



EXPRESSION OF INTEREST (EOI)

Expression of Interest (EOI) is invited from Private Diagnostic Centres for empanelment as eDC under Modified Insurance medical Practitioner Scheme of ESIC, for providing diagnostic services to ESI Beneficiaries and their families living in the following areas given in Table A & B below:-

A. Municipal Limits of the following specified District Headquarters of Bihar:-

S N	District Head Qrts	S N	District Head Qrts	S N	District Head Qrts
1	Aurangabad	9	Kaimur	17	Saharsa
2	Araria	10	Khagaria	18	Shekhpura
3	Arwal	11	Kishanganj	19	Sheohar
4	Banka	12	Lakhisarai	20	Siwan
5	East Champaran	13	Madhepura	21	Supaul
6	Gopalganj	14	Madhubani	22	West Champaran
7	Jamui	15	Nawada		
8	Jehanabad	16	Purnia		

B And also in the following places of following Districts where ESI Act is implemented in the entire area of Districts:-

S N	District	Places	S N	District	Places
1	Darbhanga	Darbhanga	9	Munger	Munger/Jamalpur
2	Begusarai	Begusarai/Barauni	10	Nalanda	Rajgir
3	Bhagalpur	Bhagalpur/Kahalgaon	11	Rohtas	Dehri/Banjari/Sasaram
4	Bhojpur	Arrah	12	Samastipur	Samastipur
5	Buxar	Buxar, Dumraon	13	Saran	Chhapra/Marhaura
6	Gaya	Gaya/Bodhgaya	14	Sitamarhi	Sitamarhi
7	Katihar	Katihar	15	Vaishali	Hajipur, Vaishali
8	Mujaffarpur	Mujaffarpur/Kanti			

In the above 22 District Headquarters given in Table A above & required Places given in 15 Districts of Table B above, MOU will be signed with Diagnostic Centers fulfilling the criteria for selection of eDC by ESIC under its mIMP scheme. Private Diagnostic Center has to apply for those District Head quarter and Place where his/her center is situated.

Diagnostic center shall have to quote their rate for both listed and unlisted investigation in given format (Annexure – I) [i.e. percentage discount offered on ESIC/CGHS rate in respect of both listed and unlisted investigations detailed in EoI documents].

The eDC shall provide **cashless services** to the ESI Beneficiaries only when the prescribed investigations are carried out from the ESIC defined ‘**Listed**’ items (“**Annexure C**”) prescribed by the registered IMP Clinic. This amount shall be claimed at the end of the month from ESIC, for reimbursement.

If ‘Unlisted investigations’ (Tests outside the items Listed/published by ESIC) is prescribed, the beneficiary shall have either of the two options: (1): To pay from pocket at the agreed discounted price to avail the diagnostic services from the eDC and later claim reimbursement from ESIC/DCBO producing copies of bills, proof of receipt of report and prescription written on the Health Passbook by the registered doctor; OR, (2): avail these from ESI Hospital, free of cost. This implies that for unlisted Tests, the eDC shall charge the cost from the patient as per the agreed upon rate (Discounted on CGHS rate, “Annexure F”) upfront when purchased by the beneficiary and issue the Bill and capture information in the relevant fields of Mobile App.

The eDC shall submit claims to ESIC (DCBO/BO) for the cashless services provided to the ESI Beneficiaries.

The EoI application form may be downloaded from the website www.esicbihar.in, duly filed in and submitted to Regional Director, Regional Office, ESIC, Panchdeep Bhawan, Near Income Tax Golamber, J.L. Nehru Marg, Patna through Speed post/Registered Post. Applications can also be dropped in Box kept for this purpose at ESIC, Regional Office Reception, Ground Floor, Panchdeep Bhawan, J.L. Nehru Marg, Patna. “EoI for eDC for place” may be written on the top of the envelope before sending or dropping application for this purpose.

