



**OFFICE OF SENIOR STATE MEDICAL COMMISSIONER
EMPLOYEES' STATE INSURANCE CORPORATION
Ministry of Labour & Employment, Govt. of India
PANCHDEEP BHAWAN, J.L NEHRU MARG PATNA
Websites: www.esic.nic.in, www.esicbihar.in
Phone 0612-2530047, Email: - smc-bh@esic.in**

No. 42/F/16/15/2017/SMC/Tieup

Dated: 20.12.2017

Notice Inviting Expression Of interest (EOI) for Empanelment of Hospitals/Diagnostic Centers for /super speciality treatment

State Medical Commissioner, ESIC Regional Office, Patna Bihar Invites Expression of Interest (EOI) from Government/Semi-Government/CGHS approved/Private Hospitals/diagnostic centers of repute, situated in Bihar for the Empanelment under categories as mentioned in scope of EOI on **cashless basis** for ESI beneficiaries at CGHS/AIIMS Rates as in force from time to time. **The applicants shall download the EOI documents which comprises of the Application Form, Expression of Interest form, Terms and conditions of empanelment and certificate of undertaking (Annexure-I to V) from our Websites www.esicbihar.in/www.esic.nic.in. Duly filled applications form along with necessary documents in sealed envelope and complete in all respects should reach the office of State Medical Commissioner as per the schedule given below:-**

Schedule of EOI:-

Availability of EOI document on website or by hand in Office.	Last Date & Time of submission of Duly filled EOI document	Date & Time of Opening of EOI	Place of submission of EOI forms/opening of tender forms
25/01/2018 5:00 pm.	30/01/2018 2:00 pm	30/01/2018 3:00 pm	Office of the SMC , ESIC, Panchdeep Bhawan, Income Tax Golamber, J L Nehru Marg Patna 800001

Scope of EOI

Sl No	Name of Category
1	IVF & Fertility Clinic
2	Burn Management
3	Skin & VD for OPD Only
4	Psychiatry OPD
5	CT Scan & MRI

The cost of the EOI document is Rs. 1000/- (One thousand only) non-refundable which is payable in the form of a **Demand Draft** drawn on any Nationalized/Scheduled bank in favour of “**ESIC Fund Account No.-1**” Payable at SBI Patna..

Duly completed application form(s) along with annexures and with supporting documents thereof and prescribed fee in a sealed envelope may either be dropped in person or in the box earmarked for the purpose and kept at the Regional Office or be sent by Registered/Speed post at the address mentioned above. **The sealed envelope should be super scribed as ‘EOI for empanelment of Hospitals as per cghs norms. EOI received after the scheduled date and time (either by hand or by post) or unsealed EOI received after the scheduled date and time (either by hand or by post) or EOI received through e-mail/fax or without the prescribed fee or incomplete EOI forms shall summarily be rejected.**

The undersigned reserves the right to accept or reject any or all the EOI without assigning any reason(s) thereof.

Note:-1 If the EOI acceptance/opening date happens to be a public holiday, it will be accepted and opened on next working day at the scheduled time.

Note:-2 Applicants/Duly authorized representatives may be present at the time of opening of EOI.

**State Medical Commissioner
Bihar**

Application Form

(For empanelment of Hospitals/Diagnostic Centers for /super specialty treatment/investigation)

To,

**The Sr. State Medical Commissioner,
ESIC, Regional Office (Bihar)
Panchdeep Bhawan, Income Tax Golamber,
J.L. Nehru Marg Patna 800001**

Subject: Expression of Interest (EOI) for Empanelment.

Sir,

With reference to your Notice Inviting EOI Published in the news paper/website dated 21/12/17, I/We wish to offer the following services* for ESI beneficiaries on cashless basis :

sl	Name of the Categories	Tick the relevant categories
1	IVF & Fertility Clinic	
2	Born Management	
3	Skeen & VD for OPD Only	
4	Psychiatry OPD	
5	CT Scan & MRI	

The Parties having more than one services and fulfilling the eligibility requirement may choose for one or more categories.

I/we Pledge to abide by the terms and conditions of the EOI document and I/We also certify that the above information as submitted by me/us in **Annexure I,II, and/ or III and IV, V** is correct and I/We fully understand the consequences of default on our part, if any.

