



**Government  
eProcurement  
System**

## eProcurement System Government of India

### Tender Details

Date : 09-Jul-2025 03:46 PM

Print

#### Basic Details

<b>Organisation Chain</b>	Employees State Insurance Corporation  R.O. Bihar		
<b>Tender Reference Number</b>	U-11011/10/2025-MED-37		
<b>Tender ID</b>	2025_ESIC_868092_1	<b>Withdrawal Allowed</b>	Yes
<b>Tender Type</b>	Open Tender	<b>Form of contract</b>	Empanelment
<b>Tender Category</b>	Services	<b>No. of Covers</b>	1
<b>General Technical Evaluation Allowed</b>	No	<b>ItemWise Technical Evaluation Allowed</b>	No
<b>Payment Mode</b>	Offline	<b>Is Multi Currency Allowed For BOQ</b>	No
<b>Is Multi Currency Allowed For Fee</b>	No	<b>Allow Two Stage Bidding</b>	No

#### Payment Instruments

<b>Offline</b>	<b>S.No</b>	<b>Instrument Type</b>
	1	R-T-G-S

#### Cover Details, No. Of Covers - 1

Cover No	Cover	Document Type	Description
1	Fee/PreQual/Technical/Finance	.pdf	NIT Paliganj

#### Other Important Documents

S.No	Category	Sub Category	Sub Category Description	Format/File
1	Certificate Details	Permanent Account Number	Permanent Account Number Details	
2	Certificate Details	Registration Certificate	Registration Certificate Details	
3	Certificate Details	Partnership Deed	Partnership Deed	
4	Certificate Details	Employees State Insurance Certificate	Employees State Insurance Certificate	
5	Certificate Details	GST Registration Certificate	GST Registration Certificate	
6	Financial Details	Bankers Details	Bankers Details	
7	Financial Details	Annual Turn over certificates from CA	Annual Turn over certificates from CA	
8	Financial Details	P/ L and Balance Sheet 2021-2022	P/ L and Balance Sheet 2021-2022	
9	Financial Details	P/ L and Balance Sheet 2022-2023	P/ L and Balance Sheet 2022-2023	
10	Financial Details	P/L AND BALANCE SHEET 2023-24	P/L AND BALANCE SHEET 2023-24	
11	Man Power Details	Miscellaneous Docs	Miscellaneous Docs	
12	Miscellaneous	Laboratory Equipment Details	Laboratory Equipment Details	

#### Tender Fee Details, [Total Fee in ₹ \* - 0.00]

<b>Tender Fee in ₹</b>	0.00		
<b>Fee Payable To</b>	Nil	<b>Fee Payable At</b>	Nil
<b>Tender Fee Exemption Allowed</b>	No		

#### EMD Fee Details

<b>EMD Amount in ₹</b>	2,00,000	<b>EMD Exemption Allowed</b>	No
<b>EMD Fee Type</b>	fixed	<b>EMD Percentage</b>	NA
<b>EMD Payable To</b>	Payable To ESIC RO - 2	<b>EMD Payable At</b>	Payable At Patna

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#### Work /Item(s)

<b>Title</b>	EXPRESSION OF INTEREST (EOI) FOR EMPANELMENT OF HCOs (HOSPITALS/STAND ALONE/DIAGNOSTIC CENTRES) IN PALIGANJ SUB-DIVISION OF PATNA DISTRICT IN BIHAR STATE
<b>Work Description</b>	EXPRESSION OF INTEREST (EOI) FOR EMPANELMENT OF HCOs (HOSPITALS/STAND ALONE/DIAGNOSTIC CENTRES) IN PALIGANJ SUB-DIVISION OF PATNA DISTRICT IN BIHAR STATE
<b>Pre Qualification Details</b>	Please refer Tender Documents
<b>Independent External Monitor/Remarks</b>	NA

<b>Show Tender Value in Public Domain</b>	No				
<b>Tender Value in ₹</b>	0.00	<b>Product Category</b>	Miscellaneous Services	<b>Sub category</b>	NA
<b>Contract Type</b>	Empanelment	<b>Bid Validity(Days)</b>	180	<b>Period Of Work(Days)</b>	NA
<b>Location</b>	ESIC Regional Office, Patna	<b>Pincode</b>	800001	<b>Pre Bid Meeting Place</b>	NA
<b>Pre Bid Meeting Address</b>	NA	<b>Pre Bid Meeting Date</b>	NA	<b>Bid Opening Place</b>	ESIC Regional Office, Patna
<b>Should Allow NDA Tender</b>	No	<b>Allow Preferential Bidder</b>	No		

**Critical Dates**

<b>Publish Date</b>	09-Jul-2025 05:00 PM	<b>Bid Opening Date</b>	31-Jul-2025 05:00 PM
<b>Document Download / Sale Start Date</b>	09-Jul-2025 05:00 PM	<b>Document Download / Sale End Date</b>	30-Jul-2025 05:00 PM
<b>Clarification Start Date</b>	NA	<b>Clarification End Date</b>	NA
<b>Bid Submission Start Date</b>	09-Jul-2025 05:00 PM	<b>Bid Submission End Date</b>	30-Jul-2025 05:00 PM

**Tender Documents**

NIT Document	S.No	Document Name	Description	Document Size (in KB)	
	1	Tendernotice_1.pdf	NIT Paliganj	1112.53	
Work Item Documents	S.No	Document Type	Document Name	Description	Document Size (in KB)
	1	Tender Documents	Paliganj.pdf	NIT Paliganj	1094.94

**Bid Openers List**

S.No	Bid Opener Login Id	Bid Opener Name	Certificate Name
1.	ravikant.kumar1@esic.nic.in	Ravikant Kumar	Ravikant Kumar
2.	dr.bijaykr.keshri@esic.nic.in	Bijay Kumar Keshri	Bijay Kumar Keshri
3.	caniranjankumar@esic.nic.in	NIRANJAN KUMAR	NIRANJAN KUMAR

**GeMARPTS Details**

<b>Reason for non availability of GeMARPTS ID</b>	Urgent nature of Procurement
<b>Remarks</b>	Medical Services
<b>Document Name</b>	Paliganj.pdf
<b>Document Size (in KB)</b>	1112.53

**Tender Properties**

<b>Auto Tendering Process allowed</b>	No	<b>Show Technical bid status</b>	Yes
<b>Show Finance bid status</b>	Yes	<b>Stage to disclose Bid Details in Public Domain</b>	Technical Bid Opening
<b>BoQ Comparative Chart model</b>	NIL	<b>BoQ Compative chart decimal places</b>	2
<b>BoQ Comparative Chart Rank Type</b>	NIL	<b>Form Based BoQ</b>	No

**TIA Undertaking**

S.No	Undertaking to Order	Tender complying with Order	Reason for non compliance of Order
1	<a href="#">PPP-MII Order 2017</a>	Not Applicable	Medical Services
2	<a href="#">MSEs Order 2012</a>	Not Applicable	Medical Services

**Tender Inviting Authority**

<b>Name</b>	Regional Director, ESIC Bihar
<b>Address</b>	Panchdeep Bhawan, ESIC Regional Office, Income Tax Circle, Patna - 800001

**Tender Creator Details**

<b>Created By</b>	Bijay Kumar Keshri
<b>Designation</b>	CMO NFSG
<b>Created Date</b>	09-Jul-2025 02:36 PM



कर्मचारी राज्य बीमा निगम  
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)  
EMPLOYEES' STATE INSURANCE CORPORATION  
(Ministry of Labour & Employment, Govt. of India)



क्षेत्रीय कार्यालय - बिहार, पंचदीप भवन,  
जवाहर लाल नेहरू मार्ग, पटना-800001  
Tel: 0612-25211928, Fax: 0612-2533314,  
E-mail: rd-bihar@esic.nic.in  
Website: www.esic.nic.in / www.esic.in

## E-TENDER NOTICE

### E-TENDER INVITING EXPRESSION OF INTEREST

**NOTICE INVITING EXPRESSION OF INTEREST (EOI) FOR EMPANELMENT OF HOSPITAL AND DIAGNOSTIC CENTRES FOR "SUPER SPECIALTY SERVICES AND BLOOD BANK SERVICES FROM CENTRAL AND STATE GOVT./PSU/PUBLIC SECTOR HOSPITALS, PM-JAY EMPANELLED CENTRAL AND STATE GOVT./PSU/PUBLIC SECTOR HOSPITALS, CGHS EMPANELLED HOSPITALS/INSTITUTIONS IN PALIGANJ SUB-DIVISION OF PATNA DISTRICT IN BIHAR STATE.**

Employees' State Insurance Corporation, Patna, Bihar 800001 intends to enter into Tie-up arrangement with reputed Hospitals/Diagnostic Establishments to provide :-

Super Specialty Services/Investigation/Diagnostic center Services and Specialty Services (Secondary Care) on Cashless basis to the ESIC Insured Persons (IP), and their family members, ESIC Staff and their family members ESIC Pensioners and their family members in the **Paliganj Sub-Division of Patna District in Bihar.**

Regional Director, ESI Corporation, Regional Office, Patna Bihar-800001 invites **EXPRESSION OF INTEREST (EOI)** from Central Govt./State Govt./PSU/PMJAY Empanelled Central and state govt./PSU hospitals, CGHS Empanelled Hospitals and Private Health Care Organizations (HCOs) for Super Specialty Hospital/Investigation/ Diagnostic center Services and specialty service (Secondary Care) in **Paliganj Sub-Division of Patna District in Bihar** on cashless basis. Preference will be given to Central Govt./State Govt./PSU/PMJAY Empanelled Central and state govt./PSU hospitals, CGHS Empanelled Hospitals / institutions. If above mentioned institutions are not available for tie-up arrangement, then private hospital will/may be considered for tie-up.

