

EMPLOYEES STATE INSURANCE CORPORATION



Expression of Interest for providing Secondary Care Treatment to ESI Beneficiaries of ESI Hospital, Basaidarapur, Ring Road, New Delhi-110015

Date of issue: -28.11.2018

Last date of Submission of EOI: - 19.12.2018

Contents of the RFP	Page No
1. Important Instruction for bidders regarding online payment	3
2. E-tender schedule	4
3. Advertisement Notice	5
4. Application for empanelment (Application Form)	6
5. Detailed Notice	7
6. Instruction to the service provider (RFP Instructions)	8
7. General Conditions of Contract	9
8. Special Conditions of Contract	15
9. Information of Hospitals/Centers (Annexure I A, B)	19
10. Specialties for empanelment (Annexure II A, B)	22
11. Undertaking (Annexure III)	24
12. Referral Form – P1 form (Annexure IV)	25
13. Form for raising bills – PII (Annexure V)	27
14. Consolidated Bill Format – PIII (Annexure VI)	30
15. Sanction Memo/Disallowance Memo – PIV (Annexure VII)	31
16. Monthly Bills Summary – PV (Annexure VIII)	32
17. Patients/Attendant's satisfaction certificate – PVI (Annexure IX)	33
18. Patients/Attendant's satisfaction certificate (Hindi) - PVI (Annexure IX)	34
19. Statement of indoor ESIPatients – (Annexure X)	35

Important Instructions for Bidders regarding Online Payment

All bidders/contractors are required to procure Class-IIIB Digital Signature Certificate (DSC) with both DSC Components i.e. signing & Encryption to participate in the E-Tenders.

Bidders should get registered at <https://esictenders.eproc.in>.

Bidders should add the below mentioned sites under Internet Explorer → Tools → Internet Options → Security → Trusted Site → Sites of Internet Explorer Trusted Sites

<https://esictenders.eproc.in>

<https://www.tpsl-india.in>

<https://www4.ipg-online.com>

Also, Bidders need to select “Use TLS 1.1 and Use TLS 1.2” under Internet Explorer → Tools → Internet Options → Advanced → Security.

Bidder needs to submit Bid Processing Fee charges of Rs. 2495/- (non-refundable) in favor of M/s. C1 India Pvt. Ltd., payable at New Delhi via Online Payment Modes such as Debit Card, Credit Card or Net Banking for participating in the Tender.

Bidders can contact our Helpdesk at <https://esictenders.eproc.in/html/Support.asp>.

E-TENDER SCHEDULE

Name of the e-Tender:-Secondary Care Services for ESIC beneficiaries, Staff Members& Pensioners for ESIC Model Hospital, Basaidarapur, Ring Road, New Delhi-110015.

S.NO	Details	Dates & Times
1	Period of availability of E-tender enquiry documentation ESIC website www.esic.nic.in and e-procurement portal https://esictenders.eproc.in	Up to 19.12.2018 at 11.00 AM
2	Last date of online & manual bid submission	19.12.2018 at 11.00 AM
3	Opening of online Technical bid and cover marked EOI FOR EMPANELMENT FOR HOSPITALS FOR SECONDARY CARE TREATMENT'	19.12.2018 at 11.30 PM
4	Validity of Offer	180 days

If the date of opening of tenders is declared a public holiday, the tenders will be opened on the next working day at the same venue and time.

All tenderers are requested to check further notifications/updates if any on ESIC website – www.esic.nic.in, & ESIC e-procurement portal <https://esictenders.eproc.in> to safeguard their own interest.

Notwithstanding this, evaluation & finalization of Tender will be based on E-bid submitted by the tenderer. It will be the sole responsibility of the tenderer to scan and upload clear and legible documents for assessment failing which the tender will be liable for rejection.



**OFFICE OF THE MEDICAL SUPERINTENDENT
EMPLOYEES' STATE INSURANCE HOSPITAL
BASAIDARAPUR:RING ROAD:NEW DELHI
E-mail id:ms-basaidarapur.dl@esic.nic.in**

**NOTICE INVITING EXPRESSION OF INTEREST (EOI) EMPANELMENT OF
INSTITUTIONS FOR PROVIDING "SECONDARY CARE TREATMENT FOR ESI
HOSPITAL, BASAIDARAPUR, RING ROAD NEW DELHI**

Medical Superintendent, ESI Hospital, Basaidarapur, Ring Road, New Delhi intends to enter into Tie-up arrangement with reputed Hospitals to provide Secondary Care Treatment on Cashless basis to the Beneficiaries of ESIC as per CGHS/ESIC/AIIMS, New Delhi Rates for Terms and Conditions and other details please visit <https://esictenders.eproc.in> & <http://www.esic.nic.in>. The last date for submission of the EOI is **19.12.2018 upto 11:00 AM**. EMD along with covering letter in sealed envelope complete in all respects should reach the Office of the Medical Superintendent ESI Hospital, Basaidarapur, Ring Road, New Delhi-110015 as per schedule given below, with subject line reading 'EOI FOR EMPANELMENT FOR HOSPITALS FOR SECONDARY CARE'.

Last date for receipt of EOI	Place of submission of EOI forms
Up to 19/12/2018 at 11:00 A.M.	O/o Medical Superintendent ESI Hospital, Basaidarapur, Ring Road, New Delhi-110015

Request for proposal received after the scheduled date and time (by hand/ post/through mail/fax) or without the prescribed fee shall be summarily rejected.

**MEDICAL SUPERINTENDENT
ESI HOSPITAL BASAIDARAPUR
RING ROAD NEW DELHI-110015.**

APPLICATION FORM

(For empanelment of Hospitals for secondary care treatment)

To

The Medical Superintendent,
ESI Hospital Basaidarapur, Ring Road,
New Delhi-110015

**Sub: Expression of Interest (EOI) for Empanelment for Secondary care treatment services at
ESI hospital Basaidarapur, Ring Road, New Delhi**
Sir,

In reference to your advertisement in the newspaper / website dated, I/ We wish to offer secondary care treatment services for ESI Beneficiaries on cashless basis.