(Name and signature of the Proprietor)

Place:

Date:

Check List-

Sl No	Annexure & Details	Whether Signed & Enclosed as required
1	Annexure I (EOI Document)	Yes/No
2	Annexure II (Application form for Hospital)	Yes/No
3	Annexure III (Application form for Diagnostic Centre)	Yes/No
4	Annexure IV (Certificate of Undertaking)	Yes/No
5	Annexure V (List of Document)	Yes/No
6	Annexure VI (Form no. PI to PVI)	Yes/No



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Annexure I

Scope Of Expression Of Interstes

The State Medical commissioner, Bihar intends to make tie-up arrangements with the health care organization(s) (including Government/semi- Government/Private hospitals) for cash-less treatment to the ESIC beneficiaries in following Categories.

Scope of EOI

Sl No	Name of Category
1	IVF & Fertility Clinic
2	Burn Management
3	Skin & VD for OPD Only
4	Psychiatry OPD
5	CT Scan & MRI

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TERMS AND CONDITIONS

(Please read all terms and conditions carefully before filling the application form and annexures thereto)

I. General Terms and Conditions:

- The application/EOI fee is Rs 1000/- (One thousand only) **Non Refundable** which is payable in the form of a Demand Draft drawn on any nationalized/Scheduled bank in favour of **ESIC fund Account No-1** Payable at SBI Patna.

- b) Hospital applying for EOI should submit application forms along with the prescribed fee, annexures and documents prescribed herein.
Duly completed EOI forms may either be dropped in person in the box earmarked for the purpose kept at the Regional Office or be sent by Registered/Speed post. **The sealed envelope should be super scribed “EOI for empanelment of Hospitals.**
Documents received after the scheduled date and time (either by hand or by post) or unsealed EOI or EOI received through e-mail/fax or without the prescribed fee shall summarily be rejected.
- c) Rates of package and procedure/investigation will be as per **CGHS (Patna)** rates as revised from time to time or Hospital rate whichever is less. Where **CGHS (Patna)** rates are not available CGHS rates of nearby cities as per CGHS guidelines, AIIMS/ Government Hospital Rates, if available, will be applicable.
- d) Contract may be awarded to one or more parties in a particular area depending upon the requirements.
- e) **Application form and (Annexure I, II and/or III , IV & V) should be duly filled and signed by the proprietor, or duly authorized person with official seal/rubber stamp.**
- f) An Agreement on Non Judicial stamp paper of **appropriate value** shall be signed with Hospitals/Diagnostic Centers that are approved for empanelment after scrutiny of EOI and evaluation thereof. The incidental charges related to agreement shall be borne by the Empanelled centre.

Only those applications will be considered for Award of contract that fulfill all the technical conditions and also have satisfactory report of inspection committee constituted by SMC office. EOI must be accompanied with all prescribed mandatory documents duly verified & signed, failing which the EOI will not be entertained.

g) Period of Empanelment:

The empanelment shall be initially for a period of **two years** which may be extended for another **one year or further on year to year term basis** on mutual consent.

II. CONDITIONS FOR EMPANELMENT

- A. The Health Care Organizations (HCOs) which are empanelled by **CGHS/state Govt.** need to submit a consent letter accepting the terms and condition mentioned herein along with the EOI document duly signed and stamped and also specify the superspeciality treatment and investigations approved by the CGHS/state Govt./Public sector.
- B. For all other Health Care Organization(Other than empanelled with CGHS/State Govt) following criteria need to be fulfilled:**
- i. The Health Care Organizations should preferably be accredited by **National Accreditation Board for Hospitals & Healthcare Providers (NABH)**
 - ii. The diagnostic laboratories should have been accredited by **National Accreditation Board for Testing and Calibration Laboratories (NABL).**

