

EMPLOYEES STATE INSURANCE CORPORATION



Expression of Interest for providing
Secondary Care Treatment
(including Diagnostic) to ESI
Beneficiaries.

Date of issue: As per CPPP Portal

Last date of Submission of EOI: As per CPPP Portal

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| Contents of the RFP | Page No |
|--|----------------|
| 1. Advertisement Notice | 3 |
| 2. Application for empanelment (Application Form) | 4 |
| 3. Detailed Notice | 5 |
| 4. Instruction to the service provider (RFP Instructions) | 6 |
| 5. General Conditions of Contract | 8 |
| 6. Special Conditions of Contract | 16 |
| 7. Information of Health care Organization (HCO) (Hospital/Imaging Centers/Diagnostic center/IVF center) (Annexure-I) | 21 |
| 8. Specialties for empanelment (Annexure-II) | 25 |
| 9. Undertaking(Annexure-III) | 26 |
| 10. Referral Form-PI(Annexure-IV) | 27 |
| 11. Form for raising bills–PII(Annexure-V) | 29 |
| 12. Consolidated Bill Format–PIII (Annexure-VI) | 32 |
| 13. Sanction Memo/Disallowance Memo–PIV(Annexure-VII) | 33 |
| 14. Monthly Bills Summary–PV (Annexure-VIII) | 34 |
| 15. Patients/Attendants satisfaction certificate-PVI(Annexure-IX) | 35 |
| 16. Statement of indoor ESI Patients–(Annexure-X) | 36 |

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कर्मचारीराज्यबीमानिगम
EMPLOYEES' STATE
INSURANCE CORPORATION
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)
(Ministry of Labour & Employment,
Government of India)
Website- www.esic.nic.in



सत्यमेव जयते

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NOTICE INVITING EXPRESSION OF INTEREST (EOI)
EMPANELMENT OF INSTITUTIONS FOR PROVIDING
"SECONDARY CARE TREATMENT (INCLUDING DIAGNOSTIC)
SERVICES" for ESIC Hospital Jajmau, Kanpur -208010

ESIC Hospital Jajmau, Kanpur -208010 intends to enter into Tie-up arrangement with reputed Hospitals located within **Kanpur Municipal Corporation area only** to provide **Secondary Care Treatment (Including Diagnostic)** on **Cashless** basis to the Beneficiaries of ESIC, referred by ESIC Hospital Jajmau, Kanpur -208010 as per CGHS KANPUR / AIIMS, New Delhi Rates. For Terms, conditions, guidelines and further details please visit www.esic.gov.in/tenders.php. The last date for submission of the EOI is As per CPPP Portal up to. EOI (Application form with Annexure & Documents) in sealed envelope complete in all respects should reach the ESIC Hospital, Jajmau, Kanpur-208010 as per schedule given below, with subject line reading "EOI FOR Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) FOR SECONDARYCARE (SPECIALITY) TREATMENT".

Request for proposal received after the scheduled date and time (either by hand or by post) or open request for proposal received though e-mail/fax or without the prescribed fee shall be summarily rejected.

** This Copy should be uploaded online as well as offline both.

MEDICALSUPERINTENDENT
ESIC Hospital Jajmau,
Kanpur -208010

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APPLICATION FORM

(For empanelment of Health Care Organization (HCO) (Hospital/Imaging Centers/Diagnostic center/IVF center) for secondary care treatment)

To,

MEDICAL SUPERINTENDENT
ESIC Hospital Jajmau,
Kanpur-208010

Sub: Expression of Interest (EOI) for Empanelment for Secondary care treatment (including diagnostic) services to beneficiaries of ESIC, referred by ESIC Hospital Jajmau, Kanpur - 208010.

Sir,

In reference to your advertisement in the newspaper/website dated_____, I/We wish to offer secondary care treatment services (including diagnostic facilities) for ESI Beneficiaries on cash less basis.

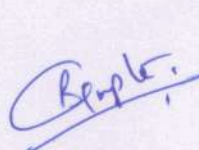
I/We pledge to abide by the terms and conditions as mentioned in advertisement and I/We also certify that the above information as submitted by me / us in Annexure I, II & III is correct and I/We fully understand the consequences of default on our part, if any.

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

Place:

Date:

Enclosures: Duly filled Annexure I, II, III & signed EOI.



**Notice Inviting Expression of Interest (EOI) for Empanelment for
Secondary Care Treatment (Including Diagnostic) Services**

Medical Superintendent ESIC Hospital Jajmau, Kanpur invites Expression of Interest (EOI) from Government / Semi-Govt. / CGHS approved / Private Hospitals of repute located within **Kanpur Municipal Corporation area only** in sealed envelope as well as applied online for Empanelment for Secondary Care Treatment (including diagnostic) Services for ESI beneficiaries on cash less basis. The services are to be provided at CGHS KANPUR Rates (given on its website)/ AIIMS, New Delhi rates, terms, conditions & guidelines. The applicants shall have to download Expression of Interest documents comprising of Application Form along with Instruction to Service Provider, General Condition of Contract, Special Condition of Contract, Information about Health care Organization (HCO) (Hospital/Imaging Centers/Diagnostic center/IVF center)/Diagnostics Centre, from the website at **www.esic.gov.in**. EOI (Application form with Annexure & Documents) in sealed envelope completed in all respects should reach the office of Medical Superintendent ESIC Hospital, Jajmau, Kanpur-208010, with subject line reading "EOI FOR EMPANELMENT FOR Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) FOR SECONDARY CARE (SPECIALITY) TREATMENT".