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

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

Place:

Date:



**OFFICE OF THE MEDICAL SUPERINTENDENT
EMPLOYEES' STATE INSURANCE HOSPITAL
BASAIDARAPUR: RING ROAD: NEW DELHI
E-mail id: ms-basaidarapur.dl@esic.nic.in**

DM(H)A-12/18/1/SST/Empanelment File/2010

Date : 26/11/ 2018.

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

Medical Superintendent, ESI Hospital, Basaidarapur, Ring Road, New Delhi invites Expression of Interest (EOI) from Government / Semi-Govt. / CGHS approved / Private Hospitals in sealed envelope for Empanelment for Secondary Care Treatment Services for ESI beneficiaries, ESI Hospital, Basaidarapur, Ring Road, New Delhi on cashless basis. The services are to be provided at CGHS Rates (available on its website) / ESIC / AIIMS, New Delhi rates, terms, conditions & guidelines. The applicant can download Expression of Interest documents comprising of Application Form along with Instructions for Service Provider, General & Special Conditions of Contract etc. from the website at www.esic.nic.in or <https://esictenders.eproc.in>, EMD along with covering letter in sealed envelope complete in all respects should reach the Office of Medical Superintendent, ESI Hospital, Basaidarapur Ring Road, New Delhi with subject line reading 'EOI FOR EMPANELMENT FOR HOSPITALS FOR SECONDARY CARE TREATMENT'.

**(MEDICAL SUPERINTENDENT)
ESI HOSPITAL BASAIDARAPUR;
RING ROAD, NEW DELHI-110015**

INSTRUCTIONS TO SERVICE PROVIDERS

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

- 1. Document Acceptance**-EMD along with covering letter may be sent to the Medical Superintendent, ESI Hospital, Basaidarapur, Ring Road, New Delhi with subject line reading **‘EOI FOR EMPANELMENT FOR HOSPITALS FOR SECONDARY CARE TREATMENT’**.

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

2. Submission of Request for Proposal (online) -

- a. Please ensure that application form with Annexure I(A & B), II(A&B) & III is submitted with each page signed by the Proprietor / Partner / Director / Legally Authorized Person (due authorization to be enclosed).
- b. Request for proposal will be rejected outright if any technical condition is not fulfilled.
- c. Attested photocopy of necessary certificates (as per Annexure I) should be attached with the Request for Proposal. Hospitals will be informed about date and time of inspection if required by a duly Constituted Committee on the address given in Document Form.

- 3. Condition for Empanelment** - Only those applications will be considered for empanelment that fulfill all technical conditions along with satisfactory report of Inspection Committee.

- i. Rates of packages and procedures should be as per CGHS RATES of Delhi/ ESIC rates/AIIMS rates will be applicable where CGHS package rates are not available.
- ii. Under no circumstances shall the rates charged by the Empanelled Hospital be more than the rates charged by the Hospital from any private placed person or entity.
- iii. Hospitals are at liberty to apply for any number of specialties as per Annexure II(A)
- iv. Each bidder shall have to deposit an amount of Rs. 2.00 Lakh as EMD in form of account payee DD in favor of “ESIC Fund A/C No. 1 Payable at New Delhi” from any of the nationalized Bank having validity of three months.
- v. Successful bidder shall have to deposit an amount of Rs. 20 Lakh as Security money in the form of Bank Guarantee from any of the nationalized bank having validity of three years. The security amount will be refunded after completion of contract without any interest after settlement of all the dues.
- vi. Annexure–I(A&B), II(A&B) & III should be duly filled and signed.
- vii. The applications, if received, from the Institution which was de-empanelled by any ESIC/CGHS/any other Govt. Institution will not be taken into consideration for one year from date of de-empanelment. Those black listed by any ESIC/CGHS/any other Govt. Institute will not be taken into consideration for 3 years.
- viii. Hospitals already empanelled with CGHS/ State Government/approved or empanelled by Central Public Sector Units would be given priority for empanelment.
- ix. Hospital accredited by NABH / NABL would be preferred for empanelment with ESIC.

An agreement on stamp paper of **Rs.100/-** shall be signed after finalization of tender, physical verification of records & visit of the Institution. Incidental charges related to the agreement shall be borne by the Empanelled Hospital. Agreement will be effective w.e.f. date of signing of the agreement by the ESIC Authority.

GENERAL CONDITIONS OF CONTRACT (GCC)

1. Minimum Requirement of Hospital/Empanelled Centre

A. Basic Requirements:-

- i. Institution should have at least 100 beds. However, bed strength can be 50 (in case of empanelment for single specialty/specialty such as exclusive Eye Care/Dialysis/Nephrology/Oncology/Cardiology etc.
- ii. Hospitals applying for secondary care treatment facilities must satisfy the following conditions:
General purpose hospital providing specialty treatment/investigation facilities having 100 or more inpatient medical beds (**excluding ICU beds**) in the following specialties:
 - General Medicine
 - General Surgery
 - Pediatrics
 - Ophthalmology
 - Imaging and in-house diagnostic facilities
 - Blood Bank
 - Intensive Care Unit
 - 24 hours emergency services
 - Provision for dietary services to the patients.
- iii. Audited statement of last Financial year (2017 -18)
- iv. The hospital should have been operational for at least one full financial year.
- v. Valid State registration certificate / registration with local bodies.
- vi. Valid Fire clearance certificate.
- vii. Valid Compliance with all statutory requirements including waste management.
- viii. Valid Registration under PNDDT Act for empanelment of Ultrasonography.
- ix. Valid AERB approval for Tie-up for Radiological investigations/ Radiotherapy.
- x. The hospital should have the capacity to submit all the claims / bills in electronic format to the ESIC System and must also have dedicated equipment, software and connectivity for such electronic submission.
- xi. The empanelled hospital must be willing to get their bills processed by BPA module and to give the prescribed processing fee etc. as described and updated through the SOPs issued by the ESIC HQ time to time as intimated by Medical Superintendent, ESIC Model Hospital, Basaidarapur, Ring Road, New Delhi.
- xii. Annual turnover should be at least Rs.20 Crores per annum.