Schedule of EOI

EoI for	Last date and Time of Submission duly filled EoI Documents	Date & Time of opening of EoI	Place of opening of EoI
eDC (Diagnostic Centers)	20/02/2019, 04:00 PM	Daily at 16:30 PM till 20/02/2019 (On working days)	ESIC Regional Office, Panchdeep Bahwan, Near Income Tax Golamber, J.L. Nehru Marg, patna. 800001
Note:- this is an open ended offer and the applications for EoI will be received even after the Last date of 20/02/2019, however applications received after this date (20/02/2019) will be considered only after disposal of all applications received prior to closing date and time			

a. TERMS AND CONDITIONS:

- i. The engagement of Diagnostic Center as empaneled Diagnostic Centre will be purely contractual during the period of this contract and shall be valid for a **period of 1 Year**. If either party seeks to terminate this Agreement, the terminating party must **provide 30 days’** notice to the other party **or payment @ Rs. 10,000 (Rupees Ten Thousand only) in lieu of the notice period.**
- ii. However, the ESIC reserves the right to terminate the Contract by giving notice of Seven days, if the DIAGNOSTIC CENTER is in breach of contract. Also, the ESIC is entitled to rescind the contract by reason of DIAGNOSTIC CENTER’s misrepresentation, undue influence or duress or where some unforeseen event that may prevent the parties to perform the contract.
- iii. The contract period as mentioned in agreement will commence with effect from the date of signature by both parties and will be counted only from that date on which after the execution of this agreement by both parties.
- iv. The Regional Office/DCBO, at the time of empanelment of an eDC shall be tagging an IMP Clinic so as to help beneficiaries avail services from these eDC. More than one eDC can be attached to an IMP Clinic or vice versa to bring in ease of service delivery and competition. There shall be no capping on number of IP-Family units that can be tagged to any eDC.

b. THE SCOPE OF SERVICES:

The eDC shall provide services to the Beneficiaries and abide by instructions as specified in “**Annexure E**” (the “Services”). However, the instructions are liable for modifications without prior notice.

c. LISTED INVESTIGATIONS:

The DIAGNOSTIC CENTER (eDC) shall provide services for ‘**Listed Investigations**’ as per “**Annexure C**” to the ESI beneficiaries free of cost and get reimbursed from ESIC at flat ____ % discount on the rate specified against the test names as mentioned in “**Annexure C**”. These rates shall be valid for one year from the date of award of contract and shall be subject to modification with the discretion of ESIC after completion of one year. Prescribed test facilities provided to the ESIC beneficiaries **outside the Specified List** (‘**Unlisted Tests**’) shall be charged from the beneficiaries at flat ____ % discount on the CGHS specified rates for the CGHS listed investigation as per (**Annexure F**), as agreed upon by him and on the basis of quote approved by ESIC. These rates shall be valid for one year from the date of award of

contract and shall be subject to modification with the discretion of ESIC after completion of one year.

d. OTHER TERMS & CONDITIONS

1. The DIAGNOSTIC CENTER (eDC) shall provide diagnostic services to the ESI beneficiaries against the prescription of Insurance Medical Practitioner (IMP) registered under the mIMP Scheme.
2. The eDC shall understand that the Price mentioned against a diagnostic test name on which the rebate offered in percentage is inclusive of all taxes and duties payable during the contract period.
1. The eDC should be complying with the statutory rules, regulations and licenses pertaining to trade, including that of the [Clinical Establishments \(Registration and Regulation\) Act, 2010](#) and amendments made thereafter, and submit copies of relevant document to ESIC.
2. The eDC shall provide **cashless services** to the ESI Beneficiaries only when the prescribed investigations are carried out from the ESIC defined 'Listed' items ("Annexure C") prescribed by the registered IMP Clinic. This amount shall be claimed at the end of the month from ESIC, for reimbursement.
3. If 'Unlisted investigations' (Tests outside the items Listed/published by ESIC) is prescribed, the beneficiary shall have either of the two options: (1): To pay from pocket at the agreed discounted price to avail the diagnostic services from the eDC and later claim reimbursement from ESIC/DCBO producing copies of bills, proof of receipt of report and prescription written on the Health Passbook by the registered doctor; OR, (2): avail these from ESI Hospital, free of cost. This implies that for unlisted Tests, the eDC shall charge the cost from the patient as per the agreed upon rate (Discounted on CGHS rate, "Annexure F") upfront when purchased by the beneficiary and issue the Bill and capture information in the relevant fields of Mobile App.
4. The eDC shall submit claims to ESIC (DCBO/BO) for the cashless services provided to the ESI Beneficiaries. Branch Office/DCBO/Regional Office shall reimburse claims through online method(s), deducting any statutory requirements/taxes, as deemed fit.
5. The Diagnostic Center shall get emoluments only for such of the above period when he/she actually performed his/her assigned work. No other amount shall be admissible to him/her for the work actually rendered by him/her.
6. Non-attached IP or his family member and non-eligible IP or his family member may be treated as a private patient.

