



वरिष्ठ राज्य चिकित्सा आयुक्त कार्यालय,

कर्मचारी राज्य बीमा निगम म.प्र. पंचदीप भवन, नन्दानगर, इन्दौर 452011

Office of Senior State Medical Commissioner

ESI Corporation, Panchdeep Bhawan, Nanda Nagar, Indore 452011

Phone (f):- 0731-2572560, email- smc-mp@esic.in

रुचि की अभिव्यक्ति

मध्य प्रदेश क्षेत्र में क.रा.बी. योजना के हितग्राहियों को अतिविशिष्ट उपचार/सेवाओं को प्रदान करने के नामिकायन हेतु रुचि की अभिव्यक्ति का आमंत्रण

कर्मचारी राज्य बीमा निगम मध्य प्रदेश क्षेत्र में क.रा.बी. योजना के हितग्राहियों को सी.जी.एच.एस. दरों, लागू नियमों पर समय-समय पर कर्मचारी राज्य बीमा निगम द्वारा जारी दिशा-निर्देशों पर अतिविशिष्ट उपचार/सेवाओं को प्रदान करने के नामिकायन के लिए मध्य प्रदेश क्षेत्र के प्रतिष्ठित चिकित्सालयों/अस्पतालों/नैदानिक केंद्रों से रुचि की अभिव्यक्ति आमंत्रित करता है। इस संबंध में पूर्ण विवरण निगम की वेबसाइट www.esicmp.in एवं www.esic.nic.in/tender.php पर उपलब्ध है। निर्धारित प्रारूप में पूर्ण विवरण एवं दस्तावेज सहित आवेदन दिनांक 04.07.2017 को अपरान्ह 01:00 बजे तक इस कार्यालय में प्रस्तुत किये जा सकते हैं।

वरिष्ठ राज्य चिकित्सा आयुक्त, म.प्र. किसी अथवा सभी आवेदनों को बिना कोई कारण बताएँ किसी भी स्तर पर अस्वीकार करने का अधिकार रखते हैं।

डॉ. के. के. पाल
वरिष्ठ राज्य चिकित्सा आयुक्त-म.प्र.



वरिष्ठ राज्य चिकित्सा आयुक्त कार्यालय,

कर्मचारी राज्य बीमा निगम म.प्र. पंचदीप भवन, नन्दानगर, इन्दौर 452011

Office of Senior State Medical Commissioner

ESI Corporation, Panchdeep Bhawan, Nanda Nagar, Indore 452011

Phone (f):- 0731-2572560, email- smc-mp@esic.in

EXPRESSION OF INTEREST

NOTICE INVITING EXPRESSION OF INTEREST (EOI) FOR EMPANELMENT TO PROVIDE "SUPER SPECIALTY TREATMENT & SERVICES" TO THE BENEFICIARIES OF ESI SCHEME IN THE STATE OF MADHYA PRADESH

Employees' State Insurance Corporation (ESIC), Madhya Pradesh invites Expression of Interest from reputed Hospitals / Diagnostic Establishments for empanelment to provide Super Specialty Treatment & Services on Cashless basis to the Beneficiaries of ESI Scheme in the State of Madhya Pradesh as per CGHS Rates and applicable rules and guidelines issued by ESIC from time-to-time. For further details please visit www.esicmp.in and www.esic.nic.in/tenders.php. The Application in the prescribed format along with full details and required documents are to be submitted to this Office on or before 04.07.2017 up to 01:00 pm.

The Sr. State Medical Commissioner-M.P. reserves the right to reject any or all applications without assigning any reason thereof at any stage .

(Dr.K.K.Pal)

Sr.State Medical Commissioner-M.P.



वरिष्ठ राज्य चिकित्सा आयुक्त कार्यालय,

कर्मचारी राज्य बीमा निगम म.प्र. पंचदीप भवन, नन्दानगर, इन्दौर 452011

Phone (f):- 0731-2572560, email- smc-mp@esic.in

File No.18-U/13/18/Cashless Advt/SMC/2017

Dated: __.06.2017

Notice Inviting Expression of Interest to Empanel Reputed Private Hospitals & Diagnostic Centers to provide Super Specialty Treatment/Services to ESIC beneficiaries in Madhya Pradesh Region

Sr. State Medical Commissioner-M.P., ESI Corporation, Panchdeep Bhawan, Nanda Nagar, Indore invites Expression of Interest (EOI) in sealed envelope from Government / Semi-Govt. /CGHS approved / Private Hospitals / Diagnostic Centres of repute located in the state of Madhya Pradesh for Empanelment to provide Super Specialty Treatment & Diagnostic Services to ESI beneficiaries on cashless basis.

SIHORE	ANNUPPUR	NARSINGHPUR	CHINDWADA	GUNA	CHATARPUR	ASHOK NAGAR	SHIVPURI
HARDA	AGAR-MALWA	ALIRAJPUR	BALAGHAT	BADWANI	BETUL	DAMOH	DATIYA
JHABUA	MANDLA	PANNA	RAJGARH	SHIONE	SINGROLI	SHAJAPUR	SEYOPUR
SIDHI	TIKAMGARH	UMARIYA	VIDISHA	DINDORI	BHIND	KOLAR ROAD	BAIRAGARH
JHIRI	NEPANAGAR	GHATABILLOD	DHAMNOD	DABRA	RAYRU	HOSHANGABA	RAU-RANGWASA
DHARAMPURI	KEMUR	PANDHANA	BHILGAON	SATRATHI	NIMRANI	KHARGON	CHO GAON MAKHAN
SHAMGARH	SUWASRA	MORENA	KAILARAS	KHOR-JAWAD	JAORA	RAMPUR BHAGELAN	MAIHAR
BUDHAR	BINA	HUJUR	GWALIOR	DEWAS	UJJAIN	NAGDA	

The services for the beneficiaries of implemented areas/centers/districts are to be provided at CGHS Rates and applicable rules at the terms, conditions & guidelines issued by the ESIC from time to time. Expression of Interest (EOI) in sealed envelope complete in all respects should reach the office of Sr. State Medical Commissioner, ESI Corporation, Panchdeep Bhawan, Nanda Nagar, Indore – 452011 as per schedule given below:

Last Date of receipt of EOI documents	Place of Submission of EOI documents/ opening of EOI
04/07/2017 at 01:00 pm.	Office of Sr. State Medical Commissioner, ESI Corporation, Panchdeep Bhawan, Nanda Nagar, Indore-452011

1. Document Cost:

The cost of EOI document is non-refundable Rs.1,000/- (Rupees One Thousand Only) which is payable in the form of a Demand Draft drawn on any nationalized / Scheduled Bank in favour of "ESI Fund Account No.1" payable at Indore to be submitted along with the EOI. The EOI must be submitted with Demand Draft in original along with the other required documents in sealed envelope.