- iii. 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.
- iv. The health care organization 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.
- v. The health organization must give an undertaking appended at Annexure- IV that they shall charge as per CGHS rates and that the rates charged by them are not higher than the rates being charged by them from other patients who are not ESI beneficiaries.
- vi. Hospital must adopt CGHS rates for unlisted treatments and should not hike the bills intentionally by ignoring CGHS approved rates for “OTHER MAJOR SURGERY/OTHER MINOR SURGERY’ applicable to all treatment procedure not mentioned in CGHS list.
- vii. The health care organization must certify that they are full filling 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 custom duty exemption. The health care organizations (Except exclusive eye hospitals / centers, exclusive dental clinics / Diagnostic laboratories/ imagine centre) must agree for implementation of EMR/EHR as per the standards notified by ministry of health and family welfare within one year of their empanelment.
- viii. The HCO must mention the specialities which have been approved by CGHS/State Govt. /Public Sector/Insurance Companies in their consent letter.
- ix. Hospital will have to nominate one official as ESI Nodal Officer who will work as **Single Point of Contact (SPOC)** to facilitate ESI beneficiaries.
- x. The health care organization shall have minimum experience of 1 (one) year in the specialties/services applied for.
- xi. The health care organization must possess basic infrastructure (Equipment related or Qualified Human Resource related) to provide the treatment/services applied for. The health care organization shall also have ICU facilities/life-saving facilities in case of emergency. The health care organization shall also have in-house lab/investigation infrastructure required for the services applied for.
- xii. The health care organization shall have full time concerned specialist/technical/skilled manpower on their roll so that the treatment/services can be provided smoothly.
- xiii. The health care organization shall have valid PAN, Bank Account.

III. COPIES OF DOCUMENTS REQUIRED FOR EMPANELMENT.

- a) Copies of all the documents mentioned in the Condition for empanelment in **Annexure-V.**
- b) Copy of NABH/NABL application in case of Non-NABH/Non -NABL accredited Health Care Organization.
- c) Copy of NABH/NABL Accreditation in case of NABH/NABL accredited Health Care Organizations. (if accredited)
- d) List of treatment procedure/investigation/facilities available in the Health Care Hospital Rate list of available procedure, treatment Organization. (Please see the services to be covered under Scope of EOI).
- e) State registration certificate/ Registration with Local bodies, wherever applicable.

- f) Compliance with all statutory requirements including that of Bio-medical Waste Management.
- g) Fire Clearance Certificate/Certificate by authorized third party regarding the details of Fire safety mechanism as in place in the Health Care Organization.
- h) Registration under PNDT Act, for empanelment of Ultrasonography facility, wherever applicable.
- i) AERB approval for tie-up for radiological investigations/Radiotherapy, wherever applicable.
- j) Certificate of Undertaking as per the Annexure-IV**
- k) Certificate of Registration for Organ Transplant facilities, wherever applicable.
- l) Photocopy of PAN card.
- m) Bank details along with copy of passbook.
- n) The Health Care Organization must have been in operation for at least one full financial year. Copy of audited balance sheet, profit and loss account for the preceding financial year to be submitted (Main documents only)
- o) The empanelled centre will have to report on daily basis the details of admitted patient for indoor treatment to Sr. Medical Commissioner Bihar on e-mail address smc-bh@esic.in in the prescribed format.

IV. Duties and Responsibility of Empanelled Hospitals/Diagnostic Centres

1. 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.
2. **Display board regarding cashless facility for ESI beneficiary should be displayed at prominent location/places of the hospital.**
3. 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. The hospital will have to follow the direction/Instruction of ESIC regarding procedure of referral and presenting of bills. The hospitals will have to provide daily indoor patient admission details to SMC through mail in case of tertiary treatment.
5. In case a billing agency is appointed by ESIC for bill processing, the hospital should be ready to present bill as per procedure to be adopted online as required by billing agency on a future date.

V. Mandatory Instruction for Tie-up Hospital & Diagnostic Centers-

- 1) Referral Hospital is instructed to perform only the procedure / treatment for which the patient has been referred.
- 2) Procedure of referral general and emergency case to be followed as per ESIC Operational manual 2015 for SST and other guidelines issued by HQ from time to time.