The services are to be provided at CGHS Rates (given on its website) /ESIC rates/AIIMS rates, Hospital Rates whichever is less as per the terms and conditions of MOU and guidelines issued by ESIC from time to time.

ESIC will reserve the right to accept or reject any or all the EOIs without assigning any reason whatsoever.

Interested HCOs (Health Care Organizations) can download **EXPRESSION OF INTREST (EOI)** and read carefully and may submit their application form as per Annexure A1, A2 and A3 whichever

is applicable duly filled along with required documents mentioned in the **Annexure C** with undertaking of **Annexure B** of EOI documents.

- Annexure A1- For Health Care Organization (Hospitals)
- Annexure A2- For Diagnostics Laboratories/Imaging Centers
- Annexure A3- For Exclusive Dialysis Center/Eye Center (for Vitreo-retinal Procedures)

HCOs are requested to go through the contents of the standard EOI and MOU of referral policy 2023 for the T&C, as available on ESIC website while applying for empanelment for super specialty services & Diagnostic Services.

### Schedule of Tender:

E-tenders are invited by the Regional Director, ESI Corporation, Regional Office, Bihar 800001 through electronic tendering system through CPP portal is <https://eprocure.gov.in/eprocure/app> & <http://www.esic.gov.in/tenders> according to terms & conditions given in tender form.

Name of Tender	Expression of Interest (EOI) for Super Speciality Hospitals/Secondary Hospitals & Diagnostic Services in Bihar Region.
Earnest Money Deposit(EMD)	1. Multi-Speciality Hospital- <b>Rs.2,00,000/- (Rs. Two Lakh only)</b> 2. Stand Alone/Diagnostic/Imaging Centre/Eye/Dialysis Centre-Rs.1,00,000/- (Rs. One Lakh Only)
Date of tender document available to parties to download	09/07/2025 (05:00 p.m.)
Starting date of EOI for submission of online Expression of Interest	09/07/2025 (05:00 p.m.)
Closing date of EOI submission of technical bid	30/07/2025 (05:00 p.m.)
Date of opening of Technical Bid	31/07/2025 (05:00 p.m.)
Work period	The empanelment will be initially for Two year which can be extended for another one year with mutual consent from date of signing of agreement.
Validity of Tender	180 days from closing date of online submission of EOI

Tender Document along with all terms and conditions and procedure of E-tendering may be viewed online or downloaded, by the bidder from the website-<http://eprocure.gov.in/eprocure/app> & <https://www.esic.gov.in/tenders>. All bidders are requested to check further notifications/updates if any, on the above-mentioned web sites.

The link of referral policy 2023 is as under:-

<http://www.esic.gov.in/attachments/publicationfile/5fee10bf1dfc893ca1b9e04db75d4323.pdf>

For any quere/Clarification you may contact through email: [smo-bihar@esic.nic.in](mailto:smo-bihar@esic.nic.in)/rd-bihar@esic.nic.in OR land line No-0612-2521928 Mobile no-9036467888, 9334853119

**Regional Director**  
**ESI Corporation Patna, Bihar**

## Application Form

(For empanelment of Hospitals and Diagnostic Centers for Super Specialty /Secondary Care Services )

To,

The Regional Director,  
Regional Office,ESI Corporation,  
Panchdeep Bhawan,J L N Marg  
Patna Bihar-800001

Subject: - Tender for Empanelment of Hospitals and Diagnostic Centers for Super Specialty/Speciality service for Insured Persons & their family members, ESIC Serving Staff & their family members and ESIC Pensioners & their family members.

Sir/Madam,

In reference to your advertisement in the website dated ....., I/we wish to offer the following categories of facilities/services available in our organization as accredited by NABH/NABL (in case of X and Y cities) for Insured Persons, their family members, ESIC staff, ESIC Pensioners & their family members on cashless basis:

### (A) Super Specialties for Empanelment

(Tick (✓) the Super specialties in which empanelment are desired by Hospital / center)

1	Cardiology	( )
2	Cardiothoracic Vascular Surgery	( )
3	Neurology	( )
4	Neuro-Surgery	( )
5	Oncology	( )
6	Onco-Surgery	( )
7	Radiotherapy/Nuclear Medicine	( )
8	Nephrology and Dialysis	( )
9	Urology	( )
10	Gastroenterology	( )
11	G.I Surgery	( )
12	Burn/Plastic Surgery/Reconstruction Surgery	( )
13	Pediatric Surgery	( )
14	Organ Transplant Surgery	( )
15	Endocrinology	( )
16	Rheumatology	( )
17	Interventional Radiology	( )
18	Endocrine Surgery	( )
19	Retinal Procedures	( )
20	Neonatology/NICU Level 3	( )
21	Neonatology/NICU Level 3	( )

22	HCO shall offer only the Services Facilities/Specialities for which it is empanelled, but in case any ESIC Beneficiary admitted in the empanelled HCO needs any other services other than the contract, the treatment shall be provided with due permission of the Competent Authority at CGHS Rates/Hospital Rates whichever is less.(As per instructions in Referral Policy page no.73)	
23	The Multi-speciality Hospital shall offer all services available inclusive of SST facility Super Speciality/Specialities (As per instruction in referral policy page no. 99	

**(B) Super Speciality Investigations**

1.	CT Scan	( )
2.	MRI	( )
3.	ECHO Cardiography/TMT/Scanning of other body parts	( )
4.	PET Scan, DTPA Scan, Thyroid Scan, Bone Scan, Screening of other body parts	( )
5.	Vitreous retinal management surgery	( )
6.	Specialized Biochemical and immunological investigations	( )
7.	Any other investigations costing more than Rs.3000/- per test	( )

**(C) Secondary Care Services for Empanelment**

1.	Medicine	( )
2.	Surgery	( )
3.	Obs & Gynae	( )
4.	Pediatrics	( )
5.	Orthopaedics	( )
6.	ENT	( )
7.	Radiology, Ultra Sonography & Doppler Studies, IVP & other special Radiological investigations	( )
8.	ICU Care	( )
9.	Trauma & Critical Care	( )
10.	Ophthalmology	( )



11.	Psychiatry	( )
12.	Skin & Venereal Disease	( )

D. Diagnostic Services ( )

E. Laboratory Services ( )

F. Other (Please Specify) .....

(Tick /mention whichever is applicable, separate application along with EMD will be required for each category)

NOTE: Health Care Organizations shall offer all the SST services facilities/specialties for which it is NABH/NABL accredited (in case of X & Y cities). valid licence for blood bank

I/We pledge to abide by all the terms and conditions of the Tender Document and

I/We also certify that we understand the consequences of default on our part, if any.

(Name and signature of the Proprietor/Authorized Person)

Place:

Date:

Enclosure: Duly filled Annexure along with enclosure transaction receipts.

## **Instructions to Service Providers for submission of Tender**

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

### **a) Document Details**

The Tender Document can be downloaded from the Central Public Procurement Portal (CPPP) at <https://eprocure.gov.in/eprocure/app> & <https://www.esic.gov.in/tenders>. Application form shall accompany Earnest Money Deposit (EMD). The EMD to be submitted by the HCOs is detailed below:-

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

The bidder has to pay the above said amount through online mode (RTGS) only. Bank Details as below: -

Account Name	EMPLOYEES STATE INSURANCE CORPORATION RO - 2
Bank Name & Branch	SBI, Patna Main Branch, West Gandhi Maidan, Patna-800001
Account No.	11049770948
IFS Code	SBIN0000152
MICR No.	800002045

Note 1: - The Transaction report generated online including UTR number must be uploaded with Application form.

Note 2: - The bidder who qualifies for empanelment but not approaching for signing the agreement In stipulated time period, the EMD of said bidder(s) shall be forfeited.