- B.** The empanelled centers for ESI Beneficiaries will also provide cashless Medical Treatment to the ESIC Staff as per their entitlement- private/ Semi-private/Economic/Genl. Ward(Serving &Retired)duly referred by the competent authority. Bills of such cases will also be submitted to the Office of the referring authority within 07 days of discharge/ investigations of the patient.

2. TERMS AND CONDITIONS RELATED TO PACKAGES AND RATES:

- A)** Package rate shall mean and include lump sum cost of in-patient treatment / day care / diagnostic procedure for which the referred ESI Beneficiary/ ESIC Staff/Pensioner has been permitted by the Competent Authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to)-

- a. Registration Charge
- b. Admission Charges
- c. Accommodation charges including patient's diet
- d. Operation Charges
- e. Injection Charges
- f. Dressing Charges
- g. Doctor / Consultant visit charges
- h. ICU / ICCU charges
- i. Monitoring Charges
- j. Transfusion Charges
- k. Anesthesia Charges
- l. Operation Theatre Charges
- m. Procedural Charges / Surgeon's Fees.
- n. Cost of surgical disposables and all sundries used during hospitalization
- o. Cost of Medicines
- p. All other related routine and essential investigations
- q. Physiotherapy
- r. Care Charges for its services and all other incidental charges related thereto.
- s. Nursing

- B)** Certain discounts on Drugs / Treatment / Procedures / Devices have been finalized. These are as under:

- a. Procedure for which package under CGHS/AIIMS/ESIC Rates not available- **15% discount on hospital rates** or as per guidelines issued by the ESI Corporation from time to time.
- b. For devices/stents etc. not described under CGHS Rules- **15% discount on MRP** (Maximum Retail Price) or as per guidelines issued by the ESI Corporation from time to time.
- c. For drugs not available in the CGHS / ESIC package / procedure- minimum of **10% discount on the MRP.**

- C)** In case of emergency, ESI patient may be admitted even for the specialty/procedure / investigation for which the Hospital / Diagnostic Centre is not empanelled. In such cases the Hospital/Diagnostic Centre shall charge according to CGHS/AIIMS/ESIC approved rates for the procedure / investigations. If no such rates are available then there shall be a discount of 15 % on normal scheduled rates of the hospital. The empanelled hospital will not refuse to treat any ESI patient in case of emergency in any specialty which is available in hospital whether empanelled or not for the same.
- D)** Cost of implant / stents / grafts is reimbursable in addition to package rates as per CGHS / ESIC ceiling rates and guidelines for implant.
- E)** Expenses on toiletries, cosmetics, telephone bills etc. are not reimbursable.
- F)** Package rates envisaged duration of indoor treatment as follows -
- i. Upto 12 Days: for Specialized treatment
 - ii. Upto 7 Days: for Major Surgeries
 - iii. Upto 3 Days: for Laparoscopic Surgeries/normal Deliveries
 - iv. 1 Day: for day care/Minor OPD surgeries.
- G)** Increased duration of indoor treatment due to infection/ consequences of surgical procedure/ due to any improper procedure and if not justified will not be allowed and expenses incurred thereon will be restricted to the applicable package rate.
- H)** The Extended stay i.e. more than the period covered in package rate, in exceptional justifiable cases, supported by relevant documents and medical records and certified as such by hospital may be allowed and the additional reimbursement shall be limited to accommodation charges as per entitlement, investigation charges at approved rates, and doctors visit charges (two visits/day) and cost of medicine/drugs for additional stay. However, approval for extended stay from the referring authority is required. The letter of approval must be attached with the bill while sending it for payment.
- I)** The ESI Beneficiaries are entitled for General Ward Category only and the CGHS rates of General Ward category are applicable.
- J)** The CGHS rate shall be charged from ESIC pensioners/staff members on production of Medical Card in case they approach directly without referral letter.
- NOTE:** - By ESIC beneficiaries is meant ESI Insured Persons, ESIC staff, Pensioners & their families as per rules.
- K) DISCOUNTS:** Any discount on CGHS/ESIC Package for Surgeries etc. to be mentioned.
- L)** The maximum room rent for different categories at present would be:
- a. General ward/ Economy ward Rs. 1000/- per day
 - b. Semi-private ward Rs. 2000/- per day
 - (i) Charges for Semi-private wards will be admissible on specific referral for the same as approved by the Competent Authority.
 - c. Private ward Rs. 3000/- per day
 - (i) Charges for Private wards will be admissible on specific referral for the same as approved by the Competent Authority

- d. Room rent is applicable only for treatment procedures for which there is no specific CGHS prescribed package rate is available. Room rent will include charges for accommodation, diet for the patient, charges for water and electricity supply, linen charges, nursing and routine upkeeping.
 - e. During the treatment in ICU / ICCU, no separate room rent will be admissible.
- M).** A day wise roster may be prepared for the referral of patients to different tie-up hospitals. The Centre/ hospital should abide by the roster and accept the patient on whichever day they are sent. In case the Centre/Hospital does not accept ESIC patients for two consecutive weeks, it should state the reasons/ reason for non-acceptance. If non acceptance of ESIC patients continues for 4 (four) consecutive weeks, then the centre is liable to be depanelled.
- N).** The Hospital/ centre must provide Tel No. of the person who should be contacted for facilitating emergency referral of ESIC patients.

