

**EMPLOYEES STATE INSURANCE CORPORATION**



## **Expression of Interest for providing Secondary Care Treatment (including diagnostic) to ESI Beneficiaries.**

Date of issue: 17/01/2022

Last date of Submission of EOI: 02/02/2022 (03:30 PM)

<b>Contents</b>	<b>Page No</b>
1. Advertisement Notice	3
2. Application for empanelment (Application Form)	4
3. Detailed Notice	5
4. Instruction to the service provider (RFP Instructions)	6
5. General Conditions of Contract	8
6. Special Conditions of Contract	16
7. Information of Hospitals/ Centers (Annexure-I)	21
8. Documents to be submitted on the basis of type of firm	25
9. Specialties for empanelment (Annexure-II)	26
10. Undertaking (Annexure-III)	27
11. Referral Form -PI (Annexure-IV)	28
12. Form for raising bills –PII (Annexure-V)	30
13. Consolidated Bill Format –PIII (Annexure-VI)	33
14. Sanction Memo/Disallowance Memo –PIV (Annexure-VII)	34
15. Monthly Bills Summary –PV (Annexure-VIII)	35
16. Patient's/Attendant's satisfaction certificate - PVI (Annexure-IX)	36



**ESIC HOSPITAL KOLHAPUR,**  
**Behind Circuit house, Tarabai Park,**  
**Kolhapur 416003**  
**Tel No.: 0231-2527000**  
**E-mail id : [ms-kop.mh@esic.nic.in](mailto:ms-kop.mh@esic.nic.in)**

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**NOTICE INVITING EXPRESSION OF INTEREST (EOI)**  
**EMPANELMENT OF INSTITUTIONS FOR PROVIDING**  
**“SECONDARY CARE TREATMENT (INCLUDING DIAGNOSTIC)**  
**SERVICES” for ESIC Hospital Kolhapur**

*ESIC Hospital Kolhapur intends to enter into Tie-up arrangement with reputed Hospitals located within 15 km from ESIC Hospital Kolhapur only to provide Secondary Care Treatment (Including Diagnostic) on Cashless basis to the Beneficiaries of ESIC, referred by ESIC Hospital Kolhapur, Kolhapur as per CGHS PUNE / ESIC / AIIMS, New Delhi Rates. For Terms, conditions, guidelines and further details please visit [www.esic.nic.in/tenders.php](http://www.esic.nic.in/tenders.php).*

*The last date for submission of the EOI is **02/02/2022** upto **03:30 pm**. EOI (Application form with Annexure & Documents) in sealed envelope complete in all respects should reach the ESIC Hospital Kolhapur, Behind Circuit house, Tarabai Park, Kolhapur 416003 as per schedule given below, with subject line reading “EOI FOR EMPANELMENT FOR HOSPITALS FOR SECONDARY CARE (SPECIALITY) TREATMENT”.*

Last date of receipt of EOI	Place of submission of EOI forms
<b>02/02/2022</b> <b>Till 03:30 pm.</b>	<b>Office of Medical Superintendent, Employee State Insurance Corporation Hospital (ESIC Hospital) Kolhapur, Behind Circuit house, Tarabai Park, Kolhapur 416003</b>

**Request for proposal received after the scheduled date and time (either by hand or by post) or open request for proposal received though e-mail / fax shall be summarily rejected.**

**MEDICAL SUPERINTENDENT**  
**ESIC Hospital Kolhapur,**

## **APPLICATION FORM**

(For empanelment of Hospitals for secondary care treatment)

**To,**

**MEDICAL SUPERINTENDENT**  
**Employee State Insurance Corporation Hospital (ESIC Hospital),**  
**Behind Circuit house, Tarabai Park,**  
**Kolhapur-416003**

**Sub:**

**Expression of Interest (EOI) for Empanelment for Secondary care treatment (including diagnostic services to beneficiaries of ESIC, referred by ESIC Hospital Kolhapur.**

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, II & 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 :**

**Enclosures : Duly filled Annexure I,II, III & signed EOI.**

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**ESIC Hospital Kolhapur,  
Behind Circuit house, Tarabai Park,  
Kolhapur 416003  
Tel No.: 0231-2527000  
E-mail id : [ms-kop.mh@esic.nic.in](mailto:ms-kop.mh@esic.nic.in)**