2. Document Acceptance:

Duly completed EOI forms along with required annexure and necessary documents may either be dropped in person in the Tender Box kept at the Office of Sr. State Medical Commissioner, Indore or be sent by Registered / Speed Post at the address mentioned above. The sealed envelope should be super-scribed as "Expression of Interest for empanelment of Hospital to provide Super Specialty Treatment Services to ESIC Beneficiaries in _____ Centre of Madhya Pradesh Region". The applicant should mention the name of the sender on the envelope. All the papers including that are a part of EOI should be signed and stamped by the authorized signatory on each page (the owner should give an authority letter in favor of authorized signatory and the same should be attached with the application format). Expression of Interest received after the scheduled date and time (either by hand or by post) or open Expression of Interest received though e-mail / fax or without the original Demand Draft shall be summarily rejected.

3. Submission of Documents:

- i. Please ensure that each page of the EOI document is downloaded and is submitted in toto with each page signed by the Proprietor / Partner / Director / Legally Authorized Person (Due authorization to be enclosed, in case of Authorized Person).
- ii. It will be out rightly rejected if any technical condition is not fulfilled.
- iii. Attested photocopy of necessary certificates should be attached with the EOI document. Hospitals will be informed about date and time of inspection if required by a duly Constituted Committee.

4. General Terms and Conditions:

4.1 The eligible IP's and beneficiaries of ESI Scheme are entitled for General Ward. The ESIC staff (serving & retired) and their dependent's are to be provided treatment/ services as per their entitlement and as per CGHS norms (General Ward/Semi private/Private Ward).

4.2 "Package rate" shall mean and include lump sum cost of in-patient treatment /day care/diagnostic procedure for which ESIC beneficiary has been permitted from time of admission to the time of discharge, including (but not limited to)(i) registration charges (ii) admission charges (iii) accommodation charges including patient's diet (iv) operation charges (v) injection charges.(vi) Dressing charges (vii) Doctor/ consultant visit charges (viii) ICU/ICCU charges (ix) monitoring charges (x) transfusion charges (xi) anesthesia charges (xii) operation theater charges (xiii) procedural charges/ surgeon's charges/ surgeon's fee (xiv) cost of surgical disposable and all sundries used during Hospitalization (xv) cost of medicines (xvi) related routine and essential investigations (xvii) Physiotherapy charges etc (xviii) nursing care and charges for its services and all other incidental charges related thereto .

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4.3 Package rate does not include the cost of implant/stent/grafts/appliances etc. The reimbursement for implant etc. shall be as per CGHS ceiling rate for implant/stent/grafts etc. In case, rates for implant/stents/grafts do not exist in CGHS rate list, then 15% discount shall be availed on MRP mentioned in the receipt with the pouches. The pouches/stickers etc. attached should be duly verified by the treating doctor and the specifications should match with those mentioned in Discharge Slip and receipt/invoice after prior approval of the competent authority.

4.4 In case of conservative treatment/where there is no package rate, the above mentioned items are admissible as per CGHS or at 15% discount on as per actual if CGHS rates do not exist. However food supplements and cosmetic items shall not be reimbursed.

4.5 In case the Hospital, rates for treatment procedure/ test are lower than CGHS rates, the charges will be paid as per actual.

4.6 The Hospital must certify that they shall charge as per CGHS Rates and the rates charged by them are not higher than the rates being charged from other patients who are not ESIC Beneficiaries.

4.7 The tie-up Hospital shall raise the bills on their Hospital letter heads as per the terms and conditions of ESIC. Efforts will be made by ESIC to make payments at the earliest, once the bills are cleared by ESI Services (ESIS), ESIC and/or the Bill Processing Agency (UTI –ITSL) engaged by ESIC and hard copies of the bills received are in order. Incomplete bills in any form shall not be processed and shall be returned. Tie-up Hospital shall respond to queries raised by ESIC/ESIS/UTI-ITSL within the time frame as specified in online module of the Bill Processing Agency or in the formal communication issued by ESIC/ESIS. The responsibility of nonpayment due to late response or no response will solely lie on the concerned tie-up Hospital.

4.8 The empanelled centre shall honor permission/referral letter issued by competent authority (MS of ESIS/ESIC Hospital or any other competent authority specified by ESIC) without delay and provide treatment/investigation facilities as per referral format on priority basis. The tie up Hospital will provide medical care on cashless basis as specified in the referral letter; no payment shall be made to tie-up Hospital for treatment/procedure/investigations which are not mentioned in the referral letter. If the tie up Hospital feels the necessity of carrying out any additional treatment/procedure/investigation in order to facilitate the procedure for which the patient was referred, the requisite permission for the same is to be taken from the referring authority either through e-mail, fax or telephonically (to be confirmed in writing at the earliest).

4.9 During the inpatient treatment/OPD Consultation / Investigation of ESIC beneficiary, the Hospital will not ask the IP/beneficiary/ attendant to purchase any item like the medicines/sundries/equipment or accessories etc.

4.10 If one or more minor procedures forms a part of major treatment procedure, then package charges would be permissible for major procedure and only 50% of charges admissible for other procedures in same setting.

4.11 Any legal liability out of such services shall be the sole responsibility of and shall be dealt with by the concerned empanelled Hospital/centre.

4.12 ESIC reserves the right to prescribe /revised rates for new or existing treatment procedure(s)/investigation(s) as and when CGHS revises the rate or otherwise.

4.13 Before starting treatment/consultation/investigations for the ESI beneficiaries, the empanelled Hospitals must check the identity as well as eligibility/entitlement of the patients referred. The entitlement may be checked online on our website www.esic.in at IP portal (URL: <http://www.esic.in/EmployeePortal/login.aspx>). In case of doubt, the advice from referring authority or the SSMC can be taken. The validity of the referral letter is for seven days from the date of issue for intra state referral and fifteen days for inter-state referral. Patient attending the Hospital beyond validity period should be asked to get the referral letter renewed/ revalidated.

4.14 Cashless super specialty treatment/services shall be provided to only those ESI beneficiaries who have been referred to 'Tie-up' Hospitals following the referral procedure of ESIC/ESIS referral system. Patients going to tie-up Hospitals directly without being referred as such by ESI system shall not be normally eligible for cashless services.