MEDICAL SUPERINTENDENT
ESIC Hospital Jajmau,
Kanpur -208010

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INSTRUCTION TO SERVICE PROVIDERS

(Please read all terms and conditions carefully before filling the application form and Annexure there to)

1. Document Acceptance:

Duly filled application with all annexure and required documents/certificates may be sent to the Medical Superintendent ESIC Hospital Jajmau, Kanpur -208010 with subject line reading **“EOI FOR EMPANELMENT FOR Health Care Organization (HCO) (Hospital/Imaging Centers/Diagnostic center/IVF center) FOR SECONDARY CARE(SPECIALITY)TREATMENT”**.

Request for proposal received after the scheduled date and time shall be summarily rejected.

2. Submission of Request for Proposal:

1. Please ensure that application form with Annexure I, II & III is submitted in 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 proposal will be out rightly rejected if any technical condition is not fulfilled.
3. Attested photo copy of necessary certificates (as per Annexure-I) should be attached with the Request for Proposal. Health care Organization (HCO) (Hospital/Imaging Centers/Diagnostic center/IVF center) will be informed about date and time of inspection if required by a duly Constituted Committee on the address given in Document Form.

3. Condition for Empanelment :

Only those applications will be considered for empanelment that fulfills all technical conditions along with satisfactory report of Inspection Committee.

- i. Rate of packages and procedures and investigation should be as per CGHS RATES of Kanpur. AIIMS NEW DELHI rates will be applicable where CGHS KANPUR package rates are not available.
- ii. Under no circumstances shall the rates charged by the Empaneled Health care Organization (HCO) (Hospital/Imaging Centers/Diagnostic center/IVF center) be more than the rates charged by Health care Organization (HCO) (Hospital/Imaging Centers/Diagnostic center/IVF center) from any privately placed person or entity.
- iii. Hospitals are at liberty to apply for any number of specialties as per Annexure-II

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- iv. Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) shall have to deposit a EMD/PBG as follows - 8X

| Type of Institution | EMD | PBG |
|--|----------------------------------|-----------------------------------|
| Multi-Specialty Hospital | Rs. 2,00,000 (Rs. Two Lakh Only) | Rs. 10,00,000 (Rs. Ten Lakh Only) |
| Stand Alone/ Diagnostic/Imaging Centre/Eye/Dialysis Centre | Rs. 1,00,000 (Rs. One Lakh Only) | Rs.2,00,000 (Rs. Two Lakh Only) |
| Blood bank | Rs. 1,00,000 (Rs. One Lakh Only) | Rs. 1,00,000 (Rs. One Lakh Only) |

security amount in form of performance bank guarantee from any of the nationalized bank having **validity of three years**. The security amount will be refunded after termination /completion of contract without any interest after 3 months of settlement of all the dues.

- v. Annexure-I, II&III should be duly filled and signed.
- vi. The applications, if received, from the Institution which was de-empaneled by any ESIC/CGHS /any other Govt. institution will not be taken into consideration for one year from date of de-empanelment. And those black listed by any ESIC/CGHS/Any other Govt. institute will not be taken into consideration for 3 years.
- vii. **Health care Organization (HCO) (Hospital/Imaging Centers/Diagnostic center/IVF center) already empaneled with CGHS/State Government/approved or empaneled by Central Public Sector Units would be given priority for empanelment; such Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) may be empaneled without inspection by ESIC.** Hospital accredited by NABH/NABL closer to ESIC hospital Jajmau, Kanpur and providing maximum no. of services would be preferred for empanelment with ESIC.

An agreement on stamp paper of Rs.100/- shall be signed after finalizing verification /physical verification of records / Institution and incidental charges related to agreement shall be borne by the Empaneled Health care Organization (HCO) (Hospital/Imaging Centers/Diagnostic center/IVF center). Agreement will be effective w.e.f. date of signing of the agreement by the ESIC Authority.

[Signature]

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GENERAL CONDITIONS OF CONTRACT (GCC)

1. Minimum Requirement of Hospital/Empaneled Centre

A. Basic Requirements: -

- i. Bed strength is 50.
- ii. Hospitals already on the panel of CGHS/Central Govt. /State Govt./PSU may be empaneled without inspection. (Attach copy of valid letter of empanelment with CGHS)
- iii. The other hospitals applying for secondary care treatment facilities must satisfy the following conditions:
General purpose hospital providing specialty treatment/investigation facilities having 50 or more inpatients medical beds (excluding ICU beds) and in the following specialties:
 - I. General Medicine
 - II. General Surgery
 - III. Obstetrics and Gynecology
 - IV. Pediatrics
 - V. Orthopedics
 - VI. ENT
 - VII. Ophthalmology
 - VIII. Psychiatry
 - IX. Skin and Dermatology
 - X. Imaging and in-house diagnostic facilities
 - XI. Dental Specialty
 - XII. Blood Bank
 - XIII. Laboratory Investigation services including Microbiology and special investigations.
 - XIV. IVF (In-Vitro Fertilization) & ICSI (Intracytoplasmic Sperm Injection)
 - XV. ICU
 - XVI. NICU & PICU
 - XVI. Others (if Any)

Note:

- a. However, conditions with regard to number of beds and number of specialties are relaxable, if there are no hospitals satisfying above mentioned conditions.
- b. In addition to the above, Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) preferably have:
 - I. Intensive Care Unit(ICU), NICU, PICU
 - II. 24 hours emergency services managed by technically qualified staff and Doctors.
 - III. Provision for dietary services to the patients
 - IV. Information is to be submitted in Annexure I (Preference will be given to Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) having in-house imaging and diagnostic facilities and blood bank)
- iv. The Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) should have been operational for at least one full financial year.
- v. Valid State registration certificate / registration with local bodies should be attached.