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No :315/ESICH/KOP/Sec. Tie up/2018

Date : 18 / 01 /2021

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

Medical Superintendent ESIC Hospital Kolhapur, invites Expression of Interest (EOI) from Government / Semi-Govt. / CGHS approved / Private Hospitals of repute located within **15 km from ESIC Hospital Kolhapur only** in sealed envelope for Empanelment for Secondary Care Treatment (including diagnostic) Services for ESI beneficiaries on cashless basis. The services are to be provided at CGHS PUNE Rates (given on its website) / ESIC / AIIMS, New Delhi rates, terms, conditions & guidelines. The applicants shall have to download Expression of Interest documents comprising of Application Form along with Instruction to Service Provider, General Condition of Contract, Special Condition of Contract, Information about the Hospital / Diagnostics Centre, from the website at [www.esic.nic.in/tenders.php](http://www.esic.nic.in/tenders.php). EOI (Application form with Annexure & Documents) in sealed envelope complete in all respects should reach the office of Medical Superintendent ESIC Hospital, Behind Circuit house, Tarabai Park, Kolhapur-416003 with subject line reading “EOI FOR EMPANELMENT FOR HOSPITALS FOR SECONDARY CARE (SPECIALITY) TREATMENT” in 15 days i.e. till 02/02/2022 @ 03:30 PM

**MEDICAL SUPERINTENDENT  
ESIC Hospital Kolhapur,  
Kolhapur-416003**

## **INSTRUCTION TO SERVICE PROVIDERS**

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

### **1. Document Acceptance :**

Duly filled application with all annexure and required documents/certificates may be sent to the Office of Medical Superintendent, ESIC Hospital Kolhapur, Behind Circuit house, Tarabai Park, Kolhapur-416003 with subject line reading "**EOI FOR EMPANELMENT FOR HOSPITALS FOR SECONDARY CARE (SPECIALITY) TREATMENT**".

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

### **2. Submission of Request For Proposal :**

1. Please ensure that application form with Annexure I, II & III is submitted in with each page signed by the Proprietor / Partner / Director / Legally Authorized Person (Due authorization to be enclosed, in case of Authorized Person).
2. Request for proposal will be out rightly rejected if any technical condition is not fulfilled.
3. 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 fulfills all technical conditions along with satisfactory report of Inspection Committee.

- i. Rates of packages and procedures should be as per CGHS RATES of PUNE. ESIC rates/AIIMS rates will be applicable where CGHS PUNE package rates are not available.
- ii. Under no circumstances shall the rates charged by the Empaneled Hospital be more than the rates charged by the Hospital from any privately placed person or entity.
- iii. Hospitals are at liberty to apply for any number of specialties as per Annexure-II
- iv. Successful Hospital shall have to deposit a **security amount** of Rs. **Two Lakhs** in form of performance bank guarantee from any of the nationalized bank having **validity of three years**. The security amount will be refunded after termination / completion of contract without any interest after 3 months of settlement of all the dues.
- v. Annexure-I, II & III should be duly filled and signed.

- vi. The applications, if received, from the Institution which was de-empaneled by any ESIC/CGHS /Any other Govt. Institution will not be taken into consideration for one year from date of de-empanelment and those black listed by any ESIC/CGHS/Any other Govt. Institute will not be taken into consideration for 3 years.
- vii. **Hospitals already empaneled with CGHS/State Government/approved or empaneled by Central Public Sector Units would be given priority for empanelment; such Hospitals may be empaneled without inspection by ESIC.**  
Hospital accredited by NABH / NABL would be preferred for empanelment with ESIC.