- 3) 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 must be taken from the referring center either through E-mail, fax or telephonically (to be confirmed in writing at the earliest).
- 4) The referred hospital has to raise the bill as per the agreement on the standard Performa of ESIC along with supporting documents within 15 days of discharge of the patient giving account no. and RTGS no. etc as per form-P-II
- 5) 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 P-II and P-III format which will be provided at the time of agreement. The tie-up hospitals shall raise the bills with supporting documents as listed in P-III 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 ESI system and SMC office.
- 6) The drugs prescribed at the time of discharge of the patient after treatment shall be issued by tie-up hospital for seven days for which the tie-up hospital can claim Rs. 2000/- or actual cost per patient, whichever is less, in the claimed bill. Afterwards all the medicines shall be issued by the ESIS system.
- 7) Food supplement will not be reimbursed.
- 8) All the drugs / dressing used during the treatment of the patient requiring reimbursement should be of generic nature.
- 9) Only those medicine to be used which are FDA/ID/BP or USP pharmacopeia approved / DG ESIC rate contract. Any drug / dressing will not covered under any of these pharmacopeia will not be reimbursement.
- 10)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.In case if any complain is received with reference to the charging of money by the tie-up hospital ,the concerned bill of the complainant IP will not be passed and double the amount of alleged charged money will be withheld from pending bills of the tie-up hospital.
- 11)The Tie-up Hospital shall not ask the patient or his/her attendant to provide separately the medicine/sundries/equipments or accessories from outside as cost of all these items is included in the CGHS package rate.

- 12) Cashless treatment 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.
- 13) For any interpretation of procedure or package or treatment or any things related to the patient the guideline laid under CGHS rules will be applicable.
- 14) In case of life threatening emergency / road accident cases or accident at work place (including to/from work place i.e. employment injury cases), the empanelled hospital shall provide the treatment of the ESI beneficiaries on cashless basis even without referral. However the empanelled hospital shall seek ex post facto formal referral in such cases within 48 hours from date and time of admittance of the ESI beneficiaries from SMC Bihar.
- 15) Before starting treatment/consultation/investigations of the ESI beneficiaries in respect of the empanelled hospitals/diagnostic centre will have responsibility to check the eligibility/entitlement of the IP from ESI portal (www.esic.in) on their own also. In case doubt clarification may be sought from ESIC, BO or SMC Office.
- 16) In case of any natural disaster/epidemic, the hospital/diagnostic centre shall have to fully cooperate with ESIC and will convey/reveal all the required information, apart from providing treatment/investigation facility.
- 17) 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 performa.**
 - b) **Attested copy of Insurance card/photo I-card of IP.**
 - c) **Referral recommendation of specialist or concern medical officer.**
 - d) **Attested copy of entitlement certificate for super specialty treatment.**
 - e) **Reports of investigation and treatment already done.**
 - f) **One additional latest photograph of the patient.**
- 18) The details of documents to be submitted along with the bill are as follows:-
 - a) Discharge slip duly verified by treating doctor incorporating history of the case, diagnosis, details of procedure done/treatment given and medicine does given/advised on discharges along with the duration of hospital stay. 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) Reports of investigations in original duly verified.
 - c) 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.

- d) Stickers of implants duly verified by the treating consultant should be attached.
- e) Referral slip/OPD slip by ESIS dispensary/secondary care ESI hospital.
- f) 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).
- g) P-I to P-VI form duly filled and signed as required therein.

19) 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) Cases involving expenditure of more than Rs.10 lac may be considered only as an exception and on reimbursement basis. The reimbursement proposal of such cases shall be submitted to Hqrs. Office for consideration and approval by ESI Corporation, on case to case basis.
- d) In respect of children of IP, congenital disease and genetic disorders will be eligible for coverage up to the ceiling mentioned earlier only in case the child is born after the IP had become eligible for SST.
- e) In case of malignancy and chronic renal failure, pre-existing disease will not be eligible for coverage, so as to prevent potential misuse of SST.
- f) In respect of organ transplant and bone marrow transplant, the payment shall be restricted only to the rates applicable for related donor. This will reduce potential misuse. Further, in respect of organ transplant involving the malignancy, the organ transplant is restricted to transplant of the organ having primary malignancy. This will also prevent considerable potential misuse of this facility by the tie up hospitals.
- g) 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.
- h) The cost of artificial limbs is to be restricted to a ceiling of Rs. 1.00lac. (Most of non electronic limbs are available much below this amount. The cost of electronic limbs is very high. The electronic limbs can be considered under ESI Scheme only when its cost comes down significantly and below this amount).