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- vi. Valid Fire clearance certificate should be attached.
- vii. Valid Compliance with all statutory requirements including waste management.
- viii. Valid Registration under PNDT Act for empanelment of Ultra-Sonography facility.
- ix. Valid AERB approval for Tie-up for Radiological investigations/ Radiotherapy.
- x. The *Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center)* 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.
- xi. The empaneled Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) must be willing to get their bills processed by BPA module and to give the prescribed processing fee etc. as described and updated through the SOPs issued by ESIC Hqrs on time to time basis as intimated by MS ESIC Hospital Kanpur.
- xii. Hospital preferably have Intensive Care Unit (ICU), NICU & PICU.
- xiii. 24 hrs Emergency services managed by technically qualified staff and Doctors.
- xiv. Provision of Dietary Services.
- xv. Hospital should have Blood Bank (if in-house then enclose valid certificate)
- xvi. **Health care Organization (HCO) (Hospital / Imaging Centers / Diagnostic center / IVF center) should be located within Kanpur Municipal Corporation area only. However, preference will be given to Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center)s close to ESIC Hospital Jajmau, Kanpur fulfilling all the criteria.**

B. THE EMPANELED CENTRE AFTER BEING AWARDED CONTRACT WITH MS ESIC HOSPITAL JAJMAU, KANPUR -208010 SHOULD BE READY FOR TIE-UP ON THE SAME TERMS AND CONDITIONS WITH ANY ESIC MODEL HOSPITAL / ESIC HOSPITAL OR REGIONAL DIRECTOR OF ANY OTHER STATE.

C. The empaneled centers for ESI Beneficiaries will also provide cashless Medical Treatment to the ESIC Staff (Serving & Retired duly referred by the competent authority. The Bill of such cases will be submitted to the Office of the referring authority within 07 days of discharge/ investigations of the patient.

D. Escalation matrix/contact no. of any authorized person to be provided with the bid document.

E. Non- availability of any services because of whatsoever reason should be intimated to ESIC Hospital Jajmau, Kanpur well in advance to avoid inconvenience to IP and their dependents.

2. TERMS AND CONDITIONS RELATED TO PACKAGES AND RATES:

A) Package rate shall mean and include lump sum cost of in-patient treatment / day care /diagnostic procedure for which a referred ESI Beneficiary / ESIC Staff or ESIC Pensioner 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):

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- I. Registration Charge.
- 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.
- XI. Anesthesia Charges.
- XII. Operation Theatre Charges.
- XIII. Procedural Charges/Surgeon's Fees.
- XIV. Cost of surgical disposables and all sundries used during hospitalization.
- XV. Cost of Medicines.
- XVI. All other related routine and essential investigations.
- XVII. Physiotherapy.
- XVIII. Care Charges for its services and all other incidental charges related there to.
- XIX. Nursing.

B) Certain discount on Drugs / Treatment / Procedures / Devices / Investigations has been finalized. These are as under:

- I. Procedure/ Treatment / Investigations for which package under CGHS KANPUR / AIIMS New Delhi not available - **15% discount on hospital rates** or as per guidelines issued by the Corporation from time to time. Rate list of the unlisted procedures to be attached with bid documents.
- II. For devices / stents/ Implants etc. not described under CGHS Rules - **15% discount on MRP** (Maximum Retail Price) or as per guidelines issued by the Corporation from time to time.
- III. For drugs not available in the CGHS KANPUR - **10% discount on the MRP.**
- IV. **Drugs Covered under LSD drug List of CGHS will be paid as per rates defined for the same by CGHS.**

C) In case of emergency, ESI patient may be admitted even for the specialty / Super specialty procedure / investigation for which Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) / diagnostic center is not empaneled. In such cases Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) / diagnostic center shall charge according to CGHS KANPUR / AIIMS NEW DELHI approved rates for the procedure / investigations. If no such rates are available, then there shall be a discount of 15 % on normal scheduled rates of Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center). Approval for rates in such cases may be obtained from MS ESIC Hospital Jajmau, Kanpur -208010. The empaneled hospital shall not refuse to treat any ESIC patient

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in case of emergency in any specialty/super specialty which is available in hospital whether empaneled or not for the same.

- D) Cost of implant / stents / grafts is reimbursable in addition to package rates as per CGHS KANPUR ceiling rates and guide lines issued by ESIC HQ for implant.
- E) Hospital / Centre empaneled with MS ESIC Hospital Jajmau, Kanpur -208010 shall not charge more than package rate /rates.
- F) Expenses on toiletries, cosmetics, telephone bills etc. are not reimbursable and are not included in package rates.

Package rates envisaged duration of indoor treatment as follows:

1. Upto12Days: for Specialized (Super specialty) treatment
2. Upto7Days: for other Major Surgeries
3. Upto3Days: for Laparoscopic Surgeries/normal Deliveries
4. 1Day: for day care/Minor OPD surgeries.

- G) 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 be restricted to the applicable package rate.
- H) The **Extended stay** i.e. more than period covered in package rate, in **exceptional justifiable** cases, supported by relevant documents and **medical records** and **certified** as such by hospital may be allowed and 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/drugs** for additional stay. However, approval for extended stay from the referring authority is required. The letter of approval must be attached with the bill while sending it for payment.
- I) The **ESI Beneficiaries** are entitled for **General Ward Category only** and the **CGHS KANPUR** rates of **General Ward category** are applicable. For staff member's entitlement will be decided by the competent Authority/ MS and will be mentioned in referral form.
- J) **DISCOUNTS:** Any discount on CGHS KANPUR Package for Surgeries etc. To be mentioned.
- K) The maximum room rent for different categories at present would be:
 - a. General ward Rs. 1500/- per day
 - Semi-private ward Rs. 3000/- per day
 - Private ward Rs.4500/-per day
 - b. Room rent is applicable only for treatment procedures for which there is no specific CGHS KANPUR prescribed package rate is available. Room rent will

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Include charges for accommodation, diet for the patient, charges for water and electricity supply, linen charges, nursing and routine up keeping.

- c. During the treatment in ICU/CCU/NICU/PICU, room rent will be as per CGHS Kanpur rates.