3. PROCEDURE FOR REFERRAL

A. Directions / Instructions for Tie-up Hospitals:

The tie-up hospital will honor the referral letter issued by ESI Hospitals and will provide medical care on priority basis. The tie-up hospital will provide medical care as specified in the referral letter. No payment will be made to tie-up hospitals for treatment/procedure/ investigations which are not mentioned in the referral letter. If the tie-up hospitals feel necessity of carrying out any additional treatment / procedure / investigation in order to carry out the procedure for which patient was referred, the permission for the same is essentially required from the referring authority either through hard copy or e-mail. **The tie-up hospitals will not charge any money from the patient / attendant referred by ESI System for any treatment / procedure / investigation carried out. If it is reported that the tie-up hospital has charged money from the patient then the concerned tie-up hospital may attract action as deemed fit.** All the drugs / dressings used during the treatment of the patient requiring reimbursement should be of generic nature. All the drugs / dressings used by the tie-up hospital requiring reimbursements should be approved under FDA/IP/BP/USP pharmacopeia or DGESIC Rate Contract. Any drug/dressings not covered under any of the above mentioned pharmacopeia will not be reimbursed. Food supplement will not be reimbursed.

- i. It shall be mandatory for the tie-up hospital to send a report online to the referring authority concerned on the same day or the very next working day on receipt of referral, giving details of the case, their specific opinion about the treatment to be given and estimates of treatment.
- ii. The tie-up hospitals shall raise the bills on their hospital letter head with address and e-mail / fax number of the hospital, as per the P-II & P-III format enclosed in **Annexure V & Annexure VI**. The tie-up hospital shall raise the bills with supporting documents as listed in P-II & P-III duly

signed by the authorized signatory. The specimen signatures of the authorized signatory duly certified by Competent Authority of the tie-up hospital shall be submitted to Medical Superintendent, ESI Hospital, Basaidarapur, Ring Road, New Delhi. The bills which are not signed by the authorized signatory and are incomplete or not as per the format will not be processed and shall be returned to the concerned tie-up hospital. Any change in the authorized signatory shall be promptly intimated to the Medical Superintendent, ESI Hospital, Basaidarapur, Ring Road, New Delhi.

- iii. The Tie-up Hospitals will send the Bill summary by e-mail to Medical Superintendent, ESI Hospital, Basaidarapur, Ring Road, New Delhi and the concerned referral authority at the time of discharge of patients.
- iv. Referral back information should reach before 12.00 Noon i.e. before the next billing cycle and the patients should reach before 12.00 Noon.

4. INDEMNITY:

The Hospital shall at all times, indemnify and keep indemnified ESIC against all actions, suits, claims and/or demands brought or made against anything done or purported to have been done by the Hospital in execution of or in connection with the services under this Agreement and against any loss or damage to ESIC in consequence to any action or suit being brought against ESIC, along with (or otherwise), Hospital as a party for anything done or purported to be done in the course of the execution of this Agreement. The Hospital will at all times abide by the job safety measures and other statutory requirements prevalent in India and will keep free and indemnify ESIC from all demands or responsibilities arising from accidents or loss of life, if any, the cause or result of which is attributable to the Hospital's negligence or misconduct and / or other action. The Hospital will pay all the indemnities arising from such incidents without any extra cost to ESIC and will not hold the ESIC responsible or obligated. ESIC may at its discretion and shall always be entirely at the cost of the tie-up Hospital defend such suit, either jointly with the tie-up Hospital or separately in case the latter chooses not to defend the case.

5. ARBITRATION:

If any dispute or difference of any kind what so ever (the decision whereof is not being otherwise provided for) shall arise between the ESIC and the Empanelled Center upon or in relation to or in connection with or arising out of the Agreement, shall be referred to for arbitration by the Medical Superintendent, ESIH Basaidarapur, New Delhi who will give written award of his decision to the Parties. Arbitrator will be appointed by the Medical Superintendent, ESIH Basaidarapur, New Delhi. The decision of the Arbitrator will be final and binding. The provision of Arbitration and Conciliation Act, 1996 shall apply to the arbitration proceedings. The venue of the arbitration proceedings shall be at office of the Medical Superintendent, ESIH Basaidarapur, New Delhi. Any legal dispute will be settled in Delhi Jurisdiction only.

6. MISCELLANEOUS:-

- a. The applicant or his representative should be available / approachable over phone and otherwise on all the days.
- b. In emergencies, the Centre should be prepared to inform the reports over the telephone/e-mail.
- c. Duly constituted Committee members may visit the hospital at any time either before entering into contract or at any time during the period of contract.
- d. The applicant shall be prepared to explain / demonstrate to the queries of the Committee members.
- e. Nothing under this Agreement shall be construed as establishing or creating between the Parties any relationship of Master and Servant or Principle and Agent between the ESIC and Empanelled Center.
- f. The Empanelled Hospital / Center shall not represent or hold itself out as an agent of the ESIC. The ESIC will not be responsible in any way for any negligence or misconduct of the Empanelled Center and its employees for any accident, injury or damage sustained or suffered by any ESIC beneficiary or any third party resulting from or by any operation conducted by and behalf of the Hospital or in the course of doing its work or perform their duties under this Agreement or otherwise.
- g. The Empanelled Hospital / Center shall notify the ESIC of any material change in their status and their shareholdings or that of any Guarantor of the Empanelled Hospital / Center in particular where such change would have an impact in the performance of obligation under this Agreement.
- h. This Agreement can be modified or altered only on written Agreement signed by both the parties.
- i. Should the Empanelled Hospital / Centre wind up or partnership is dissolved, the ESIC shall have the right to terminate the Agreement. The termination of Agreement shall not relieve the Empanelled Hospital / Center or their heirs and legal representatives from their liability in respect of the services provided by the Empanelled Center during the period when the Agreement was in force. The Empanelled Center shall bear all expenses incidental to the preparation and stamping of this Agreement.