20) Empanelled Hospital/Centre shall comply with all directions in connection with medical services for ESI beneficiaries issued from time to time by SMC Office.

VI. ARBITRATION

If any dispute or difference of any kind what so ever (the decision thereof not being otherwise provided for) shall arise between the ESIC and the Empanelled Hospital/Diagnostic Centre upon or in relation to or in connection with or arising out of the Contract, shall be referred for arbitration by the State Medical Commissioner, ESIC, Bihar. 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 the office of State Medical Commissioner, Bihar. Any legal dispute shall be settled at court having jurisdiction in Bihar only.

VII. INDEMNITY

The Empanelled Hospital/diagnostic centre shall at all times, indemnify and keep indemnified ESIC against all actions, suits, claims and demands brought or made against in respect of anything done or purported to have been done by the Hospital/centre in execution of or in connection with the services under this contract. and against any loss or damage to ESIC in consequence to any action or suit being brought against the ESIC along with the Hospital/centre or otherwise, as a part for anything done or purported to be done in the course of the execution of this Contract. The Hospital/diagnostic center will at all times abide by the job safety measures and other statutory requirements prevalent in India and will keep free and indemnify the ESIC from all demands or responsibilities arising from accidents or loss of life resulting from negligence or unreasonable conduct on the part of empanelled hospital/diagnostic centre. The Hospital/diagnostic center will solely 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 always entirely at the cost of the tie up Hospital/diagnostic center defend such suit, either jointly with the tie up Hospital or severally in case the latter chooses not to defend the case.

VIII. Risk and Cost

Patients cannot be denied treatment on the pretext of non availability of beds/ specialist etc. In case of failure by the empanelled hospital to perform its duties under this contract due to whatever reason, SMC, Bihar, ESIC, has right to get the performance of duties done from any other hospital at the sole risk and cost of the empanelled Hospital.

IX. Criteria for De-empanelment

The State Medical Commissioner Bihar, without prejudice may terminate the empanelment for any breach of contract by the empanelled hospital/Diagnostic centre. De-empanelment of the empanelled Health Care Organization(s) could be made due to any one of the following reasons:

1. Rendering resignation/written unwillingness to continue in the panel.
2. Default (both actual and constructive) in fulfilling any term and condition of the tender document in the course of empanelment.

3. Due to unsatisfactory services and proven case of malpractice/misconduct/medical negligence.
4. Refusal of services to ESI beneficiaries.
5. Undertaking unnecessary procedures in patients referred for IPS/OPD management.
6. Prescribing unnecessary drugs/tests while the patient is under treatment.
7. Over billing of the procedures/treatment/investigations undertaken.
8. Reduction in staff/infrastructure/equipment 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 of credit to eligible beneficiaries and instead asking them to pay.
11. If not recommended by NABH/NABL at any stage.
12. Discrimination against ESI beneficiaries vis-à-vis general patients.
13. 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.
14. If the owner gives the establishment on lease to other agency, they will be liable for de-empanelment.
15. Charging any amount from the ESIC Beneficiaries or asking them to purchase medicine etc. from outside.

X. Procedure for de-empanelment/blacklisting-

1. If any empanelled Health Care Organization is detected to be indulging in malpractice/unethical practice/medical negligence or defaulter of any of the criteria listed in de-empanelment, the matter will be got investigated by the SMC for SST and DIMS for other.
2. On receiving information of de-empanelment/blacklisting of Health Care Organization(s) from the CGHS/Railways/DGAFMS or any other Govt. Organization.
3. On receiving information in both cases listed out in paragraphs 1 and 2 above, the empanelled facility will be given an opportunity to show cause before a decision for de-empanelment/blacklisting is taken.
4. Based on the investigation report and examining the reply of show cause notice the SMC/DIIMS, as the case may be shall place the recommendations for de-empanelment/blacklisting before the State Executive Committee (SEC). The SEC decide to de-empanel/blacklist the Health Care Organization(s).
5. Once any Health Care Organization is de-empanelled, the MoU with that Health Care Organization shall stand terminated from the date of de-empanelment. The de-empanelment Health Care Organization will be debarred from empanelment for a period of one year.
6. If the Health Care Organization is blacklisted the MoU with that Health Care Organization will be debarred from empanelment for a period of three years.