An agreement on stamp paper of Rs.100/- shall be signed after finalizing verification / physical verification of records / Institution and incidental charges related to agreement shall be borne by the Empaneled 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/Empanled Centre**

#### **A. Basic Requirements: -**

- i. Bed strength is 30.
- ii. Hospitals already on the panel of CGHS/Central Govt./State Govt./RGJAY/PSU may be empaneled without inspection. (Attach copy of valid letter of empanelment with CGHS)
- iii. The other hospitals applying for secondary care treatment facilities must satisfy the following conditions:  
General purpose hospital providing specialty treatment / investigation facilities having 30 or more inpatients medical beds (excluding ICU beds) and in the following specialties:  
 I. General Medicine with ICU  
 II. General Surgery with ICU  
 III. Obstetrics and Gynecology  
 IV. Pediatrics  
 V. Orthopedics  
 VI. ENT  
 VII. Ophthalmology  
 VIII. Imaging and in-house diagnostic facilities  
 IX. Dental Specialty  
 X. Blood Bank  
 XI. Laboratory Investigation services including Microbiology and special investigations.  
 XII. IVF (In-Vitro Fertilization) & ICSI (Intracytoplasmic Sperm Injection)  
 XIII. ICU  
 XIV. NICU & PICU  
 XV. Psychiatry  
 XVI. Others (if any)

#### **Note:**

- a. However, conditions with regard to number of beds and number of specialties are relaxable, if there are no hospitals satisfying above mentioned conditions.
- b. In addition to the above, the hospital preferably has:
  - I. Intensive Care Unit (ICU), NICU, PICU
  - II. 24 hours emergency services managed by technically qualified staff and Doctors.
  - III. Provision for dietary services to the patients
  - IV. Information is to be submitted in Annexure I (Preference will be given to the hospital having in-house imaging and diagnostic facilities and blood bank)
- iv. **Specialty Eye Centre:** can be empaneled if fulfilling the criteria as defined by CGHS PUNE
- v. The hospital should have been operational for at least one full financial year.
- vi. Valid State registration certificate / registration with local bodies should be attached.
- vii. Valid Fire clearance certificate should be attached.

- viii. Valid Compliance with all statutory requirements including waste management.
- ix. Valid Registration under PNDT Act for empanelment of Ultra-Sonography facility.
- x. Valid AERB approval for Tie-up for Radiological investigations / Radiotherapy.
- xi. The hospital should have the capacity to submit all the claims / bills in Electronic format to the ESIC / ESIS System and must also have dedicated equipment, software and connectivity for such electronic submission.
- xii. The empaneled 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 on time to time basis as intimated by MS ESIC Hospital Kolhapur.
- xiii. Hospital preferably have Intensive Care Unit (ICU), NICU & PICU.
- xiv. 24 hrs Emergency services managed by technically qualified staff and Doctors.
- xv. Provision of Dietary Services.
- xvi. Hospital should have Blood Bank (if in-house then enclose valid certificate)
- xvii. **Hospital/diagnostic centre should be located within 15 km from ESIC Hospital Kolhapur only.**

**B. THE EMPANELED CENTRE AFTER BEING AWARDED CONTRACT WITH MS ESIC HOSPITAL KOLHAPUR, SHOULD BE READY FOR TIE-UP ON THE SAME TERMS AND CONDITIONS WITH ANY ESIC MODEL HOSPITAL / ESIC HOSPITAL OR REGIONAL DIRECTOR OF ANY OTHER STATE.**

**C. The empaneled centers for ESI Beneficiaries will also provide cashless Medical Treatment to the ESIC Staff (Serving & Retired duly referred by the competent authority. The Bill of such cases will 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 a referred ESI Beneficiary / ESIC Staff or ESIC 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):**

- I. Registration Charge.
- II. Admission Charges.
- III. Accommodation charges including patients diet.
- IV. Operation Charges.
- V. Injection Charges.
- VI. Dressing Charges.
- VII. Doctor / Consultant visit charges.
- VIII. ICU / ICCU charges.
- IX. Monitoring Charges.
- X. Transfusion Charges.
- XI. Anesthesia Charges.
- XII. Operation Theatre Charges.
- XIII. Procedural Charges / Surgeon's Fees.
- XIV. Cost of surgical disposables and all sundries used during hospitalization.
- XV. Cost of Medicines.
- XVI. All other related routine and essential investigations.
- XVII. Physiotherapy.
- XVIII. Care Charges for its services and all other incidental charges related thereto.
- XIX. Nursing.