7. The eDC will maintain quality and provide the diagnostic services at all times during the contract period for uninterrupted provisioning to user and shall conduct the tests as per prescription and terms written herein.
8. The eDC shall ensure that reagents, kits, films, etc. are available and equipments are in working conditions. The eDC acknowledges that tampering with prescribed tests names, test reports and any indulging in any unethical practices is a criminal offence, and eDC shall be held responsible and accountable for any or all legal consequences.
9. The Diagnostic Center shall agree that, in case of failure or refusal by Diagnostic Center to conduct the tests or provide the services to the Beneficiaries during the contract period, the contract is liable to be cancelled at his risk and cost and any extra cost involved in arranging services from alternative source will be recovered from his subsequent/pending bills. Failure to fulfill the terms of contract may entail for closure of contract.
10. The eDC shall undertake that under any circumstances if his/her license for executing business is cancelled/ suspended by any authority / Govt., this contract shall stand terminated automatically.
11. The eDC shall undertake that his/her firm is not blacklisted /deregistered currently and has not been Blacklisted /deregistered by any other Govt. institution/ Organization during the last three years for any reason including indulging in unethical practices or not complying with statutory laws.
12. The eDC should undertake that he/she has not been convicted by any court of law in any matter related to his diagnostic services or on any other grounds.
13. The eDC should undertake that his/her firm is not convicted in an offence under the prevention of Corruption Act, 1988, or under the Indian Penal Code or any other law for the time being in force, for any cause of life or property or causing a threat to public health as part of execution of diagnostic services.

e. RESPONSIBILITY OF THE DIAGNOSTIC CENTER:

The ESIC (ESIC), in all good faith will pay remuneration, as defined and as agreed, to the Diagnostic Center, within 15 days of receipt of complete and correct reimbursement Claim from the Diagnostic Center.

f. INDEPENDENT CONTRACTOR STATUS

The Diagnostic Center shall be serving as an independent contractor in providing the Services. Under this Agreements, the Diagnostic Center is neither an employee nor a partner of ESIC.

g. GOVERNING LAW.

The laws of the State of India shall govern all matters arising out of or relating to this Agreement and the transactions it contemplates, including, without limitation, its interpretation, construction, validity, performance, and enforcement.

SD/.

Additional Commissioner

“ANNEXURE - E”

THE SCOPE OF SERVICES FOR EMPANELLED DIAGNOSTIC CENTRE (eDC)

A. SCOPE OF SERVICES:

1. Diagnostic Centre will download the ESIC “Dhanwantri” mobile app from Google Play store into an Android smartphone device to log-in with the ESIC issued user credentials (User ID & Password). The SIM Card of the mobile number registered with ESIC must be in the same smartphone device where the Mobile App has been downloaded to authenticate user through OTP.
2. The eDC shall ascertain that the Health Passbook (a small booklet containing about 100 pages with system generated beneficiary credentials affixed on it) and the e-Pehchan card is carried by the ESI Beneficiary every time he visits the Diagnostic Centre for availing diagnostic services.
3. At the time of visit by patient (ESI Beneficiary), the empaneled Diagnostic Centre (eDC) will check his/her ‘health passbook’ where the investigations are prescribed/written by hand by the empaneled IMP and shall ascertain bonafide status of the ESIC beneficiary. The authenticated Health Passbook booklet serves as a tool for identifying the credentials of the ESI beneficiary and meant for viewing consultation/investigation advice prescribed by the doctor. The credentials generated from the system contain the demographic details of a member of the IP-family and Unique Health Identification (UHID) Number. In addition, it contains mobile no., passport size colored photograph and QR Code. Each IP-Family unit shall have one common e-Pehchaan card but each member of the family including IP shall have separate Health Passbook containing Unique Health Id. Normally, the validity of the Health Passbook is till the last day of the current eligible Benefit Period corresponding to the previous Contribution Period and is recorded on the Health Passbook. In case of doubt, additional government issued photo-identity proof may be sought to verify identity and prevent unethical practices or impersonation.
4. Empaneled Diagnostic Centre will log-in to ESIC Dhanwantri App, feed in the beneficiary’s credential to ascertain the Check-in number (OPD Number) generated by the IMP Clinic as also mentioned on the prescription page of the Health Passbook, against which services are to be rendered.
5. Once the genuineness of ESIC Beneficiary has been ascertained, eDC shall carry out the investigations as prescribed in the Health Passbook. eDC shall prepare bill/invoice through its own system and obtain beneficiary’s signature on the cash memo as proof of carrying out the test and handing over the test reports.
6. Against the Check-in number of a patient in the ‘Dhanwantri Mobile App’, the eDC shall enter the cash memo (bill) number and date, amount/cost of the test taking account of the rebate/discount on