XI. Re-empanelment of de-empanelled/blacklisted Health Care Organization(s)

1. The de-empanelled Health Care Organization(s) may be considered for re-empanelment after one year from the date of de-empanelment.
2. The blacklisted Health Care Organization(s) may apply for empanelment only after expiry of three years from the date the Health Care Organization was blacklisted.
3. The de-empanelled/blacklisted Health Care Organization shall apply as fresh applicant for empanelment only after expiry of the period of de-empanelment/blacklisted.
4. The re-empanelment shall be done by following the prescribed procedure for empanelment. The de-empanelled/blacklisted Health Care Organization will be considered as fresh applicant for empanelment.

I/We have understood all terms and conditions of this document and particulars filled by me are true and correct.

**SIGNATURE OF APPLICANT
Medical Superintendent/Managing Director/Proprietor**

Annexure-II
APPLICATION FORMAT FOR EMPANELMENT OF HOSPITALS

A. Details of Hospital		
1	Name of Hospital-	
2	Name of the city where hospital is located.	
3	Address of the hospital	
4	Telephone No.	
5	Fax No.	
6	E-mail Address	
7	Name and Contact details of Nodal person	
	Name	
	e-mail ID	
	Telephone no./Mobile no.	
B. Details of NABH Accreditation		
1	Whether NABH Accredited	
2	Whether NABH applied for	
3	If NABH Accredited Certificate No	
C. Details of Cost of EOI Document		
1	Amount	
2	DD No	
3	Date	
	Drawn on (Name of Bank)	
D. Details of Services Applied for		
1	1	
2	2	
3	3	
4	4	
E. Infrastructure Details		
	Total No.of Beds	
1	No.of Beds in casualty in Emergency	
2	ICCU/ICU	

3	Semi-private (2-3 bedded)	
4	General ward bed (4-10 bedded)	
5	Others	
6	Average Bed of Occupancy for last one year	
7	Total Area of the Hospital	
8	Area allotted to OPD	
9	Area allotted to IPD	
10	No. of Wards	
	Dimension of Ward (Length*Breadth) (Norms -Seven Square Meter Floor area per bed required -) (IS: 12433- Part 2:2001)	
F. Basic amenities		
	Bedsides table	
	Wardrobe	
	Telephone	
	Alternate Power Source	
G. Other amenities		
	Air Conditioner	
	T.V	
	Room Service	
	Any other	
H. Nursing Care		
	Total No. of Nurses	
	Number of Para-medical Staff	
	Nurse ratio	
	A. General Ward (norm 6:1)	
	B. Semi-private ward (norm 4:1)	
	C. Private (norm 4:1)	
	D. ICU/CCU (norm 1:1)	
	E. High dependency units (norm 1:1)	
I. Availability of Doctors		
	Number of Full time Medical Officer	
	Number of Full time Specialist	
	Number of Full time Super Specialist	
	Number of Super Specialist on call	
J. Laboratory Services		
	Pathology	

	Bio-chemistry	
	Hematology	
	Microbiology	
	Any other	
K. Imaging Facilities Available		
	Give details	
L. Operation theatre		
	Number of Operation theatre	
	Whether there is separate OT for Septic cases	Yes/No
M. Supportive Services		
	Boilers/Sterlizers	
	Ambulance	
	Laundry	
	House Keeping	
	Canteen	
	Gas plant	
	Dietary	
	Other (Preferably)	
	a. Blood bank	
	b. Pharmacy	
	c. Physiotherapy	
N. Waste Disposal System		
	Whether Waste Disposal System Available as per Statutory requirements	Yes/No
O. Details of Hospital Bank Account		
	a. Name of Bank	
	b. Bank Branch	
	c. Account No	
	d. IFSC Code	
	e. MICR No.	

Note:- Strike out which is not applicable

I/We have understood all terms and conditions of this document and particulars filled by me are true and correct.