**B)** Certain discount on Drugs / Treatment / Procedures / Devices has been finalized. These are as under:

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

**C)** In case of emergency, ESI patient may be admitted even for the specialty / Super specialty procedure / investigation for which the hospital / diagnostic centre is not empaneled. In such cases the hospital / diagnostic centre shall charge according to CGHS PUNE / 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. Approval for rates in such cases may be obtained from MS ESIC Hospital Kolhapur. **The empaneled hospital shall not refuse to treat any ESI**

**Patient in case of emergency in any specialty / super specialty which is available in hospital whether empaneled or not for the same.**

- D)** Cost of implant / stents / grafts is reimbursable in addition to package rates as per CGHS PUNE / ESIC ceiling rates and guidelines for implant.
- E)** Hospital / Centre empaneled with MS ESIC Hospital Kolhapur shall not charge more than package rate / rates.
- F)** Expenses on toiletries, cosmetics, telephone bills etc. are not reimbursable and are not included in package rates.

Package rates envisaged duration of indoor treatment as follows:

1. Upto 12 Days: for Specialized (Super specialty) treatment
2. Upto 7 Days: for other Major Surgeries
3. Upto 3 Days: for Laparoscopic Surgeries/normal Deliveries
4. 1 Day: for day care/Minor OPD surgeries.

**G)** Increased duration of indoor treatment due to infection, or the consequences of surgical procedure or 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 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 visit/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 PUNE rates of General Ward category are applicable, hence 10% deduction will be applicable as CGHS PUNE rates are mentioned as per semi-private ward. For staff members entitlement will be decided by the competent Authority/ MS and will be mentioned in referral form.

**J) DISCOUNTS:** Any discount on CGHS PUNE / ESIC Package for Surgeries etc. to be mentioned.

**K)** The maximum room rent for different categories at present would be:

- a. General ward Rs. 1000/- per day  
Semi-private ward Rs. 2000/- per day  
Private ward Rs. 3000/- per day
- b. Room rent is applicable only for treatment procedures for which there is no specific CGHS PUNE 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 up keeping.

c. During the treatment in ICU / ICCU/ NICU/ PICU, no separate room rent will be admissible.

L) ESIC ceiling rates for OPD management will be applicable as per guidelines.

### **3.PROCEDURE FOR REFERRAL**

a. The patient should be recommended for referral by MS ESIC Hospital Kolhapur, after following specified clinical pathway (if feasible) or by following specified guidelines in this regard.

b. The responsibility of verifying all the documents, the identity of the patient and the eligibility of the ESI Beneficiary shall lie with the tie-up hospital. (Whether the ESI Beneficiary (Insured Person/Woman & Dependent family members) is eligible or not for Medical Benefit has to be verified through ESIC IP Portal by entering the Insurance Number.

**c. 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 / investigation 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 UTI module, e-mail, fax or telephonically (to be confirmed in writing at the earliest). 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 reimbursement should be approved under FDA / IP / BP / USP pharmacopeia or DG ESIC Rate Contract. Any drug / dressings not covered under any of this 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 hospitals

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, ESIC Hospital Kolhapur. The bills which are not signed by the authorized signatory and are incomplete or not as per the format will not be processed and shall be returned to concerned tie-up hospital. Any change in the authorized signatory shall be promptly intimated by the tie-up hospitals to Medical Superintendent, ESIC Hospital Kolhapur.

iii. The Tie-up Hospitals will send the Bill summary by e-mail to Medical Superintendent, ESIC Hospital Kolhapur, and the concerned referral authority at the time of discharge of patients.

#### **4. INDEMNITY :**

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

#### **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 Empaneled 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, ESIC Hospital Kolhapur, Kolhapur who will give written award of his decision to the Parties. Arbitrator will be appointed by Medical Superintendent, ESIC Hospital Kolhapur. 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

Medical Superintendent, ESIC Hospital Kolhapur. Any legal dispute to be settled in Kolhapur Jurisdiction only.