3. PROCEDURE FOR REFERRAL

a. The patient should recommend for referral by MS ESIC Hospital Jajmau, Kanpur -208010, after following specified clinical pathway (if feasible) or by following specified guidelines in this regard.

b. The responsibility of verifying all the documents, the identity of the patient (copy of attached ID Proof) and the eligibility of the ESI Beneficiary shall lie with the Health care Organization (HCO) (Hospital/Imaging Centers/Diagnostic center/IVF center). (Whether the ESI Beneficiary (Insured Person /Woman & Dependent family members) is eligible or not for Medical Benefit has to be verified through ESIC IP Portal by entering the Insurance Number.

c. Directions/ Instructions for Tie-up Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center):

The tie-up Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) will honor the referral letter issued by ESI Hospitals and will provide medical care on priority basis. The Health care Organization (HCO) (Hospital/Imaging Centers/Diagnostic center/IVF center) will provide medical care as specified in the referral letter; no payment will be made to Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center)s for treatment / procedure / investigation which are not mentioned in the referral letter. If the Health Care Organization (HCO) (Hospital/Imaging Centers/Diagnostic center/IVF center), 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 authority either through UTI module, e-mail, fax or telephonically (to be confirmed in writing at the earliest). The Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center)s will not charge any money from the patient / attendant referred by ESI System for any treatment / procedure / investigation carried out. If it is reported that the Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) has charged money from the patient, then the concerned Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) may attract action as deemed fit. 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 Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) 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.**

- i. It shall be mandatory for the Health care Organization (HCO) (Hospital/Imaging Centers/Diagnostic center/IVF center) to send a report online to the 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 estimates of

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treatment.

- ii. The Health care Organization (HCO) (Hospital/Imaging Centers/Diagnostic center/IVF center)s shall raise the bills on their hospital letterhead with address and e-mail / fax number of Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center), as per the P-II &P-III format enclosed in **Annexure-V & Annexure-VI**. The Health care Organization (HCO) (Hospital/Imaging Centers/Diagnostic center/IVF center) shall raise the bills with supporting documents as listed in P-II & P-III duly signed by the authorized signatory. The specimen signatures of the authorized signatory duly certified by competent authority of the Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) shall be submitted to Medical Superintendent, ESIC Hospital Jajmau, Kanpur. 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 Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center). Any change in the authorized signatory shall be promptly intimated by the Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center)s to Medical Superintendent, ESIC Hospital Jajmau, Kanpur.
- iii. The Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center)s will send the Bill summary by e-mail to Medical Superintendent, ESIC Hospital Jajmau, Kanpur and the concerned referral authority at the time of discharge of patients.
- iv. Instructions issued by ESIC HQ from time to time are to be followed in toto.

4. INDEMNITY:

The Health care Organization (HCO) (Hospital/Imaging Centers/Diagnostic center/IVF center) shall at all times, indemnify and keep indemnified ESIC against all actions, suits, claims and / or demands brought or made against anything done or purported to have been done by Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) 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 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. Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) will at all times abide by the job safety measures and other statutory requirements prevalent in India and will keep free and indemnify ESIC from all demands or responsibilities arising from accidents or loss of life, if any, the cause or result of which is attributable to Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center)'s negligence or misconduct and/ or other action. Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) 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 tie up Hospital defends such suit, either jointly with the tie up Hospital or separately in case the latter chooses not to defend the case.

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5. ARBITRATION:

If any dispute or difference of any kind what so ever (the decision where of is not being otherwise provided for) shall arise between the ESIC and the Empaneled Center upon or in relation to or in connection with or arising out of the Agreement, shall be referred to for arbitration by the Medical Superintendent, ESIC Hospital Jajmau, Kanpur -208010 who will give written award of his decision to the Parties. Arbitrator will be appointed by Medical Superintendent, ESIC Hospital Jajmau, Kanpur -208010. 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 office of Medical Superintendent, ESIC Hospital Jajmau, Kanpur -208010. Any legal dispute to be settled in Kanpur Jurisdiction only.

6. MISCELLANEOUS:

- a. The applicant or his representative should be available / approachable over phone and otherwise on all the days.
- c. In emergencies, the centre should be prepared to inform Reports over the telephone/e-mail.
- d. Duly constituted Committee members may visit Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) / centre at any time either before entering into Contract or at any time during the period of contract. The applicant shall be prepared to explain/demonstrate to the queries of the members.
- e. 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.
- f. The Empaneled Hospital / 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 Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) or in the course of doing its work or perform their duties under this Agreement or otherwise.
- g. The Empaneled Hospital / Center shall notify the ESIC of any material change in their status and their shareholdings or that of any Guarantor of the Empaneled Hospital / Center in particular where such change would have an impact in the performance of obligation under this Agreement.
- h. This Agreement can be modified or altered only on written Agreement signed by both the parties.

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- i. Should the Empaneled Hospital / Center wind up or partnership is dissolved, the ESIC shall have the right to terminate the Agreement. The termination of Agreement shall not relieve the Empaneled Hospital / 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.

7. NOTICES:

- i. 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 given in Request For Proposal (RFP) form.
- ii. 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.

Medical Superintendent, ESIC Hospital Jajmau, Kanpur -208010 *RESERVES THE RIGHT TO ACCEPT OR REJECT ANY REQUEST FOR PROPOSAL WITHOUT ASSIGNING ANY REASON, THEREOF.*

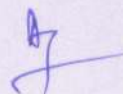
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SPECIAL CONDITIONS OF CONTRACT