### **b) Document Acceptance:**

The bidders have to apply online with all annexure and necessary documents as per checklist through Central Public Procurement Portal (CPP) for ESIC on NIC at **<https://eprocure.gov.in/eprocure/app>**. Only online documents and annexure will be considered for evaluation. Physical document will not be entertained in any case. Bidder Applying for Super Specialty Services / Diagnostic Services needs to apply separate bid for each category services along with separate EMD with digital signature for each bid.

c) The documents as per checklist (Annexure-C) is to be signed, stamped by the/Director/Legally Authorized Person (Due authorization to be enclosed, in case of authorized person) and scanned and uploaded online.

d) The Hospitals/ Diagnostic/Imaging centers/ Exclusive Dialysis/Exclusive Eye Centre (hereinafter also referred collectively as 'Health Care Organizations' or 'HCO') are advised to go through the Instructions for Online Bid Submission annexed at Annexure-E and ensure that all documents required to be uploaded are legible.

e) On being selected for empanelment, before entering into MoU the HCOs shall have to furnish the following Performance Security Deposit in the form of Bank Guarantee from a scheduled commercial bank having validity of 03 years (i.e., 01 year beyond the expiry of contract)

Sl. No.	Type of Institution	PBG
1.	Multi-Specialty Hospital	Rs.10,00,000/- (Rs. Ten Lakhs Only)
2.	Stand Alone/Diagnostic/Imaging Centre/Eye/Dialysis Centre	Rs. 2,00,000/- (Rs. Two Lakh Only)

Note: All scanned documents being uploaded should be ensured to be duly filled (if required) /signed and stamped compulsorily by authorized signatory.

f) The scope of services for empanelled hospitals and diagnostic services will be as follows:

1) Super Specialty /Secondary Care Services:

Sl. No.	Name of Services Applied for
1.	
2.	
3.	
4.	
5.	
6.	
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8.	
9.	
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11.	
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20.	
21.	
22.	

## 2. Diagnostic Services

Sl. No.	Name of Specialty Services
1.	
2.	
3.	
4.	
5.	
6.	

## 3. Exclusive Dialysis Services

Sl. No.	Exclusive Dialysis Services
1.	( )

## 4. Exclusive Eye Services for Vitreo-retinal

Sl. No.	Exclusive Eye Services for Vitreo-retinal
1.	( )

### NOTE :

Health Care Organizations shall offer only the services facilities/specialties for which it is empanelled, but in case any ESIC beneficiary admitted in the empanelled HCO needs any other services other than the contract, the treatment shall be provided with due permission of the Competent Authority at CGHS rates/hospital rates whichever is less.

## **ELIGIBILITY CRITERIA**

**(A) Essential eligibility requirements: -**

- a. The HCOs must have a valid NABH/NABL accreditation (for 'X' & 'Y' cities) and Preferentially shall have NABH and NABL accredited for 'Z' cities as applicable. Copy of NABH/NABL accreditation along with scope of services shall be enclosed.
- b. For Blood Banks a valid license/ Outsourced agreement is mandatory.
- c. Minimum bed requirement for multi-specialty hospital (with 10% ICU beds) is as below:
  - i. Type X – 100 beds
  - ii. Type Y city – 50 beds
  - iii. Type Z city -30 beds
- d. Standalone dialysis centers shall have minimum of –
  - i. Type X -10 Dialysis Units
  - ii. Y & Z city – 6 dialysis units
- e. Dialysis: Multi-specialty hospital with in-house dialysis facility shall be preferred over exclusive Dialysis Centre.
- f. Exclusive dialysis center: Exclusive dialysis center should be under the supervision of Nephrologists with arrangement of ICU services (exclusive dialysis centers to be empanelled will be decided on the basis of referral load and the centers having more number of dialysis machines will be preferred.) Minimum one dialysis machine has to be earmarked for sero-positive cases.

**(NOTE:** The number of beds as certified in the Registration Certificate of State Government/Local-Bodies/NABH/Pollution control board authorities shall be taken as the valid bed strength of the Hospital).

- g. The HCO should have been operational for at least two complete years as on last date of submission of bid. The audited balance sheet, profit and loss account for the financial year (2022-23 & 2023-24) should be submitted as proof of being in business. In case, the audited financial statement pertaining to the previous financial year is not available, certificate of the chartered accountant for annual turnover to be submitted.
- h. The health care organization must have minimal annual turnover of Rs.2 crores for 'X' & 'Y' cities and Rs.1 crore for 'Z' cities. The standalone centers Exclusive Eye hospital/centers, dialysis centers, diagnostic laboratories and imaging centers must have a minimal turnover of Rs.20 lakhs for 'X' & 'Y' cities and Rs.10 lakhs in 'Z' cities.
- i. Valid State registration certificate/registration with local bodies should be attached.
- j. Fire Clearance Certificate issued by Govt authorities as per Local By laws of the location concerned.
- k. Valid compliance with all statutory requirements of Bio-Medical Waste management rules/ state pollution control board rules.
- l. 24X7 Emergency services managed by technically qualified staff.
- m. Arrangement for Blood Bank/Blood Storage Facility as per guidelines.
- n. Provision of Dietary Services for indoor patients.

- o. Valid certificate of registration for Organ and Tissue Transplant Facilities, wherever applicable.
- p. HCO should submit the following documents (if applicable)
  - i. Valid Registration under PC PNDDT Act.
  - ii. Valid AERB/BARC approval for Tie-up for Radiological investigations/Radiotherapy.
- q. Hospital should have in-house diagnostic facilities for providing Super Specialty Care treatment.

(NOTE: Cities classified in category Y- Patna (U/ A), other than Patna rest cities classified in Z cities in Bihar.

(B) Imaging centers shall meet the following criteria, wherever applicable (copies of relevant documents shall be enclosed)

- a) Valid Registration under PC PNDDT Act.
- b) Valid AERB/BARC approval if applicable for Radiological investigations/Radiotherapy.
- c) The whole-body CT scanner installed should be multi-slice with preferably 64 slices but not less than 32 slices.
- d) MRI Scan – MRI machine installed should have magnetic strength of 1 Tesla or more.
- e) Standard quality mammography machine should be full field digital mammography machine with low radiation.
- f) Bone densitometer must be capable of scanning whole body.
- g) X-Ray Centre/Dental X-Ray/ OPG Centre: -
  - X-Ray machine must have a minimum current rating of 500 MA with Image intensifier TV system.
  - Portable X-Ray machine must have minimum current rating of 60 MA.
  - Dental X-Ray machine must have a minimum current rating of 6 MA.
  - OPG X-Ray machine must have a minimum current rating of 4.5-10 MA.
  - Must be approved by AERB.
- h) USG/Color Doppler:
  - 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/ Trans Rectal Probes.
  - Must have been registered under PC PNDDT Act.
- i) The nuclear medicine center/ PET Scan must have been approved by AERB/BARC.
- j) RT-PCR: The laboratory must be approved by ICMR to conduct RT-PCR.
- k) Any other services

## GENERAL CONDITIONS FOR EMPANELMENT

1. The tie-up shall be done at CGHS/Hospital rates whichever is less.
2. Advance payment to Central/ State government/ autonomous bodies under the government/Regional Cancer Centers (RCC) of State/Central Govt. may be given upon their

request based on submitted estimate. However, the institution must submit the settlement after the procedure/treatment/ investigation, etc.

**TERMS AND CONDITIONS RELATED TO TREATMENT, PACKAGES AND RATES: -**

- a. The Empanelled Health Care Organizations would be paid at CGHS/Hospital rates, whichever is lower and terms and conditions as adopted by ESIC Headquarters Office from time to time. Any additional guidelines/circulars issued by ESIC Headquarters Office from time to time shall also be applicable for the services provided by HCOs under this empanelment contract.
- b.) Insured Persons and beneficiaries are entitled for General Ward.
- c.) ESIC Employees, Pensioners and their dependent family members are entitlement of various types of wards depending on their pay/drawn/pension. These entitlements are amended from time to time and the latest order in this regard, needs to be followed. The Entitlement is as follows-

Sl.No	Ward Entitlement	Corresponding Basic Pay drawn by the officer in 7th CPC Pay matrix
1.	General Ward	Upto Rs.36,500/-
2.	Semi Private Ward	Rs.36,501/- to 50,500/-
3.	Private Ward	Above Rs. 50,500/-

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

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

3. General ward is defined as Halls that accommodate 4 to 10 patients.

4. Normally treatment in higher category of accommodation than the entitled category is not Permissible however in case of an emergency when entitled category accommodation is not available, admission in immediate higher category is to be allowed till entitlement accommodation is available. Even in this case the empanelled center has to charge as per entitlement of the patient.

d.)“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/CCU charges (ix) monitoring charges (x) transfusion charges (xi) anesthesia charges(xii) operation theatre 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.

e.) Package rates also include two pre-operative consultations and two post-operatives Consultations.

f.) Cost of implants/stents/grfts is reimbursable in addition to package rates as per CGHS Ceiling rates or as per actual, whichever is lower.

g.) If there is no CGHS prescribed ceiling rate for any implant reimbursement shall be limited to 60% of the MRP including GST & HCOs cannot charge more than that amount from ESIC & its beneficiaries. 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 original receipt/invoice or attested photocopy of receipt/invoice in case of bulk purchase to be submitted with the claim.