7. NOTICES:

- i. Any notice given by one Party to other pursuant to this Agreement shall be sent to other party in writing by Registered Post at the official addressee given in Request for Proposal (RFP) form.
- ii. A notice shall be effective when served or on the notice's effective date, whichever is later. Registered communication shall be deemed to have been served even if it returned with the remarks like refused, left, premises locked etc.

Medical Superintendent, ESI Hospital, Basaidarapur, Ring Road, New Delhi reserves the right to accept or reject any request for proposal without assigning any reason, thereof.

SPECIAL CONDITIONS OF CONTRACT

1. The empanelled Hospital shall honour permission letter issued by Medical Superintendent, ESI Hospital, Basaidarapur, Ring Road, New Delhi or by an **Authority authorized** by him / her and shall provide treatment / investigation, facilities as prescribed in permission letter.
2. The hospital shall provide treatment / investigation on cashless basis to the Insured Person / Women and dependent family members / ESIC Staff (serving and retired). Asking for payment from ESI Beneficiaries or charging directly to them for Services provided would be treated as breach of agreement and would be dealt accordingly which may include forfeiture of Performance Security.
3. If one or more minor procedures form part of a major treatment procedure then package charges would be permissible for major procedure and only 50% of charges for minor procedures.
4. Any legal liability arising out of such services shall be the sole responsibility of the tie-up/empanelled hospital (2nd party) and shall be dealt with by the concerned empanelled hospital. Services will be provided by the hospital as per the terms of agreement.
5. Cashless secondary medical care shall be provided to only those ESI beneficiaries who have been referred to 'Tie-up' hospitals following the procedure mentioned earlier. Patients going to tie-up hospitals without being referred as such by the ESI system shall not be eligible for cashless services. They may be provided secondary care treatment services on reimbursement basis in case it is found to be a life threatening emergency and the condition of the patient would have severely deteriorated had he gone to Hospital for treatment. (This is as per the prevailing practice in Armed Forces Medical Services and Railways Medical Services.) The reimbursement is subject to above conditions and the reimbursement shall be restricted to CGHS package rates or actual expenses whichever is lower.
6. During the Inpatient treatment of ESI beneficiary, the empanelled Hospital/Centre will not ask the attendant to provide separately the medicine / sundries / equipment or accessories from outside and will provide the treatment within the package rates, fixed by the CGHS which includes the cost of all the items.
7. In case of any natural disaster/epidemic, the hospital shall have to fully cooperate with the ESIC and will convey / reveal all the required information, apart from providing treatment to the ESI beneficiary patient only for the condition for which they are referred with permission, and in the specialty and / or for purpose for which they are approved by ESIC. In case of unforeseen emergencies of these patients during admission for approved purpose / procedure, necessary life saving measures may be taken and concerned authorities may be informed accordingly afterwards with justification for approval

8. **The tie up hospital will not refer the patient to other specialist/other hospital without prior permission of ESIC authorities/ authorized officer.**

9. **Feedback/Patient Satisfaction as per Annexure IX duly signed by admitted/referred patient/attendant must be attached along with the bills, failing which bills will not be processed and will be returned.**

10. PAYMENT SCHEDULE:

The empanelled hospitals will send hard copy of the bills along with necessary supportive documents to the Medical Superintendent, ESI Hospital, Basaidarapur, Ring Road, New Delhi as soon as but not later than 7 days after discharge / investigation of patient for further necessary action. The bills received after 7 days will not be entertained. **The empanelled hospital must be willing to get their bills processed by BPA module** and to give the prescribed processing fee etc. as described and updated through the SOPs issued by ESIC Hqrs. office on time to time basis as intimated by Medical Superintendent, ESI Hospital, Basaidarapur, Ring Road, New Delhi.

1. Dully filled Billing format as per P-II mentioning hospital bill number.
2. Dully filled Billing format as per P-III
3. Referral letter – Original (as per format P-I)
4. Discharge Card –Original
5. Patient Satisfaction form as per format P-VI
6. For prolonged stay – Justification letter from treating doctor
7. Original Cash Memo/Receipts of medicines with FDA license no. and VAT/TIN no. signed by treating doctor/hospital authority and pharmacist along with original prescriptions of treating doctor.
8. Pharmacy bills summary

S.NO	Date	Invoice No.	No. used	MRP	Total Cost.
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9. Laboratory investigations summary

S.NO.	Date	CGHS Code	Lab. Investigation	Amt. as per CGHS
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10. Original laboratory investigations report signed by pathologist.

11. Radiology/ECG investigations summary mentioned as below

S.NO.	Date	CGHS Code	Radio. Investigation	Amt. as per CGHS
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12. Original Radiology/ECG investigations report along with x-ray/ CT/MRI films signed by Radiologist/authorized person.
13. Implant/IOL/Stents original stickers (Matching serial number as mentioned in invoice attested by treating doctor).
14. Implant/IOL original invoice with VAT/TIN no. to be attested by treating doctor/ Hospital authority)
15. Copy of IPD paper, Operative notes, Drug Chart, TPR chart attested by treating doctor/ Hospital authority)

16. Wrappers of Costly medicine having unit cost more than **Rs.4000/-** with matching Batch no. as in Invoice.
17. Document in favour of permission taken for additional procedure/treatment or investigation.
18. The CD of procedure e.g. Coronary Angiography is required with each and every bill if it is done.
19. If any operative procedure done, detailed OT notes.

TDS will be deducted as per Income Tax Rules, for which PAN / TAN shall be provided by Empanelled Hospital / Centre.

11. DUTIES & RESPONSIBILITIES OF EMPANELLED HOSPITALS/CENTRES:

It shall be the duty and responsibility of the hospital at all times, to obtain, maintain and sustain the valid registration and high quality and standard of its services and healthcare and to have all statutory / mandatory licenses, permits or approvals of the concerned authorities as per the existing laws.

Display board regarding cashless facility for ESI beneficiary will be required. The ESI patient must be entertained without any queue / wait.