1. The empaneled Hospital /centers shall have our permission letter issued by Medical Superintendent, ESIC Hospital Jajmau, Kanpur -208010 or by an **Authority authorized** by him /her and shall provide treatment / investigation, facilities as prescribed in permission letter.
2. Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) / diagnostic center shall provide treatment / investigation on cashless basis to the Insured Person / Women and dependent family members / ESIC Staff (serving and retired). Asking for payment from ESI Beneficiaries or charging directly to them for Services provided would be treated as breach of agreement and would be dealt accordingly.
3. 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. Empaneled hospital/diagnostic center have to take the permission for any additional procedure/ Treatment/ Investigations not mentioned on P1 referral form either beforehand or after performing the procedure as the case may be and as per the directions issued by the corporation from time to time.
4. Any legal liability arising out of such services shall be the sole responsibility of the tie-up/empaneled hospital/diagnostic center (2nd party) and shall be dealt with by the concerned empaneled hospital / diagnostic Centre. Services will be provided by Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center)/ diagnostic center as per the terms of agreement.
5. **Patients will be referred by ESIC Hospital Jajmau, Kanpur -208010, Only for Secondary Care treatment facilities.**
6. Cashless secondary medical care shall be provided to only those ESI beneficiaries who have been referred to Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) following the procedure mentioned earlier. Patients going to Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center)s without being referred as such by the ESI system shall not be eligible for cashless services. They may be provided secondary care treatment services on reimbursement basis in case it is found to be a life threatening emergency and the condition of the patient would have severely deteriorated had he gone to Hospital for treatment. (This is as per the prevailing practice in Armed Forces Medical Services and Railways Medical Services.) The reimbursement is subject to above conditions and the reimbursement shall be restricted to CGHS KANPUR packages rates or actual expenses whichever is lower.
7. During the Inpatient treatment of ESI beneficiary, the empaneled Hospital/Centre will not ask the attendant to provide separately the medicine / sundries / equipment or accessories from outside and will provide the treatment with in the package rates, fixed by the CGHS KANPUR which includes the cost of all the items.



8. In case of any natural disaster / epidemic, Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) / diagnostic center shall have to fully cooperate with the ESIC and will convey / reveal all the required information, apart from providing treatment to the ESI beneficiary patient only for the condition for which they are referred with permission, and in the specialty and / or for 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 may be taken and concerned authorities may be informed accordingly afterwards with justification for approval.
9. The Health care Organization (HCO) (Hospital/Imaging Centers/Diagnostic center/IVF center) will not refer the patient to other specialist / other hospital without prior permission of ESI authorities / Authorized Officer.
10. The empaneled center will have to send the details of admitted patients on daily basis to the Medical Superintendent, ESIC Hospital Jajmau, Kanpur -208010 on e-mail address ms-jajmau.up@esic.nic.in as per format given at Annexure-XIII, failing which action may be initiated as deemed fit.
11. Feedback / Patient Satisfaction as per Annexure IX duly signed by admitted referred patient / attendant must be attached along with the bills, failing which bills will not be processed and will be returned.

12. PAYMENTSCHEDULE:

The empaneled hospital / diagnostic center will send hard copy of the bills along with necessary supportive documents to the Medical Superintendent, ESIC Hospital Jajmau, Kanpur -208010/ Referring Authority as soon as but not later than 7 days after discharge / investigation of patient for further necessary action. The bills received after 7 days shall not be entertained. *The empaneled center must be willing to get their bills processed by BPA module and to give the prescribed processing fee etc. as described and updated through the SOPs issued by ESIC Hqrs on time to time basis as intimated by Medical Superintendent, ESIC Hospital Jajmau, Kanpur -208010.*

1. Dully filled Billing format as per P-II mentioning hospital bill number.
2. Dully filled Billing format as per P-III
3. Referral letter—Original (as per format P-I)
4. IP Entitlement copy
5. e-Pehchan card copy
6. ID card copy of patient (eg. AADHAR)
7. Dependency Certificate for Dependent parents.
8. Discharge Card— Original- Singed by treating Doctor
9. Patient Satisfaction form as per format P-VI
10. For prolonged stay—Justification letter from treating doctor

By: [Signature]

[Signature]

[Signature]

8. In case of any natural disaster / epidemic, Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) / diagnostic center shall have to fully cooperate with the ESIC and will convey / reveal all the required information, apart from providing treatment to the ESI beneficiary patient only for the condition for which they are referred with permission, and in the specialty and / or for 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 may be taken and concerned authorities may be informed accordingly after wards with justification for approval.
9. The Health care Organization (HCO) (Hospital/Imaging Centers/Diagnostic center/IVF center) will not refer the patient to other specialist / other hospital without prior permission of ESI authorities / Authorized Officer.
10. **The empaneled center will have to send the details of admitted patients on daily basis to the Medical Superintendent, ESIC Hospital Jajmau, Kanpur -208010 on e-mail address ms-jajmau.up@esic.nic.in as per format given at Annexure-XIII, failing which action may be initiated as deemed fit.**
11. **Feedback / Patient Satisfaction as per Annexure IX duly signed by admitted referred patient / attendant must be attached along with the bills, failing which bills will not be processed and will be returned.**

12. PAYMENTSCHEDULE:

The empaneled hospital / diagnostic center will send hard copy of the bills along with necessary supportive documents to the Medical Superintendent, ESIC Hospital Jajmau, Kanpur -208010/ Referring Authority as soon as but not later than 7 days after discharge / investigation of patient for further necessary action. The bills received after 7 days shall not be entertained. ***The empaneled center must be willing to get their bills processed by BPA module and to give the prescribed processing fee etc. as described and updated through the SOPs issued by ESIC Hqrs on time to time basis as intimated by Medical Superintendent, ESIC Hospital Jajmau, Kanpur -208010.***

1. Dully filled Billing format as per P-II mentioning hospital bill number.
2. Dully filled Billing format as per P-III
3. Referral letter—Original (as per format P-I)
4. IP Entitlement copy
5. e-Pehchan card copy
6. ID card copy of patient (eg. AADHAR)
7. Dependency Certificate for Dependent parents.
8. Discharge Card— Original- Singed by treating Doctor
9. Patient Satisfaction form as per format P-VI
10. For prolonged stay—Justification letter from treating doctor

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11. Original Cash Memo/Receipts of medicines with FDA license no. and GST no. signed by treating doctor/hospital authority and pharmacist along with original prescriptions of treating doctor.

