

The Annexure (the Draft format for application for consent), other related documents (photocopies of the relevant Certificates) and Undertakings to be submitted along with the request for empanelment on the official Letter Head of Hospitals/Diagnostic Centres/Dental Centres/Eye-Care Centres/AYUSH Hospitals. The copy of the MOU to be entered upon with IPGCL & PPCL separately for each (with identical Terms & Conditions is also given).

Eligibility Criteria

Private Hospitals/Diagnostic Centers /Eye Care Centers/Dental Centers who can apply:-

- Hospitals/Diagnostic Centres/Dental Centres/Eye Care Centres which are on the panel of Central Government Health Scheme (CGHS) or Delhi Government Employees Health Scheme (DGEHS).
- Hospitals/Diagnostic Centres/Dental Centres/Eye Care Centres located near Vidyut Vihar Colony, Sarai Kale Khan; Delhi Transco Limited Colony, Kilokari; Urja Vihar, Mandawali (East Delhi) offering CGHS rates and found to be able to offer quality services.
- Other Hospitals/Diagnostic Centres/Dental Centres/Eye Care Centres which are not on panel of CGHS or DGEHS but managed by charitable trust, Missionary Hospitals.
- Any other Hospitals/Diagnostic Centres/Dental Centres/Eye Care Centres which are not covered under any of the above category but are located in an area, where a fair number of employees of IPGCL & PPCL are residing, and offering CGHS rates, may also apply under any of the categories as described above and found to be able to offer quality services.
- Hospitals (Single Specialty/Multi-Specialty) / Diagnostic Centres / Dental Centres / Eye Care Centres located near PPCL-III, Bawana, Power Plant and offering CGHS rates, can also apply even if not on the panel of CGHS or DGEHS and found to be able to offer quality services.
- Reputed Medical Institutions, which do not offer CGHS rates but are recognized by Delhi Government i.e. **‘Premier Institutions’**. A patient desiring of availing treatment in these hospitals will have to pay as per hospital rates, but reimbursement will be restricted to applicable CGHS rates, rules, guidelines, entitlement & CS(MA) Rules.
- AYUSH Hospitals, which are on the panel of CGHS or DGEHS.

Various categories under which hospitals can apply are as follows:-

- **Category I – Designated Hospital:-** To provide treatment at current/prevailing applicable CGHS rates with credit facilities for indoor treatment and OPD treatment on cash basis. These hospitals shall submit the undertaking as specified which shall be legally binding on them along with the offer. The hospitals selected in Category-I shall enter upon a Memorandum of Understanding separately for IPGCL as well as PPCL (with same terms & conditions) on a non-judicial stamp paper of denomination of Rs.100/- each immediately on receipt of the letter of empanelment of the hospital, from the office of CMO based upon your offer for empanelment.
- **Category II – Panel Hospitals:-** To provide treatment at current/prevailing applicable CGHS rates on cash basis both for indoor and outdoor treatment. These hospitals shall submit the undertakings as specified which shall be legally binding on them along with the offer.
- **Dental Centres:-** can apply only under Category-II i.e. CGHS rates on cash basis. Reimbursement allowed only on Dental Investigations/Procedures as per CGHS list. The Dental Centres shall submit the undertaking as specified along with their request for empanelment which shall be legally binding on them.
- **AYUSH Hospitals:-** can apply only under Category-II i.e. CGHS rates on cash basis. To provide treatment at current/prevailing applicable CGHS rates on cash basis both for indoor and outdoor treatment. These hospitals shall submit the undertakings as specified which shall be legally binding on them along with the offer.
- **Category III – Premier Institutes:-** Hospitals not offering CGHS rates but recognized by Delhi Government. These hospitals may offer current/prevailing applicable CGHS rates for some selective specialties only and for others hospital rates with or without discount or only hospital rates. The treatment shall be on cash basis both for indoor & outdoor treatment. These hospitals shall submit the undertakings as specified which shall be legally binding on them along with the offer.
- **Category IV – Cancer Hospitals:-** Hospitals empanelled for Cancer Treatment (100% reimbursement) – **no credit facilities**. Two hospitals:- 1) Rajiv Gandhi Cancer & Research Centre, Sector-5, Rohini, Delhi. 2) AIIMS, Ansari Nagar, New Delhi.
- **Category V – All Government Hospitals** including hospitals under control of Central Government, Delhi Government, MCD & other Government Bodies.
- **Category VI – Diagnostic Centres:-** Offering current/prevailing CGHS rates, shall submit the undertakings as specified which shall be legally binding on them along with the offer

Note

- **Private Hospitals can apply under Category-I or Category-II or Category-III. IPGCL-PPCL shall prefer hospitals consenting for empanelment under Category-I.**
- **Dental Centres can apply only under Category-II i.e. CGHS rates on cash basis. Reimbursement allowed only on Dental Investigations/Procedures as per CGHS list.**
- **Eye Care Centres can apply only under Category-I or Category-II.**
- **Diagnostic Labs./Imaging Centres can apply only under Category-II.**
- **AYUSH Hospitals can apply only under Category-II.**

Memorandum of Understanding - IPGCL

An agreement made and entered into this _____ day of _____ (month), 2017 between Indraprastha Power Generation Company Limited, Govt. of NCT of Delhi, represented through its authorized signatory i.e. Addl. Chief Medical Officer/Chief Medical Officer, having its registered office at Rajghat Power House Office Complex, New Delhi-110002 hereinafter called the First Party and M/s. _____ (name of the hospital) located at _____ represented by its Managing Director/any authorized person, hereinafter called the Second party.