h.) During in-patient treatment of the ESIC beneficiary, the hospital will not ask the beneficiary or his/her attendant to purchase separately the medicines / sundries / equipment or accessories from outside and will provide the treatment within the package rate, fixed by the CGHS which includes the cost of all the items, However, toiletries, sanitary napkins, talcum powder, mouth fresheners are not payable/ reimbursable

i.) In cases of conservative treatment, where there is no CGHS package rate, calculation of admissible amount would be done item wise as per CGHS/AIIMS rates. If there is no CGHS/AIIMS rate for a procedure/investigation/treatment, admissible amount would be 15% discount on empanelled HCO's rate-list submitted with the tender. Dealer invoice cost of Above Rs.25000 implant/medicine tie up hospital must be submitted. However, food supplements, toiletries and cosmetic items shall not be reimbursed.

j.) Package rates envisage up to a maximum duration of indoor treatment as follows:

- Upto 12 days for specialized (Super Specialties) treatment
- Upto 07 days for other major surgeries (other than super specialties)
- Upto 03 days for /Laparoscopic surgeries/elective angioplasty/normal deliveries and 01 for day care/ minor (OPD) surgeries. Short admission/OPD treatment for injections, infusion, etc. Rs. 500/- would be payable/reimbursable for all categories of beneficiaries.

k.) Maximum duration of indoor treatment under package rate shall be as per CGHS. However if additional stay beyond the period covered in package rate is required for recovery, in exceptional cases, supported by relevant medical records and certified as such by the hospital, additional reimbursement shall be allowed for accommodation charges (as per entitlement), investigation charges (at approved rates), doctor's visit charges (not more than two visits per day by specialists/consultation and cost of medicine (10% discount on MRP) if prior permission has been taken from the referring authority. No additional charge on account of extended period of stay shall be allowed if that extension is due to any complication/consequences of faulty surgical procedure/faulty investigation procedure etc.

l.) Any legal liability out of such services shall be the sole responsibility of and shall be dealt with by the concerned empanelled hospital/center.

m.) The empanelled health care organization cannot charge more than CGHS approved rates when a patient is admitted with valid ESIC card with prior permission or under emergency.

n.) If any empanelled health organization charges from ESIC beneficiary for any expenses incurred over and above the package rates vis-à-vis medicine, consumables, sundry equipment and accessories etc., which are purchased from external sources, based on specific authorization of treating doctor/staff of the concerned hospital and if they are not falling under the list of non-admissible items, that amount shall be recovered from the pending bills of hospitals.

**o.) In case, the hospital rates for treatment procedure/ test are lower than CGHS rates, the charges will be paid as per actual. The Hospitals/Diagnostic centers to provide its complete rate list duly signed and stamped at the time of submission of tender.**

p.) 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 minor procedure.

q.) **If required, the empanelled hospitals should check the eligibility of the referred patients on the IP/Staff portal at ESIC website- [www.esic.gov.in](http://www.esic.gov.in).** In case of doubt, the advice from referring authority can be taken. The validity of the referral letter is for seven days from the date of issue. Patient attending the hospital beyond validity period should be asked to get the referral letter renewed/ revalidated

r.) 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 DGEIC or CGHS rate contract. Any drug/dressings not covered under any of these pharmacopoeias will not be reimbursed

s.) The tie-up hospital shall raise the bills on their hospital letter heads as per the terms and conditions of ESIC and BPA. Efforts will be made by ESIC to make payments within prescribed time limit, once the bills are cleared by BPA and hard copies of the bills received are in order. Incomplete bills in any form shall not be processed and may be returned for correction. Tie-up Hospital shall respond to queries raised by BPA within the time frame as specified in BPA module. The responsibility of non-payment due to late response or no response will solely lie on the concerned tie-up hospital.

t.) The empanelled center shall honor permission/referral letter(P1) issued by competent authority without delay and provide treatment/investigation facilities/blood 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 Online BPA Portal/E-mail of the referring authority at the earliest

u.) The specimen signatures of the authorized signatory (Nodal Officer nominated by the empanelled hospital) duly certified by the competent authority shall be submitted to Tender Inviting Authority (TIA). Any change in authorized signatory, shall be promptly intimated by tie-up hospitals to TIA.

v.) TIA or an authorized person may visit the empaneled Hospitals to check the quality of services and other necessary certification. The Tie-Up Hospital authorities shall cooperate in carrying out the inspection.

w.) Only the drugs which are available in IP/BP/US/FDA Pharmacopoeia and approved by Drug Controller General of India shall be used for indoor patients. Preferably the drugs which are available in DGEIC/CGHS Rate contract shall be used. The anticancer drugs, for patients on day care treatment may be provided by ESIC (referring authority). Due demand for the same shall be raised through ESIC beneficiary well in advance. Specific conditions, if required, be also mentioned in the demand/ prescription. In case of non availability of Chemotherapy drugs in ESIC, the drugs should be provided by the empaneled hospital for which the amount shall be paid as per life savings drug rate list of CGHS. Imported brands shall not be used if Indian drugs are available.

x.) The hospital must agree for implementation of EMR (electronic medical record) / HER (electronic health record) as per standards notified by Ministry of Health and Family Welfare, Govt. of India/CGHS/ESIC Guidelines within one year of their empanelment (if not already implemented).

### **CRITERIA FOR DE-EMPANELEMENT**

De-empanelment of the empanelled Health Care Organization(s) could be made due to any one of the following reasons:

- a.) Rendering resignation/ written unwillingness to continue in the panel without serving the complete notice period of 3 months.
- b.) Due to proven case of malpractice/ misconduct.
- c.) Refusal of services to ESI beneficiaries.
- d.) Undertaking unnecessary procedures in patients referred for IPD/OPD management.
- e.) Prescribing unnecessary drugs/tests and clinical trial while the patient is under treatment.
- f.) Over billing of the procedures/ treatment/ investigations undertaken.
- g.) Reduction in staff/ infrastructure/ equipment etc. after the hospital has been empanelled.
- h.) Non-submission of the report, habitual late submission or submission of incorrect data in the report.
- i.) Refusal of cashless treatment to eligible beneficiaries and instead asking them to pay.
- j.) If accreditation of NABH/NABL is revoked, at any stage during the contract
- k.) Discrimination against ESI beneficiaries vis-à-vis other patients.
- l.) 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.
- m.) If the owner gives the establishment on lease to other agency, they will be liable for de empanelment, if not approved by Competent Authority.
- n.) On receiving information of de-empanelment/ blacklisting of Health Care Organization(s) from the CGHS or any other Govt. Organization.

### **CRITERIA FOR BLACKLISTING**

**I. Criteria for blacklisting** - At any stage of tender process, submitting false/forged information and/ or document to ESIC, raising false/ forged invoices of treatment, criminal negligence to patient causing either permanent or temporary adverse impact on patient during the tender process or period of contract shall lead to Black Listing of Empanelled Centre.

#### **II. Procedure for de-empanelment/blacklisting**

- a. A Committee will be constituted by the competent authority to investigate the matter.
- b. Based on the investigation report and examining the reply of 'show cause' notice served to the empanelled center, the competent authority, as the case may be., shall decide to de empanel/blacklist the Health Care Organization(s). A 15 days' notice to be provided for Submission of reply.
- c. Referral to be stopped with immediate effect from the date of issue of show-cause Notice
- d. Once any Health Care Organization is de-empaneled, the MoU with that Health Care Organization shall stand terminated from the date of de-empanelment. The de-empaneled Health Care Organization will be debarred for empanelment for a period of one year or till The completion of current contract whichever is later.
- e. If the Health Care Organization is blacklisted, then the MoU with that Health Care Organization shall stand terminated from the date of blacklisting. The blacklisted Health Care Organization shall be debarred from empanelment for a period of two years or till the Completion of current contract whichever is later.

## **SPECIAL TERMS & CONDITIONS FOR LABORATORY SERVICES/RADIOLOGY SERVICES:**

- a) In emergencies, the center should be prepared to inform reports over the telephone/ e-mail.
- b) Arrangement to be made for collection of samples from ESI hospitals as per the protocol of sample transportation.
- c) Report to be submitted to ESI Hospital within the turnaround time (TAT) of 24 hours by empanelled HCO.

## **PROCEDURE FOR REFERRAL: -**

ESI Corporation has engaged a Bill Processing Agency (BPA) for scrutiny and processing of all bills of empanelled hospital/diagnostic center for beneficiaries referred from ESIC Institution through the Online internet module, managed by BPA. The detailed procedure for referral has been laid down in the Standard Operating Procedures (SOP) of the said agreement which is annexed herewith as Annexure-F. The SOP as amended from time to time shall be applicable to MoU executed under this Tender.

