ 2022.

This Guarantee shall be incorporated in accordance with the laws of India.

We represent that this Bank Guarantee has been established in such form and such content that is fully enforceable in accordance with its terms as against the Guarantor Bank in the manner provided herein.

The Guarantee shall not be affected in any manner by reason of merger, amalgamation, restructuring or any other change in the constitution of the Guarantor Bank or of the Hospital.

**Date**

**Address:**

**Signature and Seal of Guarantors**

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