the price as agreed upon. Thereafter, using mobile camera in the Dhanwantri App, eDC shall take and upload clear and visible photograph(s) (scan and upload function) of:

- a. cash memo of listed drugs
 - b. cash memo of unlisted drugs, if any, and
 - c. IP/family member holding prescription page of Health Pass book and aforesaid cash memo(s) in hand.
2. This process shall be irrespective of whether eDC has carried out investigations from the '**specified List**' (**Annexure C**) or outside the list (unlisted/CGHS investigations)(**Annexure F**). However, the "Listed" investigations are to be carried out cashless without charging anything to the beneficiary and original Bill / Cash memo needs to be retained by the eDC for submission to ESIC later to claim reimbursement.
 3. Original Bill / Cash-memo shall be required to be handed over to the ESIC Beneficiary when the prescribed unlisted investigations are performed against the money received from the Beneficiary directly against the agreed upon discounted rate on the CGHS rate published (Annexure F).
 4. Irrespective of whether purchased by the beneficiary or availed cashless, the original Bill / Cash-memo must contain beneficiaries' signature certifying receipt and uploaded these signed bill in the mobile app through scan function.
 5. eDC will also keep the photo/ scanned copy of prescription page(s) of the booklet and Bill and get it signed by patient/ attendant for future claim for reimbursement in case of cashless services (Approved List of Investigations).
 6. At the end of the calendar month in which services rendered, and within 7 days of the next calendar month the eDC shall submit claim in the prescribed format to Branch office/ DCBO/Regional Office for processing of payment.
 7. The eDC shall submit a claim in Hard copy to ESIC (DCBO/BO) for the cashless services provided to the ESI Beneficiaries during previous month. It is required to be submitted in prescribed proforma in the 1st week of every subsequent month. The claim should be supported with summary statement (may also be generated through mobile app), investigation bill(s) and the test reports along with proof of receipt of [the reports](#) by the patient, on a monthly basis. Branch/DCBO of ESIC will verify claim bills and submit to RO for cashless online payment or through ECS, deducting any statutory requirements/taxes, as deemed fit.
 8. Upon submission of monthly or quarterly or annual claims, payment of eligible amount will be made on-line through ECS by Dispensary cum Branch Office (DCBO) in the district/ nearest Branch office/ESIC Office. Hence Bank account and PAN details of eDC are required to be submitted mandatorily.

“ANNEXURE -C”

ESIC “Listed investigations”

(Listed Diagnostic Tests and Procedures prescribed by ESIC)