12. DURATION

The agreement shall remain in force for a period of **one year** and may be extended for **subsequent period** (if satisfactory services are rendered to our ESI beneficiaries) at the sole discretion of the Medical Superintendent, ESI Hospital, Basaidarapur subject to fulfillment of all terms and conditions of this agreement and with mutual consent. Agreement would be signed on Stamp paper of appropriate value before starting the services. Cost of stamp paper and incidental charges related to agreement shall be borne by the Empanelled centre. Agreement will be effective from the date of signing of the agreement. The renewal is not by right but will be at the sole discretion of Medical Superintendent, ESI Hospital, Basaidarapur, Ring Road, New Delhi. If **applying for renewal** the request letter should reach Medical Superintendent, ESI Hospital, Basaidarapur, Ring Road, New Delhi three months prior to the date of expiry of empanelment.

Medical Superintendent ESIC Model Hospital has the right/ reserves the right to terminate the agreement at a short notice period of (01) month without assigning any reason thereof.

13. LIQUIDATED DAMAGES:

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

14. TERMINATION FOR DEFAULT:

The Medical Superintendent, ESI Hospital, Basaidarapur, Ring Road, New Delhimay, without prejudice to any other remedy or recourse, terminate the contract in the following circumstances -

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

15. NOTICE BEFORE TERMINATION OF AGREEMENT/EMPANELLEMENT BY THE HOSPITAL/DIAGNOSTICSCENTRE:

The empanelled Hospital / Centre will not terminate the agreement without giving a notice of minimum 3 months, failing which appropriate action as deemed fit and proper; including withholding of any payment due to them may be taken. No appeal against such decision will lie with any authority.

16. PENALTY CLAUSE:

- (A) Patient can't be denied treatment on the pretext of non-availability of beds / Specialists. In such circumstances treatment may be arranged from other hospitals of similar standard at the cost of empanelled hospital with prior approval Medical Superintendent, ESI Hospital, Basaidarapur, Ring Road, New Delhi.
- (B) In case of premature termination of contract/agreement by the empanelled centre without due notice they will have to deposit **Rs.2,00,000/- (Rupees Two Lakh)** as penalty to Medical Superintendent, ESI Hospital, Basaidarapur, Ring Road, New Delhi. Affidavit on non-judicial stamp paper of appropriate value for the same to be given at the time of agreement. If Hospital / Center does not deposit money forthwith the same will be deducted from security money / incoming or pending bills.

ANNEXURE-I (A)**Information about the Hospital/ Centre**

(To be submitted duly filled along with supporting documents along with the application form for Secondary Care Treatment Services)

1. Name of the Hospital				
2. Registered Address of the Nursing Home/Hospital/Clinic				
3. Contact Number				
4. Email id				
5. Registration Number of the Nursing Home/Hospital/Clinic	Name of Issuing Body	Reg No	Bed strength	Valid upto
	Number of ICU Beds		Number of Operation Theatres	
6. Biomedical Waste Management	Name of Issuing Body	Bed as per Reg. Certificate		Valid upto
7. Fire NOC/Clearance Certificate	Name of Issuing Body		Valid upto	
8. AERB/PNDT Certificate	Name of Issuing Body		Valid upto	
9. Type of Firm(Tick ✓ wherever applicable & attach documentary proof)				
Public Ltd		Partnership		
Private Ltd		Society		
Proprietorship		Others (Please Specify)		
10. PAN number of the Hospital/Owner(Attach self attested copy of PAN card)				

11. TAN/CST/VAT/GSTnumber (Attach self attested copy)			
12. Key Person Details (Owner/Proprietor/Partners/Directors)			
Name & Designation		Contact Number	
13. Details of Authorized Person/Nodal officer (attach authority letter)			
Name & Designation		Email id	Contact No.
14. Name of Existing Organization with whom the Hospital is empanelled (attached relevant valid documents)		Name	E-mail Phone No.
15. NABH Accredited (if yes attach certificate)		Yes/ No	
16. Empanelled with		4/N (drop down)	
• CGHS			
• State Govt			
• Central Govt			
• PSU			
17. Bank Details (Attach Cancelled Cheque)			
Name of Bank			
Name of Account Holder			
Account Number			
IFSC			
MICR			
18. Details of the Specialist Doctors-Full Time/Part Time (Attach separate sheet signed by the authorized person)			
Name of the Specialist		Specialty	Registration Number(Attach self attested PG Degree certificate)

Date:

Place:

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

Note1: Enclosures should be attached in the order as per the information given above.

Note2:

Technical evaluation of the Hospital/diagnostic centers shall be based on information provided by them on the above mentioned points and they shall mandatorily provide documentary proof for the same. No future correspondence shall be entertained in this regard. An Inspection committee will visit these Hospitals/Diagnostics Centers for inspection if recommended by the Evaluation Committee

constituted for the evaluation of proposals.

ANNEXURE-I(B)

Documents to be uploaded online in following order:-

	Documents to be uploaded in following order	(Yes/No)
a.	Copy of Valid Nursing Home registration Certificate	
b.	Copy of Valid Biomedical Waste Management Certificate	
c.	Copy of Valid Fire NOC/Fire clearance Certificate	
d.	Copy of PAN card	
e.	Copy of Cancelled Cheque of the Hospital	
f.	Copy of Valid NABH/NABL certificate	
g.	Copy of Valid empanelment letter with CGHS/State Govt./Central Govt./PSU	
h.	Copy of Tan/VAT/CST/GST Certificate	
i.	Memorandum of Association and Articles of Association- Booklet (Public/Pvt. Ltd)	
j.	Proprietary Registration Certificate- Notarized (Proprietorship)	
k.	Partnership deed-Notarized (Partnership)	
l.	Society Registration Act Certificate - Notarized (Society)	
m.	Self attested copy of audited Balance Sheet along with annual turn over details should be attached of last financial year.	
n.	List of available major equipments needed for specialty treatment i.e. name and year of manufacturing/installation (Separate sheet to be attached).	
o.	Daily and monthly number of patients specialty wise (separate sheet to be attached)	
p	Self attested copy of PG degree certificate of all Specialist (Full Time/Part Time) attached with the Hospital	

Date:

Place:

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

Note1: Enclosures should be attached in the order as per the information given above.