4.15 All the drugs/dressings used during the treatment of the patient should be of generic nature as far as possible, and approved under IP/BP/USP/FDA Pharmacopoeia or on DG ESIC or CGHS rate contract. If branded items are to be used, the justification of the same be mentioned in discharge slip of the patient. Any drug/dressings not covered under any of these pharmacopoeia will not be reimbursed.

4.16 It shall be mandatory for tie-up Hospital to send the details of admitted patients on daily basis to the Sr. State Medical Commissioner on e-mail address smc-mp@esic.nic.in and the Referring Authority as per prescribed format, failing which action may be initiated as deemed fit.

4.17 The specimen signatures of the authorized signatory (Nodal Officer nominated by the empanelled Hospital) duly certified by the competent authority shall be submitted to all ESIC/ESIS Hospitals, SSMC Office and UTI- ITSL. The same should be displayed at the reception of the empanelled Hospital. Any change in authorized signatory, shall be promptly intimated by the tie- up Hospitals to all referring Hospitals, SSMC Office and UTI-ITSL.

4.18 A committee constituted by SSMC-M.P. or any person authorized for this purpose may visit the Hospital prior to and after the empanelment to check the quality of services and other necessary certification. Due support must be given to all the committee members.

4.19 As far as Chemotherapy drugs are concerned, the anti cancer drugs available in Indian Pharmacopoeia, British Pharmacopoeia or US Pharmacopoeia and DG-ESIC Rate Contract, shall only be reimbursed. The drugs which are not available in any of the standard Pharmacopoeia will not be reimbursed. Wrappers of costly medicines (costing more than Rs.5000/-) must be submitted by the hospital / center along with the bill.

4.20 If the estimated cost of the treatment procedure is above 10 lakh rupees and the procedure is not covered under CGHS package, approval shall have to be taken from the ESIC Head Quarters Office before starting the treatment.

4.21 Empanelment shall be initially for a period of two years, which may be extended for another one year with mutual consent.

- 4.22 The Hospital should be registered with state govt. / local body where ever applicable.
- 4.23 The Hospital should comply with all statutory requirements including Bio medical waste management, ESIC, EPFO, Labour Laws etc .
- 4.24 The Hospital should have fire clearance certificate / certificate by authorized third party regarding the details of fire safety mechanism as in the place in the empanelled Hospital.
- 4.25 The Hospital to be empanelled must have been in operation for at least one continuous financial year at the time of floating the EOI. (Copy of audited balance sheet profit & loss account for the preceding three financial years to be submitted.)
- 4.26 The Hospital must certify that they are fulfilling all special conditions that have been imposed by any authority in lieu of special land allotment or custom duty exemption.
- 4.27 The Hospital must agree for implementation of EMR (electronic medical record) / EHR (electronic health record) as per standards notified by Ministry of Health and Family Welfare, Govt. of India within one year of their empanelment (if not already implemented).
- 4.28 ESIC reserves the rights to accept /reject one or all applications at anytime without assigning reasons thereof.
- 4.29 “Force majeure” will be applicable to both the parties.
- 4.30 Any medico legal issue arising during the period of empanelment will be the responsibility of the empanelled Hospital.
- 4.31 Any difference or dispute arising during the period of empanelment will be submitted for arbitration as per agreement.
- 4.32 Courts at Indore shall have the exclusive jurisdiction to deal with legal issues / disputes arising out of the functioning of the empanelled Hospital.
- 4.33 All empanelled centres should have ICU facility in the specialties mentioned at 5.1 A.
- 4.34 It shall be the duty and responsibility of the Hospital / investigation centre at all times, to obtain, maintain and sustain the valid registration and high quality & standards of its services and healthcare and to have all statutory/mandatory licenses, permits or approvals of the concerned authorities as per the existing laws.
- 4.35 Display board regarding cashless facility for ESI beneficiary should be displayed at prominent location/places of the Hospital.
- 4.36 The list of necessary documents required to be carried by ESI patient/attendant for treatment/investigation at the Empanelled Hospital/ Diagnostic Centre must be displayed on the board. A help desk shall be there for facilitation of ESI beneficiaries. Official of Hospital will be nominated as ESI Nodal Officer to work as SPOC for ESI beneficiaries.
- 4.37 The Hospital will have to follow the direction/Instruction of ESIC regarding procedure of referral and presenting of bills.
- 4.38 The Hospital should be ready to present bills as per procedure to be adopted online as required by Bill Processing Agency engaged by ESIC.
- 4.39 Procedure of referral for SST and emergency case to be followed as per ESIC Operational manual 2015 for SST and other guidelines issued by ESIC Headquarters from time to time.

4.40 In case if any other/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 must be taken from the referring center either through E-mail, fax or telephonically (to be confirmed in writing at the earliest).

4.41 The referred Hospital has to raise the bill as per the agreement on the standard Proforma of ESIC along with supporting documents within 7 days of discharge of the patient giving account no. and RTGS no. etc.

4.42 The tie- up Hospitals shall raise the bills on their Hospital letter head with address and e-mail/fax number of the Hospital, as per the prescribed formats (PII-PVI) which will be provided at the time of agreement. The tie-up Hospitals shall raise the bills with supporting documents as listed in the prescribed format 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 ESI system. The bills which are not signed by the authorized signatory and are incomplete or not as per the format will not be processed and shall be returned to concerned tie-up Hospital. Any change in the authorized signatory shall be promptly intimated by the tie-up Hospital to all the referring authority of ESI system and SSMC office.

4.43 All the drugs / dressing used during the treatment of the patient requiring reimbursement should be of generic nature.

4.44 The tie- up Hospital will not charge any money from the patient/ attendant referred by ESI system or any treatment / procedure / investigation carried out. If it is reported that the tie up Hospital has charged money from the patient then action may be taken against the concerned tie-up Hospital for de-empanelment/ black listing.

4.45 During the Inpatient treatment of ESI beneficiary, the empanelled Hospital / Diagnostic Centre will not ask the attendant to provide separately the medicine / sundries / equipment or accessories from outside and will provide the treatment within the package rates, fixed by the CGHS which includes the cost of all the items.

4.46 Before starting the treatment the Empanelled Hospital or centre should ensure that following documents duly signed by referring authority are attached with the referral letter -

- a) Duly filled and signed Referral Proforma (PI).
- b) Attested copies of Pehchan Card or e-Pehchan with valid ID proof like Aadhar Card of the IP/Beneficiary for identification.
- c) Attested copy of entitlement certificate for super specialty treatment as on the date of referral/treatment.
- d) Referral recommendation of specialist or concerned medical officer.
- e) Reports of investigation and treatment already done.
- f) One additional latest photograph of the patient.
- g) Dependent Certificate for family members as applicable according to extant instructions.