## **6. MISCELLANEOUS :**

- a. The applicant or his representative should be available / approachable over phone and otherwise on all the days.
- c. In emergencies, the centre should be prepared to inform Reports over the telephone/e-mail.
- d. Duly constituted Committee members may visit the hospital / centre at any time either before entering into Contract or at any time during the period of contract. The applicant shall be prepared to explain / demonstrate to the queries of the 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 Empaneled Center.
- f. The Empaneled 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 Empaneled Center and its employees for any accident, injury or damage sustained or suffered by any ESIC beneficiary or any third party resulting from or by any operation conducted by and behalf of the Hospital or in the course of doing its work or perform their duties under this Agreement of otherwise.
- g. The Empaneled Hospital / Center shall notify the ESIC of any material change in their status and their shareholdings or that of any Guarantor of the Empaneled 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 Empaneled Hospital / Center wind up or partnership is dissolved, the ESIC shall have the right to terminate the Agreement. The termination of Agreement shall not relieve the Empaneled Hospital / Center or their heirs and legal representatives from their liability in respect of the services provided by the Empaneled Center during the period when the Agreement was in force. The

Empaneled 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, ESIC Hospital Kolhapur, *RESERVES THE RIGHT TO  
ACCEPT OR REJECT ANY REQUEST FOR PROPOSAL WITHOUT ASSIGNING ANY  
REASON, THEREOF.***

## **SPECIAL CONDITIONS OF CONTRACT**

1. The empaneled Hospital /centers shall honor permission letter issued by Medical Superintendent, ESIC Hospital Kolhapur, Kolhapur or by an **Authority authorized** by him / her and shall provide treatment / investigation, facilities as prescribed in permission letter.
2. The hospital / diagnostic centre 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.
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/empaneled hospital/diagnostic centre (2nd party) and shall be dealt with by the concerned empaneled hospital / diagnostic centre. Services will be provided by the hospital / diagnostic centre as per the terms of agreement.
5. **Patients will be referred only for Secondary Care treatment facilities by ESIC Hospital Kolhapur.**
6. *ESI beneficiaries who in view of life-threatening emergency condition come directly to tie up hospital without referral letter from ESIC Hospital Kolhapur may be admitted by the tie up hospital and provided cashless treatment after checking entitlement to medical benefit. Approval for this should be taken from ESIC hospital authority within 24 hours of admission by intimation through the BPA Portal*
7. During the Inpatient treatment of ESI beneficiary, the empaneled 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 PUNE which includes the cost of all the items.
8. In case of any natural disaster / epidemic, the hospital / diagnostic centre shall have to fully cooperate with the ESIC and will convey / reveal all the required information, apart from providing treatment to the ESI beneficiary patient only for the condition for which they are referred with permission, and in the specialty and / or for purpose for which they are approved by ESIC. In case of unforeseen emergencies of these patients during admission for approved purpose / procedure, necessary life saving measures may be taken and concerned authorities may be informed accordingly afterwards with justification for approval.
9. The tie up hospital will not refer the patient to other specialist / other hospital without prior permission of ESI authorities / Authorized Officer.

10. **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.**
11. Surprise inspections may be conducted by ESIC Hospital Kolhapur of empaneled hospital/diagnostic centre.
12. Tie up hospital should provide routine secondary investigations such as lab investigations and radiological investigations like X-ray, USG etc. for the concerned specialty for which ESIC beneficiaries should not be refused **or** made to pay **or** told to do it outside their hospital in order to take treatment at their hospital and bills are to be submitted

### **13. PAYMENT SCHEDULE:**

The empaneled hospital / diagnostic centre will send hard copy of the bills along with necessary supportive documents to the Medical Superintendent, ESIC Hospital Kolhapur, Kolhapur/ Referring Authority as soon as but not later than 7 days after discharge / investigation of patient for further necessary action. The bills received more than 7 days shall not be entertained. ***The empaneled 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 on time to time basis as intimated by Medical Superintendent, ESIC Hospital Kolhapur.***

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. IP Entitlement copy
5. e- Pehchan card copy
6. ID card copy of patient (eg.AADHAR)
7. Dependency Certificate for Dependent parents (self-declaration by IP that his parents (eg. father, mother annual income does not exceed Rs. 1.09 lakh and are dependent on him)
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 FDA license no. and GST no. signed by treating doctor/hospital authority and pharmacist along with original prescriptions of treating doctor.
12. Pharmacy bill summary.