12. Pharmacy bill summary. Sr. No Date Invoice No. Amt.

13. Laboratory investigations summary mentioned as below,

| | | | | |
|-------|------|------------------|-------------------|-------------------------|
| Sr.No | Date | CGHS KANPUR code | Lab Investigation | Amt. as per CGHS KANPUR |
|-------|------|------------------|-------------------|-------------------------|

14. Original laboratory investigations report signed by pathologist.

15. Radiology/ECG investigations summary mentioned as below,

| | | | | |
|--------|------|------------------|----------------------|-------------------------|
| Sr. No | Date | CGHS KANPUR code | Radio. Investigation | Amt. as per CGHS KANPUR |
|--------|------|------------------|----------------------|-------------------------|

16. Original Radiology/ECG investigations report signed by concerned reporting specialist.

17. Implant/IOL/Stents original stickers, with wrappers (Matching serial number as mentioned in invoice attested by treating doctor).

18. Implant/IOL original invoice with GST no. to be attested by treating doctor/ Hospital authority)

19. Copy of IPD paper, Operative notes, Drug Chart, TPR chart attested by treating doctor/Hospital authority)

20. Wrappers of Costly medicine having unit cost more than Rs.3000/- with matching Batch no. as in Invoice.

21. Document in favor of permission taken for additional procedure/treatment or investigation.

22. The CD of procedure/X-rayfilmetc.is required with each and every bill if it is done. TDS will be deducted as per Income Tax Rules, for which PAN/TAN shall be provided by Empaneled Hospital / Centre.

13. DUTIES & RESPONSIBILITIES OF EMPANELED HOSPITALS **/Diagnostic CENTRES:**

It shall be the duty and responsibility of Health Care Organization (HCO) (Hospital/Imaging Centers/Diagnostic center/IVF center) 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 ESIC patient must be entertained without any queue/ wait.

14. DURATION:

The agreement shall remain in force for a period of two years and may be extended for subsequent period (if satisfactory services are rendered to ESI beneficiaries) at the sole discretion of the Medical Superintendent, ESIC Hospital Jajmau, Kanpur -208010 subject to fulfillment of all terms and conditions of this agreement and with mutual consent. Agreement would be signed on Stamp paper of appropriate value before starting the services. Cost of stamp paper and incidental charges related to agreement shall be borne by the Empaneled center. Agreement will be effective from the date of signing of the agreement. The renewal is not by right but will be at the sole discretion of Medical Superintendent, ESIC Hospital Jajmau, Kanpur -208010.If applying for renewal the request letter should reach the Medical Superintendent, ESIC Hospital Jajmau, Kanpur -208010 Office three months prior to the date of expiry of empanelment.

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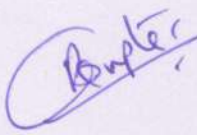
15. LIQUIDATED DAMAGES:

Empaneled centre shall provide the services as specified by the ESIC under terms & conditions of this tender, which will mutatis mutandis be treated as part of the agreement. In case of violation of the provisions of the agreement by the empaneled center 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 pending / further bills of Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) and the ESIC shall have exclusive right to terminate the contract at any time, besides other legal action.

16. TERMINATION FOR DEFAULT:

The Medical Superintendent, ESIC Hospital Jajmau, Kanpur -208010 may, without prejudice to any other remedy or recourse, terminate the contract in following circumstances:

- a. If Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF 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 ESI pursuant to condition of Agreement.
- b. If Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) fails to perform any other obligation(s) under the Agreement.
- c. If Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center), in the judgment / opinion of the ESIC is engaged in corrupt or fraudulent practices in competing for or in executing the Agreement.
- d. If Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) fails to follow instruction and/ or guidelines, on repeated submission of bills, on repeated deficiencies, etc.
- e. If Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) 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. Terms and conditions can be modified on sole discretion of the First Party only.



17. NOTICE BEFORE TERMINATION OF AGREEMENT/EMPANELLMENT BY HEALTH CARE ORGANIZATION (HCO) (HOSPITAL/IMAGING CENTERS/DIAGNOSTIC CENTER/IVF CENTER)

The empaneled Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) will not terminate the agreement without giving a notice of minimum 3 months, failing which appropriate action as deemed fit and proper; including withholding of any payment due to them may be taken. No appeal against such decision will lie with any authority.

18. PENALTY CLAUSE:

- (A) Patient can't be denied treatment/investigations on the pretext of non-availability of beds/Specialists. In such circumstances treatment may be arranged from other hospitals of similar standard at the cost of Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) with prior approval of Medical Superintendent, ESIC Hospital Jajmau, Kanpur /Referring authority.
- (B) In case of premature termination of contract / agreement by the empaneled Centre without due notice *they will have to deposit Rs.2,00,000/- (Rupees Two Lakh) as penalty to Medical Superintendent, ESIC Hospital Jajmau, Kanpur - 208010.* Affidavit on non-judicial stamp paper of appropriate value for the same to be given at the time of agreement. If Hospital / Center does not deposit money forthwith the same will be deducted from security money / incoming or pending bills.