4.47 The empanelled Hospital / centre will send hard copy of the bills along with necessary supportive documents to the Referring Authority as soon as but not later than 7 days after discharge /

investigation of patient for further necessary action. The bills received more than 7 days shall not be entertained. The details of documents to be submitted along with the bill are as follows:-

- a) 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 / original tax invoices of implants, stickers of implants, attested operation / procedure notes, indoor papers, Doctors prescription and pharmacy cash memos duly signed & stamped by treating Doctor. Discharge slip should be accompanied with the copy of the case sheet. The discharge slip should have signature of the beneficiary/attendant and treating consultant in original also with his/her stamp.
- b) Medicine bill duly verified by treating doctor and chemist/store In-charge. A certificate stating that it is certified that the drugs used in the treatment are in the standard pharmacopeia- IP/BP/USP/FDA (tick whichever is applicable). Wrappers of costly medicines (costing more than Rs.5000/-) / equipment, treatment given and advised shall be submitted by the hospital / center along with the bill. The CD of procedure / MRI / CT Scan / X-ray film etc. is required with each and every bill if it is done.
- c) Reports of investigations in original duly verified.
- d) Original bills of implants/devices etc duly verified by the treating consultant should be attached. The bill should have detail of the implant/device i.e. batch no. size, quantity, expiry date. Stickers of implants duly verified by the treating consultant should be attached.
- e) Attested copy of Entitlement certificate of the IP/Beneficiary along with attested copy of Pehchan Card or e-Pehchan with valid ID proof like Aadhar Card
- e). Patient Satisfaction Form (PVI).
- f) Dependency Certificate in case of Family Member.
- g) TDS will be deducted as per Income Tax Rules, for which PAN / TAN shall be provided by Empanelled Hospital / Centre.
- h) The prescribed forms duly filled and signed, as required therein.

4.48 High cost treatment

- a) The ESIC will bear the full cost of treatment, wherever CGHS package rates are available up to the limit of package rate.
- b) Upper limit on the expenditure for procedure not covered under CGHS package rates would be Rs. 10 lac per beneficiary per year.
- c) In respect of children of IP, congenital disease and genetic disorders will be eligible for coverage up to the ceiling mentioned earlier only if the Insured Person should have been in continuous employment for the last two years as on the date of diagnosis for SST (other than the cases of Employment Injury) and at least 156 days contribution was paid by the IP during the immediate preceding four contribution periods with eligibility for sickness benefit in at least two benefit periods. After completion of above period, the IP and family will be eligible for SST including the children of IP with congenital diseases and genetic disorder.
- d) In case of malignancy and chronic renal failure, pre-existing disease will not be eligible for coverage.

e) In respect of organ transplant and bone marrow transplant, the payment shall be restricted only to the rates applicable for related donor. Further, in respect of organ transplant involving the malignancy, the organ transplant is restricted to transplant of the organ having primary malignancy.

f) Treatment in case of malignancy at tie up Hospitals shall be eligible only for surgery/chemotherapy/Radiotherapy. Any additional treatment/procedure shall require specific recommendation by Medical Board, duly constituted for the purpose by the ESI Hospital concerned.

g) The cost of artificial limbs is to be restricted to a ceiling of Rs. 1.00 lakh.

4.49 Empanelled Hospital/Centre shall comply with all directions in connection with medical services for ESI beneficiaries issued from time to time by SSMC Office/ESIC Headquarters.

4.50 Primary and secondary medical care treatment / investigation, for beneficiaries of ESIC are being provided by ESIC / ESIS Hospitals, ESI Dispensaries and through other tie-up arrangements. Hence, the patients will be referred only for Super Specialty Treatment / Investigation facilities by them.

4.51 Patient will be referred with Permission / Referral letter signed by the competent authority / authorized officer. The cases referred outside normal working hours (Emergency cases) will be signed by Casualty Medical Officer of ESIC/ESIS Hospitals and it will be responsibility of the Empanelled centers to get it signed by Medical Superintendent / Incharge of ESIC / ESIS Hospital / Referral Authority on the next working day.

4.52 In case of any natural disaster / epidemic, the hospital / diagnostic centre 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.

4.53 The tie up hospital will not refer the patient to other specialist / other hospital without prior permission of ESI authorities / Authorized Officer.

4.54 Feedback / Patient Satisfaction form 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.

5. Specific terms and conditions:

5.1 The scope of services to be covered under SST are as under:

5.1 A Indoor treatment / OPD Consultations:

I. Cardiology and cardiothoracic vascular surgery including paediatric cardiology/Surgery

II. Neurology and neurosurgery.

III. Pediatric Surgery.

IV. Oncology and Oncosurgery/ Hematology

V. Urology /Urosurgery.

VI. Nephrology with facility for Dialysis paediatric and adult patients/Nephrosurgery.

VII. Gastroenterology and GI Surgery,

VIII. Endocrinology and endocrine surgery.

IX. Bums & Plastic Surgery (Not for cosmetic purpose).

X. Reconstruction Surgery (Not for cosmetic purpose).

XI. Any treatment rendered to the patient at a tertiary health care centre/SST Hospital by a super specialist.

5.1 B Super Specialty investigations: This will include all the investigations which require intervention and monitoring by super specialist in the disciplines mentioned above. In addition, the following specialized investigations will also be covered under SST.

a) CT Scan

b) MRI

c) PET Scan

d) Echocardiography

e) Scanning of other body parts

f) Specialised bio-chemical and immunology investigations

g) Any other investigation costing more than Rs. 3000/- per test.

5.2 In addition the Diagnostic Center or the Hospital shall meet the following criteria, if the items mentioned in Clause 5.1 B are in-house. (copies or relevant documents to be attached):

(a) MRI centre: Must have MRI machine with magnet strength of 1.0 tesla or more.

(b) CT Scan centre: Whole body CT scanner with scan cycle of less than one second (subsecond) must have been approved by AERB.

(c) X-ray Centre / Dental X-ray / OPG centre

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

ii. Portable X -ray machine must have a minimum current rating of 60 MA.

iii. Must have been approved by AERB.

(d) Mammography centre: Standard quality Mammography machine with low radiations and biopsy attachment.

(e) USG / Colour Doppler centre:

i. It should be of high resolution Ultrasound standard and of equipment having convex, sector, Linear probes of frequency ranging from 3.5 to 10 MHz should have minimum three probes and provision / facilities of trans vaginal / transrectal probes.

ii. Must have been registered under PNDDT Act.

(f) Bone Densitometry centre: Must be capable of scanning whole body.