Sr.No	Date	Invoice No.	Amt.
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13. Laboratory investigations summary mentioned as below

Sr.No	Date	CGHS PUNE code	Lab Investigation	Amt. as per CGHS PUNE
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14. Original laboratory investigations report signed by pathologist.
15. Radiology/ECG investigations summary mentioned as below

Sr.No	Date	CGHS PUNE code	Radio. Investigation	Amt. as per CGHS PUNE
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16. Original Radiology/ECG investigations report signed by Radiologist/authorized person.
17. Implant/IOL/Stents original stickers (Matching serial number as mentioned in invoice attested by treating doctor).
18. Implant/IOL original invoice with GST no. to be attested by treating doctor/ Hospital authority)
19. Copy of IPD paper, Operative notes, Drug Chart, TPR chart attested by treating doctor/ Hospital authority)
20. Wrappers of Costly medicine having unit cost more than Rs.250/- with matching Batch no. as in Invoice.
21. Document in favor 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. TDS will be deducted as per Income Tax Rules, for which PAN / TAN shall be provided by Empaneled Hospital / Centre.

#### **14. DUTIES & RESPONSIBILITIES OF EMPANELED 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.

#### **15. DURATION :**

The agreement shall remain in force for a period of two years and may be extended for subsequent period (if satisfactory services are rendered to our ESI beneficiaries) at the sole discretion of the Medical Superintendent, ESIC Hospital Kolhapur 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 Empaneled 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, ESIC Hospital Kolhapur, Kolhapur. If applying for renewal the request letter should reach the Medical Superintendent, ESIC Hospital Kolhapur Office three months prior to the date of expiry of empanelment.

#### **16. LIQUIDATED DAMAGES :**

Empaneled centre shall provide the services as specified by the ESIC under terms & conditions of this tender, which will mutatis mutandis be treated as part of the agreement. In case of violation of the provisions of the agreement by the empaneled 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.

#### **17. TERMINATION FOR DEFAULT :**

The Medical Superintendent, ESIC Hospital Kolhapur may, without prejudice to any other remedy or recourse, terminate the contract in following circumstances:

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

#### **18. NOTICE BEFORE TERMINATION OF AGREEMENT/EMPANELMENT BY THE HOSPITAL/DIAGNOSTICS CENTRE:**

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

#### **19. 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 empaneled hospital with prior approval of Medical Superintendent, ESIC Hospital Kolhapur, Kolhapur/Referring authority.

**(B)** In case of premature termination of contract / agreement by the empaneled centre without due notice they will have to deposit Rs.2,00,000/- (Rupees Two Lakh) as penalty to Medical Superintendent, ESIC Hospital Kolhapur. 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**  
**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 Nursing Home/Hospital/Clinic			
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 as per Reg. Certificate
	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

<b>9. Type of Firm( Tick √ wherever applicable &amp; attach documentary proof)</b>			
Public Ltd		Partnership	
Private Ltd		Society	
Proprietorship		Others (Please Specify)	
<b>10. PAN number of the Hospital/Owner(Attach self attested copy of PAN card)</b>			
<b>11. TAN/CST/VAT/GST number (Attach self attested copy)</b>			
<b>12. Key Person Details ( Owner/Proprietor/Partners/Directors)</b>			
Name & Designation	Contact Number	Specimen Signature	
<b>13. Details of Authorized Person/Nodal officer (attach authority letter)</b>			
Name & Designation	Email id	Contact No.	
<b>14. Name of Existing Organization with whom the Hospital is empaneled (attached relevant valid documents)</b>			
<b>15. NABH Accredited (if yes attach certificate)</b>			
<b>16. Empaneled with CGHS / State Govt. / Central Govt. / PSU (attached relevant valid documents)</b>			
<b>17. Bank Details (Attach Cancelled Cheque)</b>			
Name of Bank			
Name of Account Holder			
Account Number			
IFSC			
MICR			
<b>18. Details of the Specialist Doctors-Full Time/Part Time (Attach separate sheet signed by the authorized person)</b>			
Name of the Specialist	Specialty	Registration Number(Attach self-attested PG Degree certificate)	