Detailed List		
ESIC SPECIFIED TEST LIST for modified IMP 15.01.2019	Rate in (Rs) per Unit	
Procedure Name / Test name		
HAEMOGLOBIN	18	
LEUCOCYTE COUNT, DIFFERENTIAL; DLC	31	
LEUCOCYTE COUNT, TOTAL; TLC; WBC COUNT, TOTAL	31	
ESR (WESTEREGREN); ERYTHROCYTE SEDIMENTATION RATE	25	
GLUCOSE, FASTING (F)	24	
GLUCOSE, POST PRANDIAL (PP, 2 HOURS)	24	
GLUCOSE, RANDOM(R)	24	
GLUCOSE, FASTING (F) & POST PRANDIAL (PP, 2 HOURS)	47	
PROTEIN, SODIUM, CREATININE IN 24-HOUR URINE	50	
UREA, BLOOD	54	
CREATININE, SERUM	55	
BILIRUBIN, TOTAL	80	
MALARIA PARASITE/ BLOOD PARASITE IDENTIFICATION	41	
SMEAR EXAMINATION, ROUTINE, PERIPHERAL BLOOD	43	
PREGNANCY TEST, URINE	65	
URINE MICROSCOPIC EXAMINATION, URINE M/E	35	
URINE ROUTINE EXAMINATION, URINE R/E	35	
URINE EXAMINATION FOR RBCs	35	
URINE EXAMINATION, ALBUMIN	70	
URINE EXAMINATION, BILIRUBIN	25	
URINE EXAMINATION, KETONE BODIES	30	
PROTEIN, TOTAL, 24-HOUR URINE	50	
BLOOD UREA NITROGEN	54	

UROBILINOGEN, QUALITATIVE, EARLY MORNING SAMPLE, URINE	20	
ELECTROCARDIOGRAPHY IN 12 LEADS, ECG IN 12 LEADS	50	
ELECTROCARDIOGRAPHY WITH LONG II LEAD, ECG WITH LONG II	50	

X RAY ABDOMEN, AXR AP VIEW	128
X RAY ABDOMEN, AXR LATERAL VIEW	128
X RAY ABDOMEN, AXR STRAIGHT, KUB VIEW	128
X RAY CHEST, CXR AP VIEW	60
X RAY CHEST, CXR LEFT OBLIQUE VIEW	60
X RAY CHEST, CXR RIGHT OBLIQUE VIEW	60
X RAY CHEST, CXR LATERAL VIEW	60
X RAY CHEST, CXR PA VIEW	60
X RAY SKULL AP VIEW	128
X RAY SKULL AP And LATERAL VIEWS	255
X RAY SKULL LATERAL VIEW	128
X RAY SKULL PA VIEW	128
X RAY SKULL PA And LATERAL VIEWS	255
X RAY CERVICAL SPINE AP AND LATERAL VIEWS	250
X RAY CERVICAL SPINE AP VIEW	125
X RAY CERVICAL SPINE LATERAL VIEW	125
X RAY CERVICAL SPINE LEFT OBLIQUE VIEW	125
X RAY CERVICAL SPINE PA AND LATERAL VIEWS	125
X RAY CERVICAL SPINE PA VIEW	125
X RAY CERVICAL SPINE RIGHT OBLIQUE VIEW	125
X RAY DORSAL SPINE PA VIEW	125
X RAY DORSAL SPINE AP VIEW	125
X RAY DORSAL SPINE LATERAL VIEW	125
X RAY DORSAL SPINE RIGHT OBLIQUE VIEW	125
X RAY DORSO-LUMBAR SPINE LEFT OBLIQUE VIEW	125
X RAY DORSO-LUMBAR SPINE AP VIEW	125
X RAY DORSO-LUMBAR SPINE LATERAL VIEW	125