(g) Nuclear Medicine centre: Must have been approved by AERB / BARC

(h) The record of the Images should be maintained for minimum six months in electronic/Hardcopy form, in case retrieval is required.

(i) If the facilities (Clause 5.1 B) are not available in house, then the Hospital have to specify for the modalities of their execution.

5.3 The Hospital should have fulltime, adequate, qualified and experienced staff in place

6.1 Criteria for Empanelment:

1. Hospitals empanelled by CGHS will be considered for empanelment by Senior State Medical Commissioner, Madhya Pradesh. Such Hospital should attach copies of valid empanelment letter from CGHS. Concerned Hospital should also submit list of empanelled specialties by CGHS
2. If CGHS empanelled Hospitals are not available or inadequate, then State Govt. empanelled Hospitals, will be considered for empanelment. Such Hospital should attach copies of recent approval letter from State Govt. Concerned Hospital should also submit list of approved specialties by State Govt.
3. If neither the CGHS nor State Govt. empanelled Hospitals are available or are inadequate in number, then Hospitals which are empanelled by any PSU will be considered for empanelment. Such Hospitals should attach copies of recent approval letter from PSU. Concerned Hospital should also submit list of empanelled specialties by PSU.
4. There may be some areas where none of health care organization is approved by any of the above mentioned agencies, in such situation the empanelment shall be done for other health care organizations. If none/inadequate number of health care organization qualify the CGHS criteria, then selection will be based on the relaxed criteria with inspection. The approval of the relaxed criteria will be obtained from the competent authority.

The relaxed criteria may be:-

- a) Annual turnover
 - b) Total number of operational beds
 - c) Duration for which health care is providing services
 - d) Any other criteria without affecting the quality of services
5. Maximum 5 (five) Hospitals will be empanelled for each ESIC/ESIS Hospital for super specialty treatment in such a manner that each discipline of super specialty should be available in minimum two tie up Hospitals.

6. Preference will be given to:

- (i) CGHS empanelled Hospitals followed by State Govt. empanelled followed by PSU empanelled Hospitals.
 - (ii) Hospitals having more number of empanelled super specialty branches.
 - (iii) Hospitals situated nearer to ESIC/ESIS Hospitals.
 - (iv) While evaluating the proposals, at least one Hospital of each super specialiality branch which is near to ESIC/ESIS Hospital will be preferred.
7. The Hospital should preferably be accredited by National Accreditation Board for Hospitals & Healthcare Providers (NABH). However, the Hospitals which are not accredited by NABH may also apply for empanelment but their empanelment shall be provisional till they get NABH accreditation, which must preferably be done within a period of six months but not later than one year from the date of their empanelment. The Hospitals, which are not NABH accredited may be empanelled provisionally on the basis of fulfilling the criteria and submission of an affidavit that the information provided has

been correct and in the event of failure to get recommendation from NABH, which must preferably be done with in a period of six months but not later than one year of their empanelment.

8. ESIC also reserves the right to prescribe/revise rates for new or existing treatment procedure(s)/investigation(s) as and when CGHS revises the rates, or otherwise.

9. Hospital must have been in operation for at least one full financial year and should have turn over above Rs.1 crore. Copy of audited balance sheet, profit and loss account for the preceding financial year (2015-16) to be submitted (attach copy).

10. MINIMUM NUMBER OF BEDS REQUIRED

i. Metro cities50

ii. Other cities30

NB: The number of beds as certified in the Registration Certificate of State Government/Local Bodies/NABH/Fire Authorities shall be taken as the valid bed strength of the Hospital.(attach copy)

11. The Hospital must have the capacity to submit all claims / bills in electronic format to the ESIC / ESIS system and must also have dedicated equipment, software and connectivity for such electronic submission.

12. The Hospital must give an undertaking accepting the terms and conditions spelt out in the Memorandum of Agreement, which will be read as part of this document.

13. The Hospital must certify that they shall charge as per CGHS rates / ESIC terms and conditions and that the rates charged by them are not higher than the rates being charged from their other patients who are not ESI Beneficiaries.

14. The Hospitals must certify that they are fulfilling all special conditions that have been imposed by any authority in lieu of special concessions such as but not limited to concessional allotment of land or customs duty exemption.

15. The Hospital must agree for implementation of EMR/EHR as per the standards notified by Ministry of Health & Family Welfare within one year of their empanelment.

16. The Hospital must have minimum annual turnover of Rs.1 Crore.

6.2 Criteria for de-empanelment:

De-empanelment of the Hospital can be made due to any one of the following reasons;

1. Rendering unwillingness to continue in the panel.

2. Due to unsatisfactory services and proven case of malpractice or misconduct / medical negligence.

3. Refusal of entitled services to ESI beneficiaries.

4. Undertaking unnecessary procedure(s) in patients referred for IPD/OPD management/ investigation purpose.

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

6. Carrying out drug trials on ESI beneficiaries.

7. Over billing of the procedures/treatment/investigations undertaken.

8. Reduction in no. of full time experienced consultants / staff/infrastructure/equipments etc. after the Hospital has been empanelled.

9. Non submission of the report, habitual late submission or submission of incorrect data in the report.
10. Refusal to provide cashless treatment to eligible ESIC beneficiaries and instead asking them to pay.
11. The Hospitals which are not NABH and NABL accredited and have been empanelled provisionally on the basis of fulfilling the criteria and submission of affidavit that the information provided has been correct and in the event of failure to get recommendation from NABH/NABL as the case may be, which must preferably be done with in a period of six months but not later than one year of their empanelment, the name of empanelled Hospital may be removed from the panel of ESIC.
12. If de-empanelled by CGHS or any other Govt. or Public Sector Organization.
13. Discrimination against ESI beneficiaries vis-a-vis general patients.
14. Death of owner/ change of ownership, location of business place or the practice place, as the case may be, if not approved by Competent Authority.
15. If the owner gives the establishment on lease to any other agency without the consent of ESIC.

Note : Once any Hospital is de-empanelled, the MoU with that Hospital shall stand terminated from the date of de- empanelment Such Hospital will be debarred for empanelment for a period of two years. If the Hospital is blacklisted, it can be debarred from empanelment for a period of three years.

7. Indemnity:

The Hospital 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 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 ESIC, along with (or otherwise), Hospital as a party for anything done or purported to be done in the course of the execution of this Agreement. The Hospital will at all times abide by the job safety measures and other statutory requirements prevalent in India and will keep free and indemnify ESIC from all demands or responsibilities arising from accidents or loss of life, if any, the cause or result of which is attributable to the Hospital's negligence or misconduct and / or other action. The Hospital will pay all the indemnities arising from such incidents without any extra cost to ESIC and will not hold the ESIC responsible or obligated. ESIC may at its discretion and shall always be entirely at the cost of the 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.