SIGNATURE OF APPLICANT
Medical Superintendent/Managing Director/Proprietor

Annexure-III

APPLICATION FORMAT FOR EMPANELMENT OF DIAGNOSTIC CENTERS

1. Name of the Diagnostic Centre.

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2. Name of the city where Diagnostic Centre is located.

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3. Address of the Diagnostic Centre

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4. Tel / Fax / E-mail

Telephone No.	
Fax No.	
E-mail Address	
Name and Contact details of Nodal person	

Whether NABL Accredited

Whether NABL applied for

Details of Accreditation and validity period (if applicable)

Details of the application fee draft of Rs 1000/-

Name & Address of the Bank	DD No.	Date of Issue

Total turnover during last financial year (2015-16)
(Certificate from Chartered Accountant is to be enclosed).

5. Availabilities of Doctors and staff

a. No. Radiologist

b. No. M.D Pathologist

c. No. M.D Microbiologist

d. No. of M.S(Anatomy)/Ph.D with M.Sc(human Anatomy)/Ph.D Genetics/Ph.D (Applied Biology)

e. No. of Technical staff

6. Waste disposal system as per statutory requirements Yes/No

7. Superspeciality investigations applied for-

a. CT Scan

b. MRI

c. PET scan

d. Echo cardiography

e. Scanning of other body parts

f. Specialized bio-chemical and immunological investigations

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

Note-Strike out which is not applicable.

SIGNATURE OF APPLICANT
Medical Superintendent/Managing Director/Proprietor

Annexure-IV

CERTIFICATE OF UNDERTAKING

1. It is certified that the particulars given in the application form are correct and eligibility criteria are satisfied.
2. That Hospital/ Diagnostic Laboratory / Imaging centre shall not charges ESI beneficiaries higher than the CGHS notified rates or the rates charge from other patients who are not ESI beneficiaries.
3. That the rates have been claimed against a facility / Procedure/investigation actually available and performed at the Organization.
4. That if,any information is found to be untrue, Hospital /Super Speicality Diagnostic centre would be liable for de-recognition/de-empanelment by ESIC. The Organization will be liable to pay compensation for any financial loss caused to ESI or physical and or mental injuries caused to its beneficiaries.
5. That the Hospital/ Diagnostic Centre has the capability to submit bills and medical reports in digital format and that all billing will be done in electronic format and medical records will be submitted in digital format.
6. The Hospital/ Diagnostic Centre will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence. The hospital is responsible for managing the activities of its personnel and will hold itself responsible for their misdemeanors, negligence, misconduct or deficiency in services, if any.
7. That the Hospital /Diagnostic centre has not been de-recognized by CGHS or any State Government or any other organization in the last three financial years.
8. That no investigation by central Government / State Government or any statutory investigating agency is pending or contemplated against the hospital / Diagnostic centre.
9. I/We agree for the terms and conditions prescribed in the tender document.
10. Hospital agrees to implement electronic medical records as per the standards approved by Ministry of Health and Family Welfare, Government of India and guidelines issued within one year of its empanelment.
11. I/We also undertake to provide uninterrupted services otherwise alternative arrangements will be made at the **risk and cost** of our institute.
12. I/We also undertake not to deny treatment/ investigation to any patient referred from ESI system and having entitlement for treatment as per ESI rules.
13. I/We also undertake to observe the instructions of ESIC issued from time to time in connection with services under the empanelment.
14. I/we undertake to provide data/information/documents/treatment papers in the form and format as required by ESIC regarding SST treatment of ESI beneficiary.

SIGNATURE OF APPLICANT
Medical Superintendent/Managing Director/Proprietor

Annexure-V

I/We submitting copies of the following documents (wherever applicable) along with the tender-

1. Copy of legal status, place of registration and principal place of business of the health care organization or partnership firm, etc.
2. A copy of partnership deed / memorandum and articles of association, if any.
3. Copy of customs duty exemption certificate and the conditions on which exemption was accorded.
4. Copy of the license of running blood bank.
5. Copy of the documents fulfilling necessary statutory requirements.
6. All documents mentioned in Terms and Conditions point III- **copies of documents required for Empanelment (a to o)**

SIGNATURE OF APPLICANT
Medical Superintendent/Managing Director/Proprietor