X RAY DORSO-LUMBAR SPINE RIGHT OBLIQUE VIEW	125
X RAY LUMBAR SPINE AP AND LATERAL VIEWS	250
X RAY LUMBAR SPINE AP VIEW	125
X RAY LUMBAR SPINE LATERAL VIEW	125
X RAY LUMBAR SPINE LEFT OBLIQUE VIEW	125
X RAY LUMBAR SPINE RIGHT OBLIQUE VIEW	125
X RAY LUMBO-SACRAL SPINE AP VIEW	125
X RAY LUMBO-SACRAL SPINE LATERAL VIEW	125
X RAY LUMBO-SACRAL SPINE LEFT OBLIQUE VIEW	125
X RAY LUMBO-SACRAL SPINE RIGHT OBLIQUE VIEW	125
X RAY SACRO-ILIAC JOINT AP VIEW	110
X RAY SACRO-ILIAC JOINT LATERAL VIEW	110
X RAY SACRO-ILIAC JOINT LEFT OBLIQUE VIEW	110
X RAY SACRO-ILIAC JOINT RIGHT OBLIQUE VIEW	110
X RAY SHOULDER AP And LATARAL VIEWS LEFT	255
X RAY SHOULDER AP And LATARAL VIEWS RIGHT	255
X RAY SHOULDER AP VIEW LEFT	128
X RAY SHOULDER AP VIEW RIGHT	128
X RAY SHOULDER AXILLARY VIEW LEFT	128
X RAY SHOULDER AXILLARY VIEW RIGHT	128
X RAY SHOULDER LATERAL VIEW LEFT	128
X RAY SHOULDER LATERAL VIEW RIGHT	128
X RAY HIP AP VIEW LEFT	128
X RAY HIP AP VIEW RIGHT	128
X RAY HIP LATERAL VIEW LEFT	128
X RAY HIP LATERAL VIEW RIGHT	128
X RAY KNEE AP And LATERAL VIEWS LEFT	255
X RAY KNEE AP And LATERAL VIEWS RIGHT	255
X RAY KNEE AP VIEW LEFT	128
X RAY KNEE AP VIEW RIGHT	128
X RAY KNEE AP VIEW, STANDING LEFT	128

X RAY KNEE AP VIEW, STANDING RIGHT	128
X RAY KNEE LATERAL VIEW LEFT	128
X RAY KNEE LATERAL VIEW RIGHT	128
X RAY ANKLE AP And LATERAL VIEWS LEFT	255
X RAY ANKLE AP And LATERAL VIEWS RIGHT	255
X RAY ANKLE AP VIEW LEFT	128
X RAY ANKLE AP VIEW RIGHT	128
X RAY ANKLE LATERAL VIEW LEFT	128
X RAY ANKLE LATERAL VIEW RIGHT	128
X RAY FOOT AP VIEW LEFT	128
X RAY FOOT AP VIEW RIGHT	128
X RAY FOOT LATERAL VIEW LEFT	128
X RAY FOOT LATERAL VIEW RIGHT	128
X RAY FOOT OBLIQUE VIEW LEFT	128
X RAY FOOT OBLIQUE VIEW RIGHT	128
X RAY HAND AP VIEW LEFT	128
X RAY HAND AP VIEW RIGHT	128
X RAY HAND OBLIQUE VIEW LEFT	128
X RAY HAND OBLIQUE VIEW RIGHT	128
X RAY ELBOW AP And LATERAL VIEWS LEFT	255
X RAY ELBOW AP And LATERAL VIEWS RIGHT	255
X RAY ELBOW AP VIEW LEFT	128
X RAY ELBOW AP VIEW RIGHT	128
X RAY ELBOW LATERAL VIEW RIGHT	128
X RAY ELBOW LATERAL VIEW LEFT	128
X RAY PELVIS AP VIEW	110
X RAY PATELLA AP VIEW LEFT	128
X RAY PATELLA AP VIEW RIGHT	128
X RAY PATELLA LATERAL VIEW LEFT	128
X RAY PATELLA LATERAL VIEW RIGHT	128
X RAY PNS OM VIEW	110
X RAY RADIUS And ULNA AP VIEW LEFT	128