8. Arbitration:

If any dispute or difference of any kind what so ever (the decision whereof is not being otherwise provided for) shall arise between the ESIC and the Empanelled Center upon or in relation to or in connection with or arising out of the Agreement, shall be referred to for arbitration by the Sr. State Medical Commissioner, Madhya Pradesh who will give written award of his decision to the Parties. Arbitrator will be appointed by Sr. State Medical Commissioner, Madhya Pradesh. 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 Sr. State Medical Commissioner, Madhya Pradesh. Any legal dispute to be settled in Indore Jurisdiction only.

9. Miscellaneous:

- a. The applicant or his representative should be available / approachable over phone and otherwise on all the days.
- b. In emergencies, the centre should be prepared to inform Reports over the telephone/email.
- c. Duly constituted Committee members may visit the hospital / centre at any time either before entering in to Contract or at any time during the period of contract. The applicant shall be prepared to explain / demonstrate to the queries of the members.
- d. Nothing under the 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 Empanelled Center.
- e. The Empanelled 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 Empanelled 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.
- f. The Empanelled Hospital / Center shall notify the ESIC of any material change in their status and their shareholdings or that of any Guarantor of the Empanelled Hospital / Center in particular where such change would have an impact in the performance of obligation under this Agreement.
- g. The Agreement can be modified or altered only on written Agreement signed by both the parties.
- h. Should the Empanelled 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 Empanelled Hospital / Center or their heirs and legal representatives from their liability in respect of the services provided by the Empanelled Center during the period when the Agreement was in force. The Empanelled Center shall bear all expenses incidental to the preparation and stamping of the Agreement.

10. Notices:

- i. Any notice given by one Party to other pursuant to the Agreement shall be sent to other party in writing by Registered Post at the official addressee given in Expression of Interest (EOI) 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.

11. Duties and responsibilities of empanelled Hospital/ Centre:

It shall be the duty and responsibility of the hospital at all times, to obtain, maintain and sustain the valid registration and high quality and standard of its services and healthcare and to have all statutory / mandatory licenses, permits or approvals of the concerned authorities as per the existing laws. Display board regarding cashless facility for ESI beneficiary will be required. The documents like referral from ESI Hospital, eligibility etc. must be mentioned on the board. The ESI patient must be entertained without any queue / wait.

12. 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 our ESI beneficiaries) at the sole discretion of the Sr. State Medical Commissioner, ESIC 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 Empanelled centre. 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 Senior State Medical Commissioner. If applying for renewal the request letter should reach the Senior State Medical Commissioner Office three months prior to the date of expiry of empanelment.

13. Liquidated Damages:

Empanelled centre shall provide the services as specified by the ESIC under terms & conditions of this document, which will mutatis mutandis be treated as part of the agreement. In case of violation of the provisions of the agreement by the empanelled centre there will be forfeiture of payment of the incoming / pending bills. For over billing and unnecessary procedures, the extra amount so charged will be deducted from the pending / further bills of the Hospital and the ESIC shall have exclusive right to terminate the contract at any time, besides other legal action.

14. Termination for Default:

The Sr. State Medical Commissioner, ESIC, Madhya Pradesh may, without prejudice to any other remedy or recourse, terminate the contract in following circumstances:

- a. If the Hospital fails to provide any or all of the services for which it has been empanelled within the period(s) specified in the Agreement, or within any extension period thereof if granted by the ESIC pursuant to condition of Agreement.
- b. If the Hospital fails to perform any other obligation(s) under the Agreement.
- c. If the Hospital, in the judgment / opinion of the ESIC is engaged in corrupt or fraudulent practices in competing for or in executing the Agreement.
- d. If the hospital fails to follow the extant instructions and / or guidelines issued by the ESIC as and when required.
- e. If the Hospital is found to be involved in or associated with any unethical illegal or unlawful activities, the Agreement will be summarily suspended by ESIC without any notice and thereafter may terminate the Agreement, after giving a show cause notice and considering its reply, if any, received within 10 days of the receipt of show cause notice. Terms and conditions can be modified on sole discretion of the First Party only.

15. Notice required before termination of agreement/empanelment by the hospital/centre :

The empanelled Hospital / 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.

16. Penalty Clause:

(a) Patient can't be denied treatment 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 empanelled hospital with prior approval of SSMC/Referring authority.

(b) In case of premature termination of contract / agreement by the empanelled centre without due notice they will have to deposit Rs.2,00,000/- (Rupees Two Lakh) as penalty to Sr. State Medical Commissioner, Madhya Pradesh. 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 incoming or pending bills.

Dr.K.K.Pal

Sr.State Medical Commissioner-M.P.

Empanelled centre should mention clearly in Yes/No format regarding super specialist services for which they want to be empanelled from the list mentioned below:-

The scope of services to be covered (Yes/No)

1. Any treatment rendered to the patient at a Tertiary centre / Superspeciality Hospital by a Superspecialist. ()
2. Cardiology and Cardiothoracic Vascular surgery ()
3. Neurology and Neurosurgery ()
4. Pediatric Surgery ()
5. Oncology and Oncosurgery ()
6. Urology / Nephrology ()
7. Gastroenterology and GI surgery ()
8. Endocrinology and Endocrine surgery ()
9. Burns and Plastic Surgery ()
10. Reconstructive surgery ()

Super Specialty Investigation:-

1. CT Scan ()
2. MRI ()
3. PET Scan ()
4. Echocardiography ()
5. Bone Scan & screening of other parts of body ()
6. Specialized Biochemical, Immunological investigations ()

Date:

Place:

(Name and signature of Proprietor/ Partner/Director/Legally Authorized Signatory)

APPLICATION FORMAT FOR EXPRESSION OF INTEREST FOR EMPANELEMENT

1. Name of the Hospital and Date of Establishment:

(Whether services were ever discontinued after establishment): Yes/No
(If yes, mention the period)

2. Name of the city where Hospital is located:

3. Address of the Hospital:

4. Telephone/Fax/E-mail:

Telephone No:

Fax:

E-Mail Address:

Name and contact details of Nodal Person:

5. Details of the application fee draft of Rs.1000/-:

Name & Address of the Bank:

Demand Draft No: Date of Issue:

6. Account details- Bank Account No:

Bank & Branch:

IFSC Code: MICR Code:

PAN/TAN No:

(Attach a copy of cancelled cheque and documents in support of PAN/TAN No)

7. Approved by :

A. CGHS : Yes/No

Validity Period :

Mention the Specialties for which approved:

State Govt : Yes/No

PSUs : Yes/No

Please mention the name of PSUs:

Any other organization (Please specify): Yes/No

B. Whether NABH Accredited: Yes/No

Whether NABH applied for: Yes/No

Mention the Specialties for which accredited by NABH:

Validity Period:

C. Whether NABL Accredited: Yes/No

Whether NABL applied for: Yes/No

Mention the Specialties for which accredited by NABL:

Validity Period:

D. Other accreditation, facilities and validity:

(Note: Please mention the validity period of the approval/ accreditation in the specialties as per terms and conditions of EOI)

8. Annual turnover along with certified and audited balance sheets during the last financial years i.e. 2015-16 (Certificate from Chartered Accountant is to be enclosed):

9. SST Facilities for which applied :

All or some of them (Please mention) :

(In order as per terms and conditions of EOI)

10. (A) Total No. of beds:

(I) Casualty/ Emergency Ward:

(II) ICCU/ICU/NICU:

(Please mention specialty wise)

(III) Private:

(IV) Semi private (2-3 bedded):

(V) General Ward (4-10 bedded):

(VI) Bed reserved for various disciplines as per terms and conditions of EOI:

(VII) Others:

10. (B) Total Area of the Hospital Area allotted to OPD:

Area allotted to IPD:

Area allotted to Wards:

10. (C) Specifications of beds with physical facilities/ amenities:

Dimension of ward Number of beds in each ward:

Length:

Breadth:

(Seven Square Meter Floor area per bed required-) (IS: 12433-Part 2:2001)

10. (D) Furnishing specify as (a), (b), (c), (d) as per index below:

(a) Bedside table:

(b) Wardrobe:

(c) Telephone:

(d) Any other:

10. (E) Amenities specify as (a), (b) (c) (d) as per index below Amenities:

(a) Air conditioner:

(b) T.V.:

(c) Room service:

(d) Any other:

11. Nursing Care:

Total No. of Nurses:

Bed/Nurse ratio:

(Category Wise-

Gen.Ward:

Pvt.Ward:

ICCU/ICU:

High dependency unit:

Surgical ward:

Others, if any:

12. Alternate Power source (mention the source):

13. Bed Occupancy rate (in last one calendar year i.e. 2016):

General Bed:

Semi Private Bed:

Private Bed:

14. Availability of fulltime Doctors:

No. of in-house doctors-SST wise:

No. of in-house Specialist/Consultant-SST wise:

(as per clause terms and conditions of EOI)

15. No. of patients treated indoor as per clause 5.1 A of specific terms and conditions of EOI for the last calendar year i.e. 2016 (specialty wise and total):

16. No. of operations performed as per clause 5.1 A of specific terms and conditions of EOI for the last calendar year i.e. 2016 (specialty wise and total):

17. Laboratory facilities - SST wise:

(as per clause 5.1 B of specific terms and conditions of EOI)

18. Imaging facilities - SST wise:

(as per specific terms and conditions of EOI)

19. Number of Operations Theatres - SST wise:

Whether there is separate OT for Specific cases: Yes/No

20. In house supportive services:

(I) Boilers/Sterlizers:

(II) Ambulance:

(Please specify number)

(III) Laundry:

(IV) House keeping:

(V) Canteen:

(VI) Gas plant:

(VII) Dietary/Kitchen:

(VIII) Blood Bank:

(IX) Pharmacy:

(X) Physiotherapy:

(XI) Others, if any:

21. Waste Disposal system- as per statutory requirements: Yes/No

22. Other essential information:

Total Number of indoor patients treated in last one year (i.e. 2016, specialty wise)

(A) Cardiology and Cardio-thoracic surgery

Number of CAGs in last one year:

Number of Angioplasties done:

Number of Open heart surgeries:

Number of CABGs in last one year:

Number of Pediatric/Newborn Heart surgeries done:

Number of other heart surgeries done (not included above)- Name and Numbers:

(B) Renal Transplantation and Nephrology

Number of Renal transplantation done during last one year:

(Should have valid registration certificate under NOTTA)

Number of years this facility is available:

No. of Hemodialysis Unis:

No. of Hemodialysis (please mention sero positive and negative separately in the last year):

Criteria for Dialysis:

a) Centre should have good dialysis unit neat, clean and hygienic like a minor OT: Yes/No

b) Centre should have at least four good Haemodialysis machines with facility of giving bicarbonate Haemodialysis: Yes/No

c) Centre should have water-purifying unit equipped with reverse osmosis: Yes/No

d) Unit should be regularly fumigated and they should perform regular antiseptic precautions: Yes/No

e) Centre should have facility for providing dialysis in Sero positive cases: Yes/No

f) Centre should have trained dialysis Technician, Nurses, full time Nephrologist and

Resident Doctors available to manage the complications during the dialysis: Yes/No

g) Centre should conduct at least 150 dialysis per month and each session of hemodialysis should be at least of 4 hours duration: Yes/No

h) Facility should be available 24 hours a day: Yes/No

i) If so, does it exist within the city where the Hospital is located: Yes / No

j) Whether it has blood transfusion service with facilities for screening HIV markers for Hepatitis (B & C), VDRL: Yes / No

k) Whether it has a tissue typing unit DBCA / IMSA / DRCG scan facility and the basic Radiology facilities: Yes / No

(C) Lithotripsy:

Number of cases treated by lithotripsy in the last year:

Average no. of sitting required per case:

Percentage of cases selected for lithotripsy, which required conventional surgery due to failure of lithotripsy in last one year:

(D) Liver Transplantation:

Registration certificate details under NOTTA (No., validity and issuing authority):

Technical expert with experience in liver transplantation who had assisted in at least Fifty liver transplants: Yes/No

(Please mention his/her Name, Qualification and Experience)

Number of transplants assisted by the above experts:

Month and year since when liver transplantation is being carried out:

Number of liver transplantation done during last one year:

Success rate of liver transplant:

Facilities for transparent immunology lab:

Tissu Typing facilities: Yes/No

Blood Bank: Yes/No

(E) Neurosurgery:

Whether the Hospital has aseptic OT for Neurosurgery: Yes/No

Whether there is Barrier Nursing for isolation for patients: Yes/No

Whether it has required instrumentation for Neurosurgery: Yes/No

Facility for Gamma Knife Surgery available: Yes/No

Facility for Trans-sphenoidal endoscopic surgery available: Yes/No

Facility for Stereotactic surgery available: Yes/No

(F) Gastroenterology and G.I.Surgery:

Whether the Hospital has aseptic OT for Gastroenterology and G.I.Surgery: Yes/No

Whether it has required instrumentation for Gastroenterology and G.I.Surgery: Yes/No

