

**Eligibility criteria and terms and conditions of contract for recognition of Private EYE hospital at CGHS rates**

1. Multispecialty /Super speciality/Single specialty Private hospital should be empanelled under CGHS/ECHS/ESI.
  2. The rates to be paid by Railway to the recognized hospital as per the CGHS prescribed rate based on the classification (NABH /Non NABH status) of the Hospital for facilities recognized by CGHS. Those items not covered under CGHS approved list of items/procedures/investigations for your hospital, it will be necessary to take prior permission of PCMO/ICF Hospital for undertaking those items/procedures/investigations. The rates of such procedure/ items should be as per approved rate of CGHS if available or hospital's tariff offering some discount wherever is lower.
- The treatment/ procedure shall be performed on the basis of the referral / authorization letter issued by the PCMO/ACMS/DOCTOR-IN-CHARGE in favour of serving employees/ pensioners & dependents.
3. Hospital must give an undertaking accepting terms & conditions spelt out in the Annex I & Documents as per Annex II which should be read as part of this application document.
  4. Tie up will be for TWO years and extendable for one more year at the same rate, terms and conditions..

**Exit from the Panel:** The rates fixed by the CGHS shall continue to hold good unless revised by CGHS. In case the notified rates are not acceptable to the CGHS empanelled private hospital or for any other reason, the hospital no longer wishes to continue on the list under Railway it can apply for exclusion from the Panel by giving one month notice.

5. The entitlements for various types of wards to the Railway beneficiaries shall be the same as in the case of CGHS beneficiaries according to their pay drawn in pay band/ pension.
6. Have to furnish a performance Bank Guarantee Rs 10 lakhs for Hospital and Rs **2,00,000/-** (Two Lakhs) for Eye Centre/Dental clinics valid for a period of **30** months
7. Monitoring and medical audit Principal Chief Medical Officer/ ICF Hospital, reserves the right to visit the hospital at any time to ascertain their compliance with the requirement of Railway.

If any empanelled hospital is found involved in any wrong doing or over charging etc, then the concerned hospital would be suspended/removed from Railway Panel and would be black listed for specified period for future empanelment with Railway.

8. Empanelled hospital should notify one nodal officer/ executive for Railway beneficiaries, who can be contacted by Railway administration beneficiary in case of any requirement.
9. The rates will be vary subject to the revision of CGHS rates Chennai by MOHFW /Govt of India.

**10. Right to accept any application and to reject any or all application-**

Principal Chief Medical Officer/ ICF Hospital, reserves the right to accept or reject any application to reject all the application at any time without assigning any reason.

**CERTIFICATE OF UNDERTAKING**

- 1) It is certified that the particulars given in offer letter are correct & minimum eligibility criteria are satisfied.
- 2) That the hospital shall not charge higher than the CGHS notified rates or the rates agreed to.
- 3) That any information is found to be untrue, hospital would be liable for de-recognition by Railway. The hospital will be liable to pay compensation for any financial loss caused to Railway or physical and or mental injuries caused to its beneficiaries.
- 4) That the hospital has the capability to submit bills and medical records both in soft and hard format.
- 5) The hospital will be liable to pay damage to the beneficiaries if any injury deterioration of health or death occurs due to negligence of the private hospital.
- 6) That no investigation by central GOVT/state GOVT or any statutory investigating agency is pending or contemplated against the hospital.
- 7) Agree for the terms & conditions prescribed in the application document and proposed agreement for tie up.

**(SIGNATURE OF APPLICANT OR AUTHORISED AGENT WITH SEAL)**

**TERMS AND CONDITIONS FOR EMPANELMENT OF PRIVATE HOSPITAL**

1. All Private Hospitals empanelled by CGHS, ECHS and ESI and other specialty Hospitals who are willing to accept the rates prescribed by the Central Government Health Scheme (CGHS) presently in vogue may submit their willingness through Expression of Interest. The willing hospitals should have the entire required infrastructure for procedures/treatments as published in Expression of Interest. The minimum standards shall be as per the CGHS guidelines.
2. Once a Hospital is empanelled it shall cover all the beneficiaries, serving employees, retired employees and their family members who may be required to be referred to these hospitals.
3. On empanelment of Private Hospital they are to execute the agreement in the ` 100/- judicial Stamp Paper and the content of the agreement is furnished separately may be referred.
4. In respect of the referred Railway beneficiaries, services shall be undertaken/ provided on credit. No payment shall be sought from them and the bills should be submitted in one lot to the office of the PCMO in-charge of Bills pertains to Procedures/Treatment done by 5<sup>th</sup> of every month to enable to arrange for the payment till such time the procedure of bill payment mentioned in para 7 to 12 of the Agreement is implemented.

APPLICATION / DOCUMENT FOR EMPANELMENT OF  
HOSPITAL

NAME OF THE AREA OF THE CITY WHERE HOSPITAL IS LOCATED	
<b>NAME OF THE HOSPITAL</b>	
ADDRESS OF THE HOSPITAL	
Empanelled with CGHS/ECHS/ESI	
TELEPHONE NO.	
Mobile Numbers	
E-mail ID-	
WEB SITE ADDRESS	
<b>TYPE OF TREATMENT</b> (MULTISPECIALITY/SUPERSPECIALITY) APPLIED FOR EMPANELMENT.	
DISTANCE FROM ICF RAILWAY HOSPITAL, CHENNAI	
AVAILABILITY OF PATIENTS TRANSPORT	

**Copies of following documents (wherever applicable) are to be submitted along with application.**

1. Details of empanelment with other government establishments/ organizations & PSUs.
2. Valid documents / MOU Supporting Empanelment with CGHS.
3. Details list of facility / treatment available in Hospital.
4. Copy of legal status, place of registration & principal place of business of the hospital.
5. A copy of partnership deed /memorandum and articles of association if any.
6. Willingness letter in letter head.

**(SIGNATURE OF APPLICANT OR AUTHORISED AGENT WITH SEAL)**