X RAY RADIUS And ULNA AP VIEW RIGHT	128
X RAY RADIUS And ULNA LATERAL VIEW LEFT	128
X RAY RADIUS And ULNA LATERAL VIEW RIGHT	128
X RAY FEMUR AP VIEW LEFT	128
X RAY FEMUR AP VIEW RIGHT	128
X RAY FEMUR AP, LATERAL VIEWS LEFT	255
X RAY FEMUR AP, LATERAL VIEWS RIGHT	255
X RAY FEMUR LATERAL VIEW LEFT	128
X RAY FEMUR LATERAL VIEW RIGHT	128
X RAY LEG, X RAY TIBIA And FIBULA AP VIEW LEFT	128
X RAY LEG, X RAY TIBIA And FIBULA AP VIEW RIGHT	128
X RAY LEG, X RAY TIBIA And FIBULA AP, LATERAL VIEWS LEFT	255
X RAY LEG, X RAY TIBIA And FIBULA AP, LATERAL VIEWSRIGHT	255
X RAY LEG, X RAY TIBIA And FIBULA LATERAL VIEW LEFT	128
X RAY LEG, X RAY TIBIA And FIBULA LATERAL VIEW RIGHT	128
X RAY ARM AP AND LATERAL VIEWS LEFT	255
X RAY ARM AP AND LATERAL VIEWS RIGHT	255
X RAY ARM AP VIEW LEFT	128
X RAY ARM AP VIEW RIGHT	128
X RAY ARM LATERAL VIEW LEFT	128
X RAY ARM LATERAL VIEW RIGHT	128
X RAY WRIST AP VIEW LEFT	60
X RAY WRIST AP VIEW RIGHT	60
X RAY WRIST LATERAL VIEW LEFT	60
X RAY WRIST LATERAL VIEW RIGHT	60
X RAY WRIST OBLIQUE VIEW LEFT	60
X RAY WRIST OBLIQUE VIEW RIGHT	60
X RAY FINGER LATERAL VIEW LEFT	60
X RAY FINGER LATERAL VIEW RIGHT	60
X RAY FINGER OBLIQUE VIEW LEFT	60
X RAY FINGER OBLIQUE VIEW RIGHT	60
X RAY FINGER, AP VIEW, LEFT	60

X RAY FINGER, AP VIEW, RIGHT	60
X RAY THUMB AP VIEW LEFT	60
X RAY THUMB AP VIEW RIGHT	60
X RAY THUMB LATERAL VIEW LEFT	60
X RAY THUMB LATERAL VIEW RIGHT	60
X RAY THUMB OBLIQUE VIEW LEFT	60
X RAY THUMB OBLIQUE VIEW RIGHT	60
X RAY TOES AP VIEW LEFT	60
X RAY TOES AP VIEW RIGHT	60
X RAY TOES OBLIQUE VIEW LEFT	60
X RAY TOES OBLIQUE VIEW RIGHT	60

FORMAT FOR APPLICATION

(To be Printed on Letter Head of the Diagnostic Center)

To

The Regional Director,
ESI Corporation
(Ministry of Labour & Employment, Govt. of India)
Panchdeep Bhawan, J.L. Nehru Marg, Patna- 800 001.

Sub: Expression of Interest (EOI) for providing services as diagnostic center under modified Insurance Medical Practitioner (m-IMP) Scheme of ESIC.

Sir,

In response to your advertisement on the subject mentioned above I am submitting EOI/ Response for providing services as diagnostic center under modified Insurance Medical Officer (m-IMP) Scheme at (Name of the Place),..... (Name of the Block)..... (Name of the District).

I have carefully gone through and understood the contents of the terms and conditions of the EOI document and I shall abide by all the terms and conditions set forth in the EOI document. I also declare that the particulars given in my application are true and correct to the best of my knowledge and belief.

I accordingly offer to provide tests / diagnostics at () % (percent) discount on CGHS Rate against prescription of the ESIC Panel Doctor.*

I understand that the evaluation will be done on highest discount (%) on CGHS Rate, and that others in that district may also be counter-offered such lowest rates if need of more Labs / Diagnostic centres arises.

*Please write 0 (Zero) at the dots (.....) if no discount is offered.

Encl:- Annexure-I

Yours faithfully,

Date-.....
signatory)

(Signature of proprietor/authorized

Name & seal of Diagnostic Center

Annexure-I

Details information of Diagnostic Center

Sl. No.		
	Name (In Block letters)	
	Address	
	PIN Code	
	Registration No. & Year of Registration	
	Mob./ Landline No.	
	E-mail ID	
	PAN No.	
	Bank A/c No.	
	Name of the Bank	
	IFSC Code	
	MICR No.	
	Whether NABL Certified or not	
	Percentage (%) discount offered on "Listed Investigations" rate of ESIC	
	Percentage (%) discount offered on "Unlisted investigations " rates of CGHS	

I declare that the particulars given in my application are true and correct to the best of my knowledge and belief.

(Signature of proprietor/authorized signatory

)

Name & seal of Diagnostic Center