Facility for endoscopy (specify details): Yes/No

Facilities for endoscopic surgeries (specify details):

(G) Oncology:

Whether the Hospital has aseptic OT for Oncology-surgery: Yes/No

Whether it has required instrumentation for Oncology Surgery: Yes/No

Facility for Chemotherapy available: Yes/No

If yes, no. of patients treated in last one year:

Facility for radiotherapy available: Yes/No

Please mention the type of radiotherapy available:

(Radiotherapy facility and manpower shall be as per guidelines of BARC)

Number of patients put on radiotherapy in the last year:

Details of facilities under Radiotherapy:

(H) Endoscopic/Laparoscopic surgery:

Whether the Hospital has well experienced Endoscopic/Laparoscopic Surgeon: Yes/No

Number of surgeries done in the last one year:

(Hospital with at least 250 laparoscopic surgeries in the last one year will be preferred)

Whether the Hospital has at least one complete set of Laparoscopic equipment with accessories: Yes/No

Whether the Hospital has facilities for open surgery (if laparoscopic surgery fails): Yes/No

(I) Orthopaedic Joint Replacement:

a. Whether there is Barrier Nursing for Isolation for patient: Yes/No

b. Facilities for Arthroscopy: Yes/No

(J) Number of CT Scans done in the last one year (i.e.in 2016):

Number of MRI Scans done in the last one year (i.e.in 2016):

Number of PET Scans done in the last one year (i.e.in 2016):

Number of Memographies done in the last one year (i.e.in 2016):

Number of any other investigations as per terms and conditions of EOI:

I undertake that the information given above is correct to the best of my knowledge. If any information is found incorrect, then undersigned is responsible for the same and action may be taken by ESIC as deemed fit. I do agree with the terms and conditions mentioned in the tender document.

Date:

Place:

(Name and signature of Proprietor/ Partner/Director/Legally Authorized Signatory)

Certificate of Undertaking

(On a Non Judicial Stamp Paper of Rs.100/-)

1. It is certified that particulars given in the Application Form and in the other documents are correct and the eligibility criteria are satisfied.
2. The Hospital shall provide cashless facilities to all ESI beneficiaries referred through proper ESIC/ESIS referral system.
3. That Hospital shall not charge higher than the CGHS notified rates or the rates charged from other patients who are not ESI beneficiaries.
4. That the rates have been provided against a facility/procedure/investigation actually available and performed within the organization.
5. That the Hospital also has the capability to submit the bills electronically in digital format and that all billing will also be done in the electronic format required by ESIC.
6. That the Hospital has not been de-empanelled/derecognized or blacklisted by CGHS or any other State Government or other organizations.
7. That the Hospital will pay damage to the ESI beneficiary or the ESIC Staff, if any injury, loss of part or death occurs due to gross negligence of the Hospital.
8. That no investigation by the Central Government/ State Government or any other statutory investigation agency is pending or contemplated against the Hospital.
9. The Hospital agrees to all the terms and conditions prescribed in EOI.
10. The Hospital is fulfilling all special conditions imposed by the Government Authorities.
11. The Hospital agrees to implement EMR (Electronic Medical Record) & EHR (Electronic Health Record) as per the standards approved by MOHFW within one year or its implementation (if not already implemented).
12. That if any information is found to be untrue any time before and during the period of empanelment, the Hospital would be liable for de-recognition by ESIC. The Hospital /organization will be liable to pay compensation for any financial loss caused to ESIC or physical/mental injuries to its beneficiaries.
13. All the papers of EOI documents and all the papers along with EOI document have been signed and stamped on each page by the authorized person.
14. The Hospital has the requisite approval of AERB/PNDT act registration/fire safety and other statutory bodies.
15. The Hospital undertakes to abide by norms of Pollution Control Board for bio-medical waste management.

Date:

Place:

(Name and signature of Proprietor/ Partner/Director/Legally Authorized Signatory)

Documents to be submitted along with Application and EOI document

1. Copy of partnership deed/memorandum/article of association etc, as applicable.
 2. Copy of documents fulfilling necessary statutory requirement including waste management.
 3. Copy of custom duty exemption certificate and conditions on which exemption was accorded with duration (if any).
 4. Copy of License for running:
 - (i) Blood Bank
 - (ii) Imaging Centre
 - (iii) Organ & Tissue Transplantation Centre
 - (iv) Radiotherapy Centre
 - (v) Any other (PNDT Act, Fire Clearance Certificate etc. Please mention)
 5. Others (but mandatory)
 - (i) Application in the prescribed format (Duly filled-in and signed on each page)
 - (ii) List of specialties for which empanelment is applied (in the prescribed format)
 - (iii) Certificate of undertaking (in the prescribed format)
 - (iv) EOI document complete in all respect with each page serially numbered, signed and stamped by the authorized signatory.
 - (v) Authority letter in favour of person applying on behalf of organization.
 - (vi) State registration certificate/Registration with Local bodies, wherever applicable.
 - (vii) Copy of Proof of number of beds as certified by registration certificate of State Govt./Local bodies/NABH/Fire authorities.
 - (viii) Copy of relevant documents for empanelment with CGHS/State Govt./PSUs etc.
 - (ix) Valid copy of accreditation by NABH/Application of request for the same.
 - (x) Valid copy of accreditation by NABL/Application of request for the same.
 - (xi) Affidavit of not being blacklisted or de-recognized by any Government Agency/Organisation.
 - (xii) Copy of agreement with Waste Management Agency.
 - (xiii) Valid copy of Certificates issued by AERB/BARC.
 - (xiv) Valid registration certificate under PNDT Act,
 - (xv) List of Hospital rates for the procedure and investigations (unlisted/Non-GHS)
(The rates shall be valid for at least two years from the date of empanelment.)
 - (xvi) Copy of cancelled cheque with mention of Valid Account No. and IFSC Code.
 - (xvii) Copy of PAN Card.
 - (xviii) Audited Balance Sheet, Profit & Loss Statements certified by Chartered Accountant for Financial Year 2015-16 and proof of annual turnover.
 - (xix) Fire Clearance Certificate/Certificate by authorized third party regarding the details of Fire safety mechanism as in place in the Health Care Organization.
 - (xx) Registration under PNDT Act, for empanelment of Ultrasonography facility.
 - (xxi) AERB approval for tie-up for radiological investigations/Radiotherapy, wherever applicable.
 - (xxii) Certificate of Registration for Organ Transplant facilities, wherever applicable.
- Date:
- Place:

(Name and signature of Proprietor/ Partner/Director/Legally Authorized Signatory)