<b>19. Documents to be submitted in following order</b>	<b>Attached (Yes/No)</b>	
1. Copy of Valid Nursing Home registration Certificate (Self Attested)		
2. Copy of Valid Biomedical Waste Management Certificate (Self Attested)		
3. Copy of Valid Fire NOC/ Fire clearance Certificate (Self Attested)		
4. Copy of PAN card (Self Attested)		
5. Copy of Cancelled Cheque of the Hospital (Self Attested)		
6. Copy of Valid NABH/NABL certificate (Self Attested)		
7. Copy of Valid empanelment letter with CGHS / State Govt. / Central Govt. / PSU (Self Attested)		
8. Copy of TAN/VAT/ST certificate (Self Attested)		
9. Self attested copy of audited Balance Sheet along with annual turn over details should be attached of last financial year.		
10. List of available major equipments needed for super specialty treatment i.e. name and year of manufacturing/installation <b>(Separate sheet to be attached)</b> .		
11. Daily and monthly number of patients specialty wise (separate sheet to be attached)		
12. 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)**

<b>20. DOCUMENTS TO BE SUBMITTED ON THE BASIS OF TYPE OF FIRM</b>		
<b>Sr. No.</b>	<b>Type of Firm</b>	<b>Attached (Yes/No)</b>
<b>I.</b>	<b><u>PROPRIETORSHIP FIRM</u></b>	
1.	Proprietary Registration Certificate (Notarized)	
2.	Any of the <b>two</b> documents from the below mentioned list to be submitted: ❖ GST Certificate (self attested) ❖ Shop & Establishment Act Registration (self attested) ❖ Complete Income Tax return in the name of the sole proprietor where firm's name is reflected. (self attested)	
<b>II.</b>	<b><u>PARTNERSHIP FIRM</u></b>	
1.	<b>General Partnership/ Limited Partnership</b>	
a.	Registered Partnership deed (self attested)	
b.	Partnership registration certificate (self attested) (From Registrar of firms)	
c.	Authority letter on the letterhead of firm signed by all partners stating the authorized signatory for executing agreement with ESIC.	
2.	<b>Limited Liability Partnership (LLP)</b>	
a.	LLP certificate (self attested)	
b.	Registered Partnership deed (self attested)	
c.	Authority letter on the letterhead of firm signed by all partners stating the authorized signatory for executing agreement with ESIC.	
<b>III.</b>	<b><u>PUBLIC/ PRIVATE LIMITED COMPANY</u></b>	
a.	Memorandum of Association	
b.	Article of Association	
c.	Certificate of Incorporation	
d.	Resolution on the letterhead of firm signed by all directors stating the authorized signatory for executing agreement with ESIC.	
<b>IV.</b>	<b><u>SOCIETY/ TRUST</u></b>	
a.	Memorandum of Association	
b.	Certificate of Registration	
c.	Authority letter on the letterhead of trust/ society signed by all partners stating the authorized signatory for executing agreement with ESIC.	

**Date:**

**Place:**

**(Name and signature of proprietor/Partner/Director  
Authorized person with Office seal / stamp)**

**Note 1:** Enclosures should be attached in the order as per the information given above.

**Note 2:** 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 Health Care Organizations (Hospital/ Nursing Home/ Diagnostic Centre/ Imaging Centre) for inspection if recommended by the Evaluation Committee constituted for the evaluation of proposals.

## ANNEXURE-II

### **Specialties for Empanelment**

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

Name of the Hospital:

#### **Specialty Treatment:**

<b>Sr.No</b>	<b>Speciality</b>	<b>Yes/No</b>
1	General Medicine with ICU	
2	General Surgery with ICU	
3	Obstetrics and Gynecology	
4	Pediatrics	
5	Orthopedics	
6	ENT	
7	Ophthalmology	
8	Imaging and in-house diagnostic facilities	
9	Dental specialty	
10	Blood Bank	
11	ICU	
12	NICU and PICU	
13	IVF (In-Vitro Fertilization) & ICSI (Intracytoplasmic Sperm Injection)	
14	Psychiatry	
15	Others	

Date:

Place:

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

**ANNEXURE- III****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 Medical Superintendent, ESIC Hospital Kolhapur, Kolhapur 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 PUNE rates, terms and conditions available on CGHS website and ESIC rates and 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 empaneled / Hospital / diagnostic centre has never been de-empaneled / black listed by ESIC / CGHS or any other Govt. Institution / PSUs in the last three years.