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ANNEXURE-I**Information about Health care Organization
(HCO)(Hospital/Imaging Centers/Diagnostic center/IVF
center)/Centre**

(To be submitted duly filled along with supporting documents along with the
application

Form for Secondary Care Treatment Services/diagnostic Centre)

| | | | | |
|---|----------------------|-----------------------------|------------------------------|-------------|
| 1. Name of the Nursing Home/Hospital/Diagnostic Centre | | | | |
| 2. Registered Address of the Nursing Home/Hospital/Diagnostic Centre | | | | |
| 3. Contact Number | | | | |
| 4. E-mail id | | | | |
| 5. Registration Number of the Nursing Home/Hospital/Diagnostic Centre | Name of Issuing Body | Reg No | Bed as per Reg. Certificate | Valid up to |
| | | | | |
| | Number of ICU Beds | | Number of Operation Theatres | |
| | | | | |
| 6. Biomedical Waste Management | Name of Issuing Body | Bed as per Reg. Certificate | | Valid up to |
| | | | | |
| 7. Fire NOC/Clearance Certificate | Name of Issuing Body | | Valid up to | |
| | | | | |
| 8. AERB/PNDT Certificate | Name of Issuing Body | | Valid up to | |
| | | | | |

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|---|----------------|--|--|
| 9. Type of Firm (Tick✓ wherever applicable & attach documentary proof) | | | |
| Public Ltd | | Partnership | |
| Private Ltd | | Society | |
| Proprietorship | | Others (Please Specify) | |
| 10. PAN number of Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center)/Owner (Attach self-attested copy of PAN card) | | | |
| 11. TAN/CST/VAT/GST number (Attach self-attested copy) | | | |
| 12. Key Person Details (Owner/Proprietor/Partners/Directors) | | | |
| Name & Designation | Contact Number | Specimen Signature | |
| | | | |
| | | | |
| 13. Details of Authorized Person/Nodal officer (attach authority letter) | | | |
| Name & Designation | Email id | Contact No. | |
| | | | |
| 14. Name of Existing Organization with whom Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) is empaneled (attach relevant valid documents) | | | |
| 15. NABH Accredited (if yes attach certificate) | | | |
| 16. Empaneled with CGHS/State Govt. /Central Govt./PSU(attach relevant valid documents) | | | |
| 17. Bank Details (Attach Cancelled Cheque) | | | |
| Name of Bank | | | |
| Name of Account Holder | | | |
| Account Number | | | |
| IFSC | | | |
| MICR | | | |
| 18. Details of the Specialist Doctors-FullTime/Part Time (Attach separate sheet signed by the authorized person) | | | |
| Name of the Specialist | Speciality | Registration Number (Attach self-attested PG Degree certificate) | |
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| 19.Documents to be submitted in following order | | Attached(Yes/No) |
|---|--|------------------|
| 1. Copy of Valid Nursing Home registration Certificate(Self Attested)/Diagnostic Centre registration certificate | | |
| 2.Copy of Valid Biomedical Waste Management Certificate (Self Attested) | | |
| 3.Copy of Valid Fire NOC/Fire clearance Certificate (Self Attested) | | |
| 4.Copy of PAN card (Self Attested) | | |
| 5.Copy of Cancelled Cheque of Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center)(Self Attested) | | |
| 6.Copy of Valid NABH/NABL certificate (Self Attested) | | |
| 7. Copy of Valid empanelment letter with CGHS/State Govt./Central Govt./PSU (Self Attested) | | |
| 8.Copy of TAN/VAT/ST certificate(Self Attested) | | |
| 9.Memorandum of Association and Articles of Association - Booklet(Public/Pvt.Ltd.) | | |
| 10.Proprietary Registration Certificate –Notarized (Proprietorship) | | |
| 11.Partnership deed-Notarised (Partnership) | | |
| 12.Society Registration Act Certificate- Notarised (Society) | | |
| 13.Self attested copy of audited Balance Sheet along with annual turnover details should be attached of last financial year. | | |
| 14.List of available major equipment's needed for super specialty treatment i.e.name and year of manufacturing/installation (Separate sheet to be attached). | | |
| 15.Daily and monthly number of patient's specialty wise (separate sheet to be attached) | | |
| 16.Self attested copy of PG degree certificate of all Specialist (Full Time/Part Time)attached with Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) | | |

Date:

Place:

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

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Note 1:

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

Note 2:

Technical evaluation of the Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) shall be based on information provided by them on the above mentioned points and they shall mandatorily provide documentary proof for the same. No future correspondence shall be entertained in this regard. An Inspection committee will visit these Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center)s for inspection if recommended by the Evaluation Committee constituted for the evaluation of proposals.

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ANNEXURE-II**Specialties for Empanelment**

(Tick the specialties in which empanelment are desired by Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center)) Name of the Hospital: _____

Specialty Treatment:

| Sr.No | Specialty | Yes/No |
|-------|--|--------|
| 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 | |
| 9 | Dental specialty | |
| 10 | Blood Bank | |
| 11 | ICU | |
| 12 | NICU and PICU | |
| 13 | IVF(In-Vitro Fertilization) & ICSI (Intracytoplasmic Sperm Injection) | |
| 14 | Others | |

Date:

Place:

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

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ANNEXURE-IIIUNDERTAKING

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 Tender documents failing which Medical Superintendent, ESIC Hospital Jajmau, Kanpur -208010 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 KANPUR rates, terms and conditions available on CGHS website and AIIMS, New Delhi 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 or any other Govt. Institution /PSUs in the last three years.

Dated
Name

Signature

Place:

(With seal/rubber stamp)

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ANNEXURE-IV**(P-I)****Referral Form (Permission letter)**

Referral No:

Insurance No/Staff Card
No/Pensioner Card No:-Photograph
of the
Patient(opt
ional)

Age/Sex:

F/M/S/D/Other

Name of the Patient:

Address/Contact No:

Identification marks (if any):

IP/Beneficiary/Staff:

Relationship with IP/Staff:

Entitled for Medical Benefit: Yes/No

Diagnosis/clinical opinion/case summary:

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

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

I voluntarily choose _____ Hospital for treatment of self or my
_____**(Sign/Thumb Impression of IP/Beneficiary)**Referred to _____ Hospital/ Centre for

I have verified the identity and eligibility of the IP/Beneficiary.

Date:

Sign & Stamp of Authorized Signatory**Medical Superintendent,
ESIC Hospital Jajmau,
Kanpur -208010-37***Boyle**A**A*

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).
- The referred hospital has to raise the bill as per the agreement on the standard proforma along with supporting documents within 7 days of discharge of the patient giving account number and RTGS number etc.