## **PAYMENT SCHEDULE:**

- I. The Empanelled Hospital/Diagnostic center will send hard copies of bills along with necessary supportive documents (Form P1, PII, PIII & PVI as per Annexure-F to the referring center after due scrutiny by BPA for payment enclosing therewith copy of the medical record of every patient, discharge slip incorporating brief history of the case, diagnosis, details of (procedure done, blood bank notes, treatment of Medicines given etc.), reports and copies of investigation done, identification of the patient, entitlement certificate, referral letter from concerned ESIC Institutions, original purchase invoice, stickers and envelopes of implants, wrapper and invoice of drugs costing more than 5000 and CD of treatment/procedure given shall be submitted by the Hospital/ diagnostic center along with the bill. Additionally, chronologically placed IPD notes/Films (X-ray, MRI, CT Scan etc.)/ OT notes/ Pre and Post operation radiological images or any other documentary requirement can be sought if required.
- II. Original procurement invoice of the stents/implant/device used in the procedure along with its outer packing and sticker must be enclosed with the bills submitted for payment duly verified by treating specialist and authorized representative of Hospital.
- III. The procedures/ treatment/ investigation provided by the Super specialist/Specialist should be duly signed by the treating Super Specialist/specialist along with their stamp & Registration No.
- IV. Each and every paper/ record, attached with the bills so meant for ESI should be signed by the authorized representative of the Hospital/ Diagnostic centers.
- V. The referral hospital has to raise the bill at the time of discharge and get it countersigned by the Patient/attendant along with the mobile number of the Patient/attendant and upload it along with other documents on the BPA Portal. Above said documents shall be uploaded in the system in support of the claim, within 7 (seven) working days. Immediately after uploading the bills by BPA would start processing the bills without waiting for receipt of hard copy of bills by ESI locations. BPA would scrutinize the bill completely (including need more information steps) and recommended admissible amount to ESI. This recommendation would be visible to referring locations including TUNH's and competent authority of ESI.

VI. Once the empanelled HCO receives information regarding the bills that have been scrutinized by BPA, the empanelled HCO will submit the original hard copies of such bills as per the dates of scrutiny in 4 distinct bundles to the office of competent authority of ESI.

- a. OPD Bills with CGHS Codes.
- b. OPD Bills without CGHS Codes.
- c. IPD Bills with CGHS Codes.
- d. IPD Bills without CGHS Codes.

VII. Depending upon the quantum, such bundles of bills be submitted to competent authority on weekly/ fortnightly/ monthly basis for receipt in BPA and further processing of payment.

VIII. After receipt of original bills, competent authority shall complete the scrutiny /process of Payment to TUH as per the existing guidelines.

IX. The processing fee admissible to BPA will be at applicable rate of the claimed amount of the bill submitted by the empanelled hospital/diagnostic center (and not on the approved amount) and service tax/GST/any other tax by any name thereon. The minimum admissible amount shall be Rs.12.50 (exclusive of service tax/GST/any other tax by any name, which will be payable extra) and maximum of Rs. 750/- (exclusive of service tax/GST/any other tax by any name, which will be payable extra) per individual bill/claim. The fee shall be auto-calculated by the software and prompted to the ESI Hospital by the system at the time of generation of settlement ID. The BPA processing fee will be borne by the empanelled HCO by way of deductions from the admissible amount against their claims.

#### **DUTIES & RESPONSIBILITIES OF EMPANELLED HOSPITALS/ DIAGNOSTIC CENTRES:**

a) 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.

b) There must be a prominent display with ESIC Logo with the words "We provide Cashless Treatment to ESI Beneficiaries on referral by ESI. In case of difficulty please contact \_\_\_\_\_

Or \_\_\_\_\_ (Names of Two Nodal officers with Contact No.)" by the empanelled Hospitals/Diagnostics center/Blood Bank. The list of documents required to be carried by ESI patients/attendant must also be displayed.

c)The Hospital/Diagnostics center will not make any commercial publicity projecting the Name of ESIC on Display board.

#### **LIQUIDATED DAMAGES:**

a) The Tie-up centers shall provide the services as per the requirements specified by the ESIC in terms of the provisions of this Agreement. In case of violation of the provisions of the Agreement by the Hospital such as but not limited to refusal of service or direct charging from the ESI Beneficiaries or defective service and negligence etc., the amount up to 15% of the amount of Performance Security will be charged as agreed Liquidated Damages by the ESIC (at every incident). However, the total amount of the Performance Security will be maintained intact by the Hospital being a revolving Guarantee.

b) In case of repeated defaults by the tie-up centers, the total amount of Performance Security will be forfeited and action will be taken for removing the Health Care Organization from the empanelment of ESIC as well as termination of this Agreement.

c) For over-billing and unnecessary procedures, the extra amount so charged will be deducted from the pending / future bills and the ESIC shall warn the Health Care Organization in writing, not to

repeat the offence in future. The recurrence, if any, will lead to the stoppage of referral to that particular Health care Organization or De-empanelment from ESIC.

### **TERMINATION CLAUSE**

The agreement may be terminated by either party with prior three months' notice on either side.

### **PENALTY CLAUSE:**

- a) In case of premature termination of contract/agreement by the empanelled center without giving the required notice period of Three months, the PBG amount for the contract will be forfeited.
- b) In case, Hospital declared technically qualified for empanelment, but fails to sign an agreement within the stipulated time than the total amount of EMD will be forfeited and action may be taken as deemed fit.

### **INDEMNITY:**

The Hospital shall at all times, indemnify and keep indemnified ESIC against all actions, suits, claims and demands brought or made against in respect of anything done or purported to be done by the Hospital in execution of or in connection with the services under this Agreement and against any loss or damage to ESIC in consequence to any Action or suit being brought against the ESIC, along with (or otherwise), Hospital as a party for anything done or purported to be done in the course of the execution of this Agreement. The Hospital 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, the cause or result of which is the Hospital negligence or misconduct. 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.

### **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 Centre upon or relation to or in connection with or arising out of the Agreement, shall be referred to for arbitration who will give written award of his decision to the Parties. Arbitrator will be appointed by ESIC, Hqrs. Office. The decision of the Arbitrator will be final and binding to both the parties. The provision of Arbitration and Conciliation Act, 1996 shall apply to the arbitration proceedings. Any legal dispute to be settled in State Jurisdiction only.

### **MISCELLANEOUS:**

- a.) In emergency medical conditions of the patient, the HCOs should be prepared to Inform reports over the email.
- b.) Nothing under this agreement shall be construed as establishing or creating between the Parties any relationship of Master & Servant or Principle and Agent between the ESIC and Empanelled Centre.
- c.) The Empanelled Hospital/Centre 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 HCO and/or 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.

d.) This agreement can be modified or altered only on written agreement signed by both the parties.

### **Hospital (P-I) Referral Form(English, Hindi and Local Language)**

P1 form (Referral Form as per Dhanwantri Module of ESIC)

### **Mandatory Instructions for Tie-up Hospital**

1. Tie up hospital is instructed to perform only the procedure/treatment for which the patient has been referred.

2. In case, any additional procedure/treatment/investigation is essentially required in order to treat the patient for which he/she has been referred to, the permission for the same is essentially required from the referring hospital through Online through BPA/E-mail, and to be confirmed at the earliest.

3. The referral hospital has to raise the bill at the time of discharge and get it countersigned by the Patient/attendant along with the mobile number of the Patient/attendant and upload it along with other documents on the BPA Portal.

4. Food supplement will not to be reimbursed.

5. Only Generic medicine to be used wherever possible.

6. Only those medicines to be used which are FDA/ IP/ BP or USP approved.

### **Checklist of documents to be sent by referring ESIC/ESIS hospital to tie-up hospital**

1. Duly filled & signed referral proforma.

2. Copy of Insurance Card/Photo I card of IP.

3. Referral recommendation of the specialist/concerned medical officer.

4. Reports of investigations and treatment already done.

5. Two Photographs of the patient.

**APPLICATION FORMAT FOR EXPRESSION OF INTEREST  
FOR EMPANELMENT OF HEALTH CARE  
ORGANISATIONS (Hospitals)**

**(For Super Specialty Services)**

1. Name of the city, district and state where the HCO is located

City	District	State

2. Name of HCO


3. Address of the HCO


4. Distance from nearest ESI Hospital

Name & Location of ESIC Hospital	Distance in KM

5. E-mail Details

Telephone No.	
E-mail Address	
Name & Contact details of Nodal persons of HCO	1. 2.

**Whether empanelled with CGHS.**

(if yes, enclose approval  
Along with scope of services &  
Validity period)

YES/NO

**Whether NABH Accredited**

(if yes, enclose approval along  
With scope of services& validity  
Period)

YES/NO

**Whether NABL Accredited**

(if yes, enclose approval along with  
scope of investigations& validity period)

YES/NO

A. Details of online payment of the EMD: -

Transaction No.	
Transaction Amount	
Transaction Date	

B. The HCO should have been operational for at least two complete years as on last date of submission of interest Signed, stamped and scanned Copy of the audited balance sheet, profit and loss account for the financial year ( ..... ) & (.....) should be submitted as proof of being in business. In case, the audited financial statement pertaining to the previous financial year is not available, certificate of the chartered accountant for annual turnover to be submitted. (To be uploaded as per Annexure 'C').

C. Mandate form

Bank Account No. of the applicant (Cancelled cheque to be attached)	
Bank Name	
Branch Address	
IFSC of Branch	
MICR Code	
PAN/GST Number of firm/proprietor(Photocopy attached)	
PAN No.	
GST No.	

6. The Multispecialty Hospital shall offer all service available inclusive of all SST facilities Super specialties/specialties.