Note2:

Technical evaluation of the Hospital/diagnostic centers shall be based on information provided by them on the above mentioned points and they shall mandatorily provide documentary proof for the same. No future correspondence shall be entertained in this regard. An Inspection committee will visit these Hospitals/Diagnostics Centers for inspection if recommended by the Evaluation Committee constituted for the evaluation of proposals

ANNEXURE-II(A)

Specialties for Empanelment

(Tick the specialties in which empanelment are desired by Hospital/centre)

Name of the Hospital:- _____

Specialty Treatment:

Sr.No	Specialty	Yes/No
1	ICU Care	
2	PICU Care	
3	General Medicine	
4	General Surgery	
5	NICU Care	
6	Pediatrics	
7	Ophthalmology (Only)	
8	Blood Bank	
9	Others	

Date:

Place:

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

ANNEXURE-II(B)**Specialties for Empanelment**

(Tick the specialties available in the by Hospital/centre)

Name of the Hospital:

Specialty Treatment:

S.No	Specialty	Yes/No
1	ICU Care + Cardiology back-up	
2	ICU Care + Haemodialysis facilities(round the clock)	
3	ICU Care +Neurologist back-up	
4	ICU Care + Neuro-surgical procedure	
5	ICU Care +Gastroenterology back-up	
6	ICU Care facilities for patients of SARS or other similar contagious diseases	
7	ICU Care + Plasmapheresis facility	
8	ICU Care + Urology	

Date:

Place:

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

UNDERTAKING

I/We _____ (Name of proprietor/Owner/Legally authorized signatory) have carefully gone through and understood the contents of the Document form and I/We undertake to abide myself/ourselves by all the terms and conditions set forth. I/We are legally bound to provide services to ESIC Beneficiaries as per rates/terms and conditions of _____ Tender documents failing which **The Medical Superintendent, ESIH Basaidarapur, New Delhi** is liable to take action as deemed fit. I / We undertake to provide uninterrupted services or alternative arrangement will be made at the risk of our institute.

I/We have gone through the CGHS rates, terms and conditions _____ (available on _____ the CGHS website) and ESIC rates, & **terms & conditions of ESI Corporation (available on ESIC website www.esic.nic.in)** AIIMS, New Delhi rates. I/We undertake that the information submitted along with document and ANNEXURE I & II is correct and also fully understand that in case of default security money will be forfeited.

I / We certify herewith that my/our empanelled / Hospital / diagnostic centre has never been de-empanelled / black listed by ESIC / CGHS or any other Govt. Institution / PSUs in the last three years.

Dated
Place:

Signatures Name
(With seal/rubberstamp)

(P-I)
Referral Form (Permission letter)

ReferralNo:

Insurance No/StaffCardNo/
Pensioner Card No:

Photograph of the Patient (optional)

Age/Sex:

F/M/S/D/Other

Name of the Patient:

Address/Contact No:

Identification marks (if any):

IP/Beneficiary/Staff:

Relationship with IP/Staff:

Entitled for Medical Benefit: Yes/No

Diagnosis/clinical opinion/case summary:

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

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

I voluntarily choose _____ Hospital for treatment of self or my _____

(Sign / Thumb Impression of IP / Beneficiary)

Referred to _____ Hospital/ Centre for _____

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

Date:

Sign & Stamp of Authorized Signatory

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 Referral Hospital:

- Referral hospital is instructed to perform only the procedure/treatment for which the patient has been referred to.
- In case of additional procedure/treatment/investigation is essentially required in order to treat the Patient for which he/she has been referred to, the permission for the same is essentially required from the referring hospital either through e-mail, fax or telephonically (to be confirmed in writing).
- The referred hospital has to raise the bill as per the agreement on the standard proforma along with supporting documents within 7 days of discharge of the patient giving account number and RTGS number etc.

Checklist for Referring Hospital

1. Duly filled & signed referral proforma.
2. Copy of Insurance Card/Photo I card of IP.
3. Referral recommendation of the specialist/concerned medical officer.
4. Copy of entitlement for Medical Benefit.
5. Reports of investigations and treatment already done.
6. One additional Photograph of the patient.

Signature of the Competent Authority

Performa-P11

To be used by Tie-up/empanelled hospital (for raising the bill)
Letterhead of Hospital with Address & Email/Fax/Tele-Fax Number

BILL NO-**Date of Submission:****Individual Case Format**

Name of the Patient:

Referral S.No.(Routine) /

Emergency/ through verified by SSMC/SMC: IMP

Age/Sex:

Address:

Contact No:

Insurance Number/Staff Card No/Pensioner:
Card no.

Date of referral:

Diagnosis:

Condition of the patient at discharge:

(For Package Rates)

Treatment/Procedure done/performed:

I. Existing in the package ratelist's

S.No	Chargeable procedure	CGHS Code Number and page No. (1)	Other, if not in page (1), prescribed code No. and page NO.	Rate	Amount claimed with date	Amount admitted (X)	Remarks

II. (Non-package Rates) for procedures done (not existing in the list of packagesrates)

Sr. No. with date	Chargeable Procedure	Amt. Claimed	Amount admitted With	Remarks(X)

III. Additional Procedure Done with rationale and documented permission

S.No	Chargeable procedure	CGSH code No. and page No.(1)	Other, if not in page (1), prescribed Code No. of	Rate	Amount claimed with dtre	Amount admitted (X)	Remarks(X)

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

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

Remarks

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

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

Sign/Thumb impression of patient with date

**Sign & Stamp of Authorized Signatory
With date (Hospital authority)**

(For Official use of ESIC)