Dated  
Name

Signatures

Place:

(With seal/rubber stamp)

**ANNEXURE-IV****(P-I)**  
**Referral Form (Permission letter)**

Referral No:

Insurance No/Staff Card No/  
Pensioner Card No :

Age/Sex:

F/M/S/D/Other

Photograph  
of the  
Patient  
(optional)

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**Medical Superintendent,  
ESIC Hospital Kolhapur,  
Kolhapur-416003

**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. *Photograph, if available*

**ANNEXURE – V**  
**Proforma-PII**

**To be used by Tie-up/empaneled 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 Medical Superintendent

Photograph  
of the  
Patient

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 rate list's**

S.No	Chargeable procedure	CGHS PUNE 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 packages rates)**

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  
Signatory**

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

**(for Official use of ESIC)**

Total Amt payable:

Date of payment :

Signature of Dealing Assistant

Signature of Superintendent

**Date: Signature of ESIC Competent Authority (Medical Superintendent)**

### **Checklist for raising bills**

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. IP Entitlement copy
5. e- Pehchan card copy
6. ID card copy of patient (eg.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 FDA 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.

Sr.No              Date              Invoice No.              Amt.

13. Laboratory investigations summary mentioned as below

Sr.No              Date              CGHS PUNE code              Lab Investigation              Amt.      as per CGHS PUNE

14. Original laboratory investigations report signed by pathologist.

15. Radiology/ECG investigations summary mentioned as below

Sr.No              Date              CGHS PUNE code              Radio. Investigation      Amt.      as per CGHS PUNE

16. Original Radiology/ECG investigations report signed by Radiologist/authorized person.

17. Implant/IOL/Stents original stickers (Matching serial number as mentioned in invoice attested by treating doctor).

18. Implant/IOL/Stents original invoice with VAT/TIN no. to be attested by treating doctor/ Hospital authority)

19. Copy of IPD paper, Operative notes, Drug Chart, TPR chart attested by treating doctor/ Hospital authority)

20. Wrappers of Costly medicine having unit cost more than Rs.250/- with matching Batch no. as in Invoice.

21. Document in favor 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.*

**Employee State Insurance Corporation Hospital**

**(ESIC Hospital),**

**Behind Circuit house, Tarabai Park, Kolhapur-416003.**

**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 PUNE / other code with page NO. Nos/ NA	Other if not in CGHS PUNE	Amount claimed with date	Amount entitled with date	Remarks

**Total Claim.**

Certified that the treatment/procedure has been done/perform 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.

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

**Date:  
Competent**

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

**Checklist**

- 1 . Duly filled up consolidated proforma.
- 2 . Duly filled up Individual Pt Bill .proforma.

***Certificate:***

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

**It is certified that total amount of Rs \_\_\_\_\_ has been credited to your account no. \_\_\_\_\_, RTGS**

Date:

Signature of the Competent Authority.  
(To be filled up by ESIC official(s))

**ANNEXURE-VII**  
**Proforma P-IV**

**Letterhead of Referring ESI Hospital**

**Sanction Memo/Disallowance Memo**

Name of Referral Hospital (Tie-up Hospital) \_\_\_\_\_

Bill No .....

Date of Submission.....

Sr. No.	Name of the patient	Amount Claimed with code	Amount sanctioned	Reasons for disallowance	Remarks

Date:

Signature of Competent Authority With Stamp  
 (To be filled up by ESIC official(s))

**ANNEXURE –VIII**  
**Proforma P-V**

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

Bill No .....

Date of Submission.....

S.No	Name of patient with Insurance number	Date of reference	Investigation performed	CGHS PUNE / 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:**  
**Hospital**

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

**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:

(To be filled up by ESIC official(s))

Referral Hospital.

Patient Referral No \_\_\_\_\_

**ANNEXURE-IX**  
**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.**

**Sign/Thumb impression of patient/Attendant**

**Date & Time:**

**Name of the Patient/attendant**

**Name of IP**

**Insurance No/**

**Staff no**

**Date of Admission**

**Date of Discharge**