7. Diagnostic services available

I. In house Imaging facilities

**Yes/No**

II. In house Diagnostic Lab facilities

**Yes/No**

III. Super-specialty investigations: - CT Scan, MRI, PET Scan, Echocardiography, scanning of other body parts, Specialized bio-chemical and immunological investigations.

**(Yes/No)**

8. a.) Total no. of beds

b.) Total No. of ICU beds



9. Nursing Care

Total No. of Nurses	
Total No. of Para-Medical Staff	
Category of Bed/Nurse Ratio (Acceptable Actual bed/nurse standard ratio ) High Dependency unit 1:1	

10. Alternate Power Source

Yes/No

11. Availability of Doctors

1.	Number of in-house doctors	
2.	Number of in-house specialists/consultants	

12. Laboratory Facilities available

Pathology	Yes/No
Biochemistry	Yes/No
Microbiology	Yes/No
Any Other	Yes/No

13. Imaging Facilities available:

Yes/No

14. No. of Operation Theatres:

Yes/No

15. Whether there is separate OT for Specific cases

Yes/No

16. Support Services

Name of Services	Yes/No
Autoclave/Sterilizers	
Ambulance	
Laundry	
Medical Gas Plant	
Canteen	
Dietary	
Blood Bank	
Pharmacy	
Physiotherapy	
Others (Please specify)	

17. Bio Medical Waste & General Waste disposal system as per statutory requirements

Yes/No

18. Any other additional facility in which Hospital specializes/any other Additional facilities for which hospitals willing to offer for ESI Patients.

.....

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.

Signature of the Applicant & Name  
Date & Stamp

**APPLICATION FORMAT FOR EXPRESSION OF INTEREST FOR  
EMPANELMENT OF HEALTH CARE ORGANISATIONS  
(DIAGNOSTIC LABORATORIES/IMAGING CENTRES)**

1. Name of the city, district and state where the HCO is located

City	District	State

2. Name of the HCO


3. Address of the HCO


4. Distance from nearest ESI Hospital

Name & Location of ESIC Hospital	Distance in KM

5. E-mail Details

Phone No.	
E-mail Address	
Name and contact details of Nodal person of HCO	

**Whether empanelled with CGHS.**

(if yes, enclose approval along with scope of services & validity period)

Yes	No
-----	----

**Whether NABH Accredited**

(if yes, enclose approval along with scope of services& validity period)

Yes	No
-----	----

**Whether NABL Accredited**

(if yes, enclose approval along with scope of investigations& validity period)

Yes	No
-----	----

A. Details of online payment of the application fee and EMD: -

Transaction No.	
Transaction Amount	
Transaction Date	

B. The HCO should have been operational for at least two complete years as on last date of submission of interest Signed, stamped and scanned Copy of the audited balance sheet, profit and loss account for the financial year ( ..... ) should be submitted as proof of being in business. In case, the audited financial statement pertaining to the previous financial year is not available, certificate of the chartered accountant for annual turnover to be submitted. (To be uploaded as per Annexure 'C').

C. ECS Transfer Details

Bank Account No. of the applicant (Cancelled cheque to be attached)	
Bank Name	
Branch Address	
IFSC of Branch	
MICR Code	
PAN/GST Number of firm/proprietor(Photocopy attached)	
PAN No.	
GST No.	

6. Mention the NABH/NABL accredited diagnostic facilities/specialties/Super-Specialty (Enclose the detail of Specialties, and enclose Annexure 'D' for details)

- I.
- II.
- III.
- IV.

Note: Super-speciality investigations includes CT Scan, MRI, PET Scan, Echocardiography, scanning of other body parts, Specialized bio-chemical and immunological investigations and any other investigations costing more than Rs. 3,000/- per test.

7. Any other additional facility in which Diagnostic Laboratory / Imaging Centers specializes/ any other additional facilities for which the Centre is willing to offer for ESI patients.

--

**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 documents.**

Signature of the Applicant  
Name  
Date &Stamp

**APPLICATION FORMAT FOR EXPRESSION OF INTEREST  
FOR EMPANELMENT OF HEALTH CARE ORGANISATIONS  
(Exclusive Dialysis Centers/ Eye Centre (for vitreo-retinal Procedures))**

1. Name of the city, district and state where the HCO is located

City	District	State

2. Name and Address of the HCO, License No. with validity


3. Infrastructure and Facilities details


4. Distance from nearest ESI Hospital

Name & Location of ESIC Hospital	Distance in KM

5. E-mail Details

Phone No.	
E-mail Address	
Name and contact details of Nodal person of HCO	1. 2.

**Whether empanelled with CGHS.**

(if yes, enclose approval along with scope of services & validity period)

Yes	No
-----	----

**Whether NABH Accredited**

(if yes, enclose approval along with scope of services & validity period)

Yes	No
-----	----

A. Details online payment of the EMD: -

Transaction No.	
Transaction Amount	
Transaction Date	

B. The HCO should have been operational for at least two complete years as on last date of submission of interest. Signed, stamped and scanned Copy of the audited balance sheet, profit and loss account for the financial year ( ..... ) should be submitted as proof of being in business. In case, the audited financial statement pertaining to the previous financial year is not available,

certificate of the chartered accountant for annual turnover to be submitted. (To be uploaded as per Annexure 'C').

**C. ECS Transfer Details**

Bank Account No. of the applicant (Cancelled cheque to be attached)	
Bank Name	
Branch Address	
IFSC of Branch	
MICR Code	
PAN/GST Number of firm/proprietor(Photocopy attached)	
PAN No.	
GST No.	

6. Applied for empanelment: -

7. Total no. of Dialysis Units

**Additional Requirement for exclusive dialysis center**

Number of Hemodialysis Units	
Number of Hemodialysis done(Please mention zero-positive and negative separately in last one year(.....)	Yes/No
Availability of Nephrologist	Yes/No
Arrangement of ICU Facility	Yes/No
Availability of Dialysis unit for zero positive patient	Yes/No

The HCO should have good dialysis unit which is neat, clean and hygienic. It should have facility of giving bicarbonate Hemodialysis, water purifying unit equipped with reverse osmosis (RO). The unit should be regularly fumigated. It should have facility for providing dialysis to zero-positive cases also. The facility should be available round the clock. The dialysis unit must function under the supervision of a nephrologist (please mention deficiency, if any).

**Additional Requirement for exclusive Eye Centre**

No of Operation Theaters	
In-house facility of Vitro-retinal surgery available or not	Yes/No

**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.**

Signature of the Applicant  
Name  
Date & Stamp

**APPLICATION FORMAT FOR EXPRESSION OF INTEREST  
FOR EMPANELMENT OF HEALTH CARE ORGANISATIONS  
(FOR BLOOD BANK SERVICES)**

1. Name of the city, district and state where the HCO is located

City	District	State

2. Name and Address of the HCO,


3. License no. with validity


4. Infrastructure and Facilities details:


5. Distance from nearest ESI Hospital

Name & Location of ESIC Hospital	Distance in KM

6. E-mail Details

Phone No.	
E-mail Address	
Name and contact details of Nodal person of HCO	1. 2.

**Whether empanelled with CGHS.**

(if yes, enclose approval along with scope of services & validity period)

Yes	No
-----	----

**Whether NABH Accredited**

(if yes, enclose approval along with scope of services & validity period)

Yes	No
-----	----

A. Details of online payment of the application fee and EMD: -

Transaction No.	
Transaction Amount	
Transaction Date	

B. The HCO should have been operational for at least two complete years as on last date of submission of interest Signed, stamped and scanned Copy of the audited balance sheet, profit and loss account for the financial year ( ..... ) should be submitted as proof of being in business. In case, the audited financial statement pertaining to the previous financial year is not available, certificate of the chartered accountant for annual turnover to be submitted. (To be uploaded as per Annexure 'C').

C. ECS Transfer Details

Bank Account No. of the applicant (Cancelled cheque to be attached)	
Bank Name	
Branch Address	
IFSC of Branch	
MICR Code	
PAN/GST Number of firm/proprietor (Photocopy attached)	
PAN No.	
GST No.	