Total Amt payable:

Date of payment:

Signature of Dealing Assistant

Signature of Superintendent

Signature of ESIC Competent Authority (MS/SMC/SSMC)

Checklist for raising bills

1. Dully filled Billing format as per P-II mentioning hospital billnumber.
2. Dully filled Billing format as per P-III
3. Referral letter – Original (as per format P-I)
4. IP Entitlement copy
5. E- Pehchan card copy
6. ID card copy of patient (e.g. Aadhar)
7. Dependency Certificate for Dependent parents.
8. Discharge Card – Original
9. Patient Satisfaction form as per format P-VI
10. For prolonged stay – Justification letter from treating doctor
11. Original Cash Memo/Receipts of medicines with license no. and VAT/TIN no. signed by treating doctor/hospital authority and pharmacist along with original prescriptions of treating doctor.
12. Pharmacy bill summary.

S.No.	Date	Invoice No.	Amount.
-------	------	-------------	---------

13. Laboratory investigations summary mentioned as below

S.No	Date	CGHS Code	Lab. Investigation	Amt. as per CGHS
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14. Original laboratory investigations report signed by pathologist.

15. Radiology/ECG investigations summary mentioned as below

S.No.	Date	CGHS Code	Radio Investigation	Amt. as per CGHS
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16. Original Radiology/ECG investigations report signed by Radiologist/authorized person.
17. Implant/IOL/Stents original stickers
18. Implant/IOL/Stents original invoice with VAT/TIN no. to be attested by treating doctor/Hospital authority)
19. Copy of case sheet, Operative notes, Drug Chart, TPR chart attested by treating doctor/Hospital authority)
20. Wrappers of Costly medicine having unit cost more than Rs. 4000/- with matching Batch no. as in Invoice.
21. Document in favour of permission taken for additional procedure/treatment or investigation.
22. The CD of procedure /X-ray film etc. is required with each and every bill if it is done

The bills to be sent to following address.

Medical Superintendent,
ESI Model Hospital, Basaidarapur,
Ring Road, New Delhi-110015.

ANNEXURE VI

To be used by Tie-up hospital (P-III) Letterhead of Hospital with Address & Email /Fax/Tele-fax Consolidated Bill Format

Bill No

Date of Submission.....

Bill Details (Summary)

Sr. No.	Name of	Ref. No.	Diag./Procedure Procedure for which referred	Procedure performed/ treatment	CGHS / other code with page NO. Nos/ NA	Other if not in CGHS	Amount claimed with date	Amount entitled with date	Remarks

Total Claim.

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

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.

Date:

**Signature of the Competent
Authority of Tie-up Hospital.**

Checklist

- 1 . Duly filled up consolidated proforma.
- 2 . Duly filled up Individual Patient Bill proforma.
- 3 . Discharge slip containing treatment summary & detailed treatment record
- 4 . Bill(s) of implants(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 SMC/SSMC 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 the Competent

Letterhead of Referring ESI Hospital (P-IV)
Sanction Memo/ Disallowance Memo

Name of referral Hospital (Tie-up Hospital)

Bill No

Bill Date.....

S. No/ Bill No.	Name of the Patient & Reference No.	Amount Claimed	Amount Sanctioned/ admitted	Reasons(s) for Disallowance	Remarks

Signature of theCompetent

ANNEXURE –VIII
Performa P-V

Letterhead of Tie-up Hospital with Address details
Monthly Bill Special Investigations For diagnosis centers / referral Hospitals

BillNo.....

Date of Submission.....

S.No	Name of patient with Insurance number	Date of reference	Investigation performed	CGHS/ other code number with page NO.	Charges not in package rate list	Amount claimed with date	Amount admitted (entitled) with date	Remarks disallowance with reasons

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

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

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

Date:

Signature of the Competent Authority of Tie-up Hospital

Checklist

1. Investigation Report of each individual/Pt.
2. Copy of Referral Document of each individual/Pt.
3. Serialization of individual bills as per the Sr. No. in the bill.

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

Signature of Account department with stamp.

Signature of Competent Authority

Date:

Proforma P-VI

PATIENT/ATTENDANT SATISFACTION CERTIFICATE (P-VI)

- 1 I am satisfied/ not satisfied with the treatment given to me/ my patient and with the behavior of the hospital staff.**
- 2 If not satisfied, the reason(s) thereof.**
- 3 It is stated that no money has been demanded/ charged from me/my relative during the stay at hospital.**

Name of IP: -

Insurance No: -

Staff no :-

Date of Admission:-

Date of Discharge:-

Sign/Thumb impression of patient/Attendant

Name:

Contact No:

रोगी/परिचर संतुष्टि प्रमाण पत्र (पी-VI)

मैं/मुझे मेरे रोगी को प्रदान किए गए उपचार और अस्पताल के स्टाफ के व्यवहार से संतुष्ट हूँ/नहीं हूँ। यदि संतुष्ट नहीं हूँ तो उसका कारण।

अस्पताल में ठहरने के दौरान मेरे/ मेरे संबंधी से कोई राशि की मांग/वसूली नहीं की गई है।

रोगी का विवरण :

नाम :

बीमा संख्या :

भर्ती की तिथि :

छुट्टी की तिथि :

रोगी/ परिचर के हस्ताक्षर/ अंगूठे का निशान

नाम

फोन न .

ANNEXURE-X

STATEMENT SHOWING DETAILS OF ESI INSURED PERSONS UNDER INDOOR TREATMENT

Name of Tie-up Hospital: _____

Date : ____/____/____

S N	Name Ins. No. & Date of appointment of I.P.	Admission Details			Diagnosis & Expected period of Indoor Treatment	Packaged/Non- packaged/Treatment
		For Treatment of	Date of Admission	Name of Patient & relation with IP		
1	2	3	4	5	6	7

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