Checklist for Referring Hospital

1. Duly filled & signed referral proforma.
2. Copy of Insurance Card and Photo I card of IP and patient.
3. Referral recommendation of the specialist/concerned medical officer.
4. Copy of entitlement for Medical Benefit.
5. Reports of investigations and treatment already done.
6. Photograph, if available
7. Aadhar Seeding before admission or discharge, if possible.

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ANNEXURE-V

Proforma-II

To be used by Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) (for raising the bill) Letter head of Hospital with Address & Email/Fax/Tele-Fax Number

BILLNO-

Date of Submission:

Individual Case Format

Name of the Patient:

Referral S.No. (Routine)/
Emergency/through verified by Medical Superintendent

Age/Sex:

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:

I. Existing in the package rate list's

| S.No | Chargeable procedure | CGHS KANPUR 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 |
|------|----------------------|---|---|------|--------------------------|--------------------|---------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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 With | Remarks(X) |
|------------------|----------------------|--------------|----------------------|------------|
| | | | | |
| | | | | |

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Photograph
of the
Patient

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 date | 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 cash less 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 (Hospital authority)

(for Official use of ESIC)

Total Amt payable:

Date of payment:

Signature of Dealing Assistant

Signature of Superintendent

Date: Signature of ESIC Competent Authority (Medical Superintendent)

[Handwritten signature]

[Handwritten mark]

[Handwritten mark]

Check list for raising bills

1. Dully filled Billing format as per P-II mentioning hospital bill number.
2. Dully filled Billing format as per P-III
3. Referral letter-Original (as per format P-I)
4. IP Entitlement copy
5. e-Pehchan card copy
6. ID card copy of patient (eg.AADHAR) and I.P. (eg.AADHAR)
7. Dependency Certificate for Dependent parents.
8. Discharge Card- Original
9. Patient Satisfaction form as per format P-VI
10. For prolonged stay-Justification letter from treating doctor
11. Original Cash Memo/Receipts of medicines with FDA license no. and VAT/TIN no. signed by treating doctor/hospital authority and pharmacist along with original prescriptions of treating doctor.
12. Pharmacy bill summary, Sr. No Date Invoice No. Amt.
13. Laboratory investigations summary mentioned as below,

| Sr. No | Date | CGHS KANPUR code | Lab Investigation | Amt. as per CGHS KANPUR |
|--------|------|------------------|-------------------|-------------------------|
|--------|------|------------------|-------------------|-------------------------|

14. Original laboratory investigations report signed by pathologist.

15. Radiology/ECG investigations summary mentioned as below

| Sr. No | Date | CGHS KANPUR code | Radio. Investigation | Amt. as per CGHS KANPUR |
|--------|------|------------------|----------------------|-------------------------|
|--------|------|------------------|----------------------|-------------------------|

16. Original Radiology/ECG investigations report signed by concerned reporting specialist (Radiologist/ cardiologist).
17. Implant/IOL/Stents original stickers and wrappers (Matching serial number as mentioned in invoice attested by treating doctor).
18. Implant/IOL/Stents original invoice with VAT/TIN no.to be attested by treating doctor/Hospital authority)
19. Copy of IPD paper, Operative notes, Drug Chart, TPR chart attested by treating doctor/Hospital authority)
20. Wrappers of Costly medicine having unit cost more than Rs.3000/-with matching Batchno.as in Invoice.
21. Document in favour of permission taken for additional procedure/treatment or investigation.
22. The CD of procedure /X-ray film etc.is required with each and every bill if it is done

The bills to be sent to following address.

**Employee State Insurance Corporation Hospital
(ESIC Hospital), Jajmau, Kanpur -208010.**

[Signature]

[Signature]

[Signature]

ANNEXURE VI

To be used by Health care Organization (HCO) (Hospital/Imaging
Centers/Diagnostic center/IVF center) (P-III)

Letter head 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 KANP UR/ Other code with page NO. Nos/NA | Other if not in CGHS KANP UR | 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.

Further, certified that the treatment/procedure have been performed on cash less 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.

Certificate:

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

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

Date:

Signature of the Competent Authority.
(To be filled up by ESIC official(s))

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ANNEXURE-VII
Proforma P-IV

Letter head of Referring ESIC Hospital

Sanction Memo/Disallowance Memo

Name of Referral Hospital (Tie-up Hospital) _____

Bill No

Date of Submission.....

| Sr. No. | Name of the patient | Amount Claimed with code | Amount sanctioned | Reasons for disallowance | Remarks |
|---------|---------------------|--------------------------|-------------------|--------------------------|---------|
| | | | | | |
| | | | | | |

Date:

Signature of Competent Authority with Stamp
(To be filled up by ESIC official(s))

Perle

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ANNEXURE-VIII
Proforma P-V

Letter head of Health care Organization (HCO)(Hospital/Imaging Centers/Diagnostic center/IVF center) with Address details
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 KANP UR/ Other code number With page NO. | Charges not in package rate list | Amount claimed with date | Amount admitted (entitled) with date | Remarks disallowance 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 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.

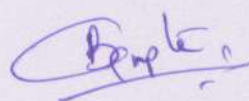
Signature of Competent Authority

Date:

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

Referral Hospital.

Patient Referral No _____





ANNEXURE-IX
Proforma P-VI

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 Health Care Organization (HCO) (Hospital/Imaging Centers/Diagnostic center/IVF center) 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/Employee ID :-

Date of Admission:-

Date of Discharge-

Chaudhary

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ANNEXURE-X**STATEMENT SHOWING DETAILS OF ESI INSURED PERSONS UNDER INDOOR TREATMENT**

Name of Tie-up Hospital: _____

Date:- __/__/2024

| 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/IM P | 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 |
| | | | | | | | | | |
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B. S. R. S.

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