7. Name of product

**I undertake that the blood bank has all the facilities of collection storage processing component separation and transport of blood and a blood product. The information is 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.**

Signature of the Applicant  
Name  
Date & Stamp

**Certificate of Undertaking**

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

1. It is certified that particulars furnished in the Expression of Interest are correct and the eligibility criteria are satisfied and also fully understood. I/we understand that, in case any incorrect information/misrepresentation, the EMD/ Performance Security Deposit will be forfeited.
2. I/We shall be providing cashless facilities to all ESI beneficiaries referred through proper ESIC referral system.
3. That the rates have been provided against a facility/Procedure/investigation actually available and performed within the HCO.
4. I/We have gone through the Annexure "F" detailing ESIC-SOP for online bill processing and agree to the same and further undertake that the HCO has the capability to submit the bills through BPA and medical cards in digital format and that all billing will be done in electronic format.
5. That the HCO has neither been de-empaneled/derecognized/blacklisted by CGHS or any other state Govt. or other Govt. organizations on the date of uploading the bid and signing of agreement.
6. That the hospital will pay damage to the ESIC beneficiary or the attendant or ESIC Staff who accompanies the patient, if any injury/ loss of part or death occurs due to any negligence.
7. That no investigation by Central Government/ State Government or any other statutory investigation agency is pending or contemplated against the hospital.
8. I/We agree to the terms & conditions prescribed in Tender Document.
9. The hospital is fulfilling all special conditions \_ (*please mention*) that have been imposed by \_ (*please mention the authority*) authority in lieu of special and allotment or custom duty exemption.
10. That the hospital agrees to implement EMR (electronic medical record) & HER (electronic health record) as per the standards approved by Ministry of health & Family Welfare.
11. That if any information is found to be untrue at any time before and during the period of empanelment, the hospital would be liable for de-empanelment or blacklisting 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.
12. All the papers of tender document and all the papers submitted along with TENDER document have been signed and stamped on each page by the authorized person.
13. The hospital has the requisite approval of AERB/NOTTA registration/PC PNDT Act registration/Fire safety (as applicable).
14. The hospital undertakes to abide by norms of Pollution Control Authority for Bio-Medical Waste Disposal.
15. The Hospital shall at all times, indemnify and keep indemnified ESIC against all actions, suits, claims and demands brought or made against in respect of anything done or purported to be done by the Hospital in execution of or in connection with the services under the Agreement and against any loss or damage to ESIC in consequence to any Action or suit being brought against the ESIC in the course of the execution of the Agreement.
16. That HCO will inform the office of competent authority about any changes in status of empanelment with CGHS/state Govt. from time to time.
17. That HCO will inform the office of competent authority about any changes in status of NABH/NABL accreditation from time to time.

Signature of Applicant  
Name  
Date & Stamp



**Documents to be uploaded in the tender.**

- 1) Signed, stamped and scanned copy of transaction report of EMD deposited through RTGS to be uploaded.
- 2) Application Form as per Annexure 'A1/A2/A3' whichever is applicable dully filled, signed, stamped & scanned to be uploaded.
- 3) Certificate of undertaking as per Annexure 'B' Duly certified, signed & stamped with date to be uploaded.
- 4) Signed stamped and scanned Copy of partnership deed / memorandum / owner ship / articles of association (as applicable).
- 5) State registration certificate/registration with local bodies should be included where applicable
- 6) Signed, stamped with date and scanned Copy of recent Authority Letter in favor of person applying on behalf of HCO on the official letter head of the HCO with date along with the ID proof of the authorized person.
- 7) Signed, stamped and scanned Copy of cancelled cheque with mention of Valid Account Number, IFSC code, MICR Number.
- 8) Signed, stamped and scanned Copy of PAN and GST number of the HCO.
- 9) Signed, Stamped & Scanned copy of Fire Clearance Certificate issued by Govt. authorities as per Local Bylaws of the location concerned.
- 10) Signed, stamped and scanned Copy of valid pollution control board registration and agreement with Bio Medical Waste Management agency.
- 11) Copy of valid accreditation by NABH/NABL as applicable along with scope of services & validity period if applicable.
- 12) Signed stamped and scanned Copy of empanelment with CGHS/State Govt mentioning the scope of services with validity period if applicable.
- 13) Complete signed and stamped copy of all Hospital services/ diagnostic facilities/ laboratory investigations (NABH/NABL accredited) available in-house along with rate- list of facilities/investigations with rate-list as per annexure "D" duly signed & stamped to be uploaded.
- 14) The HCO should have been operational for at least two complete years as on last date of submission of bid Signed, stamped and scanned Copy of the audited balance sheet, profit and loss account for the financial year (2021-22 & 2022-23) should be submitted as proof of being in business. In case, the audited financial statement pertaining to the previous financial year is not available, certificate of the chartered accountant for annual turnover to be submitted.
- 15) Signed stamped and scanned Copy of License/Outsource Agreement for running (If Applicable)-Multiple documents may be joined and uploaded as single file.
  - 1). Blood Bank
  - 2). Imaging Centre
  - 3). Organ& Tissue transplantation center.
  - 4). Radiotherapy Centre
  - 5). Any other (Please Mention)
- 16) Signed, stamped and scanned Copy of Certificate issued by AERB / BARC/PC PNDT etc. (which ever applicable)

**Signature of the Applicant  
Name,  
Date & Stamp**

- Complete Rate list of hospital/diagnostic center for facility/investigation.
- Complete list of investigations available in-house which are NABL/NABH accredited.

**Date:**

Place

**Name & Signature of  
Proprietor/authorized person  
With office seal/rubber stamp)**

### **Instructions for Online Bid Submission**

**(Department User may attach this Document as an Annexure in their Tender Document Which provides complete Instructions for on line Bid submission for Bidders)**

The bidders are required to submit soft copies of their bids electronically on the CPP Portal, using valid Digital Signature Certificates. The instructions given below are meant to assist the bidders in registering on the CPP Portal, prepare their bids in accordance with the requirements and submitting their bids online on the CPP Portal.

More information useful for submitting online bids on the CPP Portal may be obtained at:

<https://eprocure.gov.in/eprocure/app>.

#### **REGISTRATION**

- 1) Bidders are required to enroll on the e-Procurement module of the Central Public Procurement Portal (URL: <https://eprocure.gov.in/eprocure/app>) by clicking on the link “Online bidder Enrolment” on the CPP Portal which is free of charge.
- 2) As part of the enrolment process, the bidders will be required to choose a unique username and assign a password for their accounts.
- 3) Bidders are advised to register their valid email address and mobile numbers as part of the registration process. These would be used for any communication from the CPP Portal.
- 4) Upon enrolment, the bidders will be required to register their valid Digital Signature Certificate (Class III Certificates with signing key usage) issued by any Certifying Authority recognized by CCA India (e.g. Sify / nCode / e-Mudhra etc.), with their profile.
- 5) Only one valid DSC should be registered by a bidder. Please note that the bidders are responsible to ensure that they do not lend their DSC’s to others which may lead to misuse.
- 6) Bidder then logs in to the site through the secured log-in by entering their user ID / password and the password of the DSC / e-Token.

#### **SEARCHING FOR TENDER DOCUMENTS**

- 1) There are various search options built in the CPP Portal, to facilitate bidders to search active tenders by several parameters. These parameters could include Tender ID, Organization Name, Location, Date, Value, etc. There is also an option of advanced search for tenders, wherein the bidders may combine a number of search parameters such as Organization Name, Form of Contract, Location, Date, Other keywords etc. to search for a tender published on the CPP Portal.
- 2) Once the bidders have selected the tenders they are interested in, they may download the required documents / tender schedules. These tenders can be moved to the respective ‘My Tenders’ folder. This would enable the CPP Portal to intimate the bidders through SMS / email in case there is any corrigendum issued to the tender document.
- 3) The bidder should make a note of the unique Tender ID assigned to each tender, in case they want to obtain any clarification / help from the Helpdesk.

#### **PREPARATION OF BIDS**

- 1) Bidder should take into account any corrigendum published on the tender document before submitting their bids.

2) Please go through the tender advertisement and the tender document carefully to understand the documents required to be submitted as part of the bid. Please note the number of covers in which the bid documents have to be submitted, the number of documents - including the names and content of each of the document that need to be submitted. Any deviations from these may lead to rejection of the bid.

3) Bidder, in advance, should get ready the bid documents to be submitted as indicated in the tender document / schedule and generally, they can be in PDF / XLS / RAR /DWF/JPG formats. Bid documents may be scanned with 100 dpi with black and white option which helps in reducing size of the scanned document.

4) To avoid the time and effort required in uploading the same set of standard documents which are required to be submitted as a part of every bid, a provision of uploading such standard documents (e.g. PAN card copy, annual reports, auditor certificates etc.) has been provided to the bidders. Bidders can use “My Space” or “Other Important Documents” area available to them to upload such documents.

These documents may be directly submitted from the “My Space” area while submitting a bid, and need not be uploaded again and again. This will lead to a reduction in the time required for bid submission process.

**Note:** My Documents space is only a repository given to the Bidders to ease the uploading process. If Bidder has uploaded his Documents in My Documents space, this does not automatically ensure these Documents being part of Technical Bid.

## SUBMISSION OF BIDS

1) Bidder should log into the site well in advance for bid submission so that they can upload the bid in time i.e. on or before the bid submission time. Bidder will be responsible for any delay due to other issues.

2) The bidder has to digitally sign and upload the required bid documents one by one as indicated in the tender document.

3) Bidder has to select the payment option as “offline” to pay the tender fee / EMD as applicable and enter details of the instrument.

4) Bidder should prepare the EMD as per the instructions specified in the tender document. The bidder has to pay the EMD through Online mode only and will upload the transaction report generated online including UTR number.

5) Bidders are requested to note that they should necessarily submit their financial bids in the format provided and no other format is acceptable. If the price bid has been given as a standard BoQ format with the tender document, then the same is to be downloaded and to be filled by all the bidders. Bidders are required to download the BoQ file, open it and complete the white colored (unprotected) cells with their respective financial quotes and other details (such as name of the bidder). No other cells should be changed. Once the details have been completed, the bidder should save it and submit it online, without changing the filename. If the BoQ file is found to be modified by the bidder, the bid will be rejected.

6) The server time (which is displayed on the bidders’ dashboard) will be considered as the standard time for referencing the deadlines for submission of the bids by the bidders, opening of bids etc. The bidders should follow this time during bid submission.

7) All the documents being submitted by the bidders would be encrypted using PKI encryption techniques to ensure the secrecy of the data. The data entered cannot be viewed by unauthorized persons until the time of bid opening. The confidentiality of the bids is maintained using the secured Socket Layer 128-bit encryption technology. Data storage encryption of sensitive fields is done. Any

bid document that is uploaded to the server is subjected to symmetric encryption using a system generated symmetric key. Further this key is subjected to asymmetric encryption using buyers/bid opener's public keys. Overall, the uploaded tender documents become readable only after the tender opening by the authorized bid openers.

8) The uploaded tender documents become readable only after the tender opening by the authorized bid openers.

9) Upon the successful and timely submission of bids (i.e. after Clicking "Freeze Bid Submission" in the portal), the portal will give a successful bid submission message & a bid summary will be displayed with the bid no. and the date & time of submission of the bid with all other relevant details.

10) The bid summary has to be printed and kept as an acknowledgement of the submission of the bid. This acknowledgement may be used as an entry pass for any bid opening meetings.

#### ASSISTANCE TO BIDDERS

1) Any queries relating to the tender document and the terms and conditions contained therein should be addressed to the Tender Inviting Authority for a tender or the relevant contact person indicated in the tender.

2) Any queries relating to the process of online bid submission or queries relating to CPP Portal in general may be directed to the 24x7 CPP Portal Helpdesk.

\*\*\*\*

**Letterhead of Referring ESI Hospital (P-I)****Referral Form (Permission letter)**

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

Name of the Patient :

Address/Contact No. : Sex : M/F  
Identification Marks :

IP/Beneficiary/Staff :

Relationship with IP/Staff : (F/M/W/S/D/Other)

Entitled for Specialty/Super Specialty : Yes/No Diagnosis/Clinical

Opinion/Case :

Summary along with relevant  
Treatment given/procedure/  
Investigation done in ESI Hospital :

Treatment/Procedure/SST investigation  
For which patient is being referred :

Photograph  
of Patient  
duly attested  
by Hospital  
Authority

**(Mention specific diagnosis for referral)**

I voluntarily choose. \_\_\_\_\_ Tie-up Hospital for treatment of self or my.  
\_\_\_\_\_

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

IP referred to . \_\_\_\_\_ Hospital/Diagnostic Centre for . \_\_\_\_\_

**Sign & Stamp of Authorized Signatory**

**\*\* In case of emergency, signature of referring doctor & Casualty Medical Officer. Record to be maintained in the register. New form duly filled will be sent after signature of the competent authority on the next working day\*\*.**

**Mandatory Instructions for Tie-up Hospital**

1. Tie up hospital is instructed to perform only the procedure/treatment for which the patient has been referred.
2. In case, any additional procedure/treatment/investigation is essentially required in order to treat the patient for which he/she has been referred to, the permission for the same is essentially required from the referring hospital through e-mail, and to be confirmed in writing at the earliest.
- 3.. The referred hospital has to raise the bill as per the agreement on the standard proforma along with supporting documents within 06 days of discharge of the patient giving account number and IFSC Code etc.
4. Food supplement will not to be reimbursed.
5. Only Generic medicine to be used wherever possible.
6. Only those medicine to be used which are FDA/ IP/ BP or USP approved.

**Checklist of documents to be sent by referring ESIC/ESIS hospital to tie-up hospital**

1. Duly filled & signed referral proforma.
2. Copy of Insurance Card/Photo I card of IP.
3. Referral recommendation of the specialist/concerned medical officer.
4. Reports of investigations and treatment already done.
5. Two Photographs of the patient.

***Signature of Competent Authority\*\****

(P-II-PVI)

**To be used by Tie-up hospital (for raising the bill) (P-II) Letterhead of Hospital  
with Address & Email and Contact Number**

**(NABH accreditation Super specialty Hospital)**  
(Attach documentary proof)

**Individual Case Format**

Photograph  
of the Patient  
verified by  
tie-up  
Hospital  
Authority

Name of the Patient : Referral S.No.(Routine/  
Emergency/through SMC

Age/Sex :

Address :

Contact No. :

Insurance No./Staff Card No./Pensioner :

Card No. :

Date of referral :

Date of Admission Date of Discharge :

Diagnosis :

Condition of the patient at discharge :

**(For Package Rates)**

**Treatment/Procedure done/performed :**

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

**CGHS/Other Code No./No's for chargeable procedures**

Sl. No	Chargeable Procedure	CGHS Code No. with page no.	Other if not on(1) prescribed code no with page no	Rate	Amount claimed	Amount Admitted	Remarks

Charges of Implant/device used.....



Amount Claimed:.....

Amount Admitted:

Remarks :

**II. (Non-package Rates) For procedures done (not existing in the list of packages rates)**

Sl.No	Chargeable Procedure	Amount Claimed	Amount Admitted	Remarks

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

Sl. No	Chargeable Procedure	CGHS Code No. with page no.1	Other if not on(1) prescribed code no with page no	Rate	Amount claimed	Amount Admitted	Remarks

**Total Amount Claimed (I +II+III) Rs.....**

**Total Amount Admitted (I +II+III) Rs.....**

**Remarks**

**Sign/Thumb impression of patient Sign**

\_\_\_\_\_  
(for Official use of ESIC) **Stamp of Authorized Signatory**

Total amount payable:

Date of payment:

Signature of Dealing Assistant

Signature of Superintendent

Signature of Competent Authority

**To be used by Tie-up hospital (P-III) Letterhead of Hospital  
with Address & Email/Contact No.**

**Consolidated Bill Format**

Bill No .....  
.....

Date

**Bill details (Summary)**

Sl.No.	Name of Patient	Ref. No.	Diag./Procedure for which Referred	Procedure Performed/treatment given	CGHS/other code (with page no./no's/N.A	Charged not in package rate list	Amount claimed	Amount Admitted	Remarks

**Total Claim.**

Certified that the treatment/procedure has been done/performed as per laid down norms and the charges in the bill has/ have been claimed as per the terms & conditions laid down in the agreement signed with ESIC.

It is also certified that all the implants, devices etc. used are charged at lowest available market rates.

Further certified that the treatment/ procedure have been performed on cashless basis. No money has been received /demanded/ charged from the patient/ his/her relative.

The amount may be credited to our account no .....RTGS no..... and intimate the same through email/fax/hard copy at the address.

**Signature of Competent Authority**

**Checklist:-**

- 1.Duly filled up consolidated proforma.
- 2.Duly filled up Individual Pt Bill Proforma.
- 3.Discharge Slip containing treatment summary & detailed treatment record.
- 4.Bill(s) of Implant(s) / Stent(s) /device along with Pouch/packet/invoice etc.
- 5.Referral proforma in original, Insurance Card/ Photo I card of IP/ Referral recommendation of medical officer & entitlement certificate.
- Approval letter from RD in case of emergency treatment or additional procedure performed.
6. Sign & Stamp of Authorized Signatory.

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

**Signature of Competent Authority**

**Letterhead of Referring ESI Hospital (P-IV)**

**Sanction Memo/Disallowance Memo**

**Name of Referral Hospital (Tie-up Hospital)**

**Bill No .....**

**Bill Date .....**

<b>Sl.No.</b>	<b>Name of the Patient &amp; Reference No.</b>	<b>Amount Claimed</b>	<b>Amount Sanctioned/Admitted</b>	<b>Reasons for Disallowance</b>	<b>Remarks</b>

**Signature of Competent Authority**

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

**Bill No .....**

**Bill Date .....**

Sl.N o.	Name of Patient & Insurance No./Staff No	Date of Reference	Investigation Performed	CGHS/other code (with page no)	Charged not in package rate list	Amount claimed	Amount Admitted(en titled)	Remarks Disallowanc es with reasons

Certified that the procedure/investigations has been done/performed as per laid down norms and the charges in the bill has/ have been claimed as per the terms & conditions laid down in the agreement signed with ESIC.

Further certified that the procedure/investigations have been performed on cashless basis. No money has been received /demanded/ charged from the patient/ his/her relative.

The amount may be credited to our account no .....RTGS no..... and intimate the same through email/fax/hard copy at the address.

**Signature of Competent Authority**

**Checklist:-**

1. Investigation Report.
2. Referral Document in original..
3. Serialization of individual bills as per the Sr. No. in the Bill.

**Signature of Competent Authority**

## PATIENT/ATTENDANT SATISFACTION CERTIFICATE (P-VI)

I am satisfied/ not satisfied with the treatment given to me/ my patient and with the behavior of the hospital staff.

If not satisfied, the reason thereof.

No money has been demanded/ charged from me/my relative during the stay at hospital.

Sign/Thumb impression of patient/Attendant Name

Phone No.

ESIC BIHAR

/

ESIC BIHAR

ESIC BIHAR