Whereas Second party has requested/agreed for being empanelled with the First Party as a designated hospital for providing treatment/diagnostic facilities to the medical beneficiaries of the First Party as defined below on the stated terms and conditions, now, therefore, the parties hereto agree as follows:-

1. Medical beneficiaries on above context would mean and imply all the serving employees and SVRS/VRS Optees (upto the age of superannuation i.e. 60 yrs.) of Indraprastha Power Generation Company Limited (IPGCL) as well as their dependent family members as enumerated in the duly authenticated Medical Prescription Card, issued by the First party, having pasted an attested (by controlling officer) photograph on it.
2. It shall be the responsibility of the hospital to verify that the patient who is being provided treatment is a bonafied IPGCL medical beneficiary in accordance to CS(MA) Rules.
3. Subject to all other terms & conditions as mentioned in this Memorandum, the Second Party will charge First Party, for treatment/diagnostic facilities of beneficiaries of the First Party, as per the prevailing CGHS rates/Guidelines or actual hospital rates, whichever is less, according to the entitlement of the beneficiary. The hospital shall submit an undertaking to this effect, in form of a Certificate that the rates charged are not more than the actual hospital rates, in each and every medical claim.
4. Besides the terms as laid down in Clause-3, in case, the rates for a particular procedure/investigation are not available in CGHS rate list, then AIIMS rates are applicable and if these are not available in both CGHS list as well as AIIMS rate list, then the hospital can charge its own rates.
5. If any beneficiary attends hospital of the Second Party, on having been referred by the designated medical officer of any dispensary run by the first party as well as any other dispensary run by other successor units of erstwhile DVB i.e. BSES or NDPL/TPDDL or DTL, and if in the opinion of attending doctor of the hospital, the treatment is to be provided as an outdoor patient, it shall be provided on cash basis (i.e. receive payment directly from the beneficiary) and if the treatment is to be provided as an indoor patient, it shall be provided on credit basis (i.e. receive payment from the First Party after treatment).

6. In case of indoor treatment, the Second Party will inform/intimate Addl. CMO/CMO, of the First Party, through a prescribed Format, termed as 'Intimation of Admission', enclosed herewith as Annexure-I and thereafter a Referral Letter having various details in this regard (copy at Annexure-II), shall be issued by the First Party authorizing therein to impart treatment under credit facilities.
7. That issue of the Referral Letter shall be the sole discretion of the First Party depending on the merits of the case.
8. In all elective cases except emergency, Referral Letter is to be obtained from the First Party, prior to admission. On production of a valid Referral Letter, issued from the Addl. Chief Medical Officer/CMO or any other officiating Medical Officer of the First Party, the Second Party shall provide credit facilities for indoor treatment to the beneficiaries of First Party.
9. The Second party shall raise bills, duly verified by the hospital authorities, towards the indoor treatment provided to the beneficiaries of First party. The bill(s) should elaborate full details along with break-up of charges/expenditure for the treatment and Sr. No./Code No. of CGHS rate-list is to be mentioned against each charge mentioned in the bill/details. Such bills, along with all required documents in the applicable format (enclosed as Annexure-III) shall be submitted once in a month i.e. upto 10th day of succeeding month from the date of discharge, directly to the office of Addl. CMO/CMO of the First Party. Bills received after due date shall ordinarily be not entertained if the reasons for delay are not justifiable.
10. Credit Facility Medical Claims, complete in all respects, shall ordinarily be settled within 60 days of submission by the First Party.
11. In cases of emergencies, which are enumerated below, when the beneficiaries report directly to the hospital of Second Party without referral documents, the hospital of Second Party shall not refuse admission or demand advance from the beneficiary of First Party and shall provide credit facilities to the beneficiary on the basis of his valid Medical Prescription Card and Identity Card issued by the First Party. The Addl. CMO/CMO/ Officiating MO shall be immediately informed telephonically on occurrence of such an eventuality. Duly stamped & signed 'Intimation of Admission' in writing shall be sent to Addl. CMO/CMO, IPGCL on the same day/next working day, and the Referral Letter in lieu thereof shall be obtained from the First Party.

Conditions of Emergency:-

Acute Coronary Syndromes (Coronary Artery By-pass Graft/Percutaneous Transluminal Coronary Angioplasty) including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, paroxysmal Supra Ventricular Tachycardia, Cardiac Tamponade, Acute Left Ventricular Failure/Severe Congestive Cardiac Failure, Accelerated Hypertension, Complete Heart Block and Stoke Adam Attack, Acute Aortic dissection, Acute Limb Ischemia, Rupture of Aneurism, Medical and Surgical shock and peripheral circulatory failure, Cerebro Vascular Attack-Stroke, Sudden unconsciousness, Head injury,

Respiratory failure, Decompensate lung disease, Cerebro Meningeal Infections, Convulsions, Acute Paralysis, Acute Visual loss, Acute Abdomen, Road Traffic Accidents/with injuries including fall, Acute poisoning, Acute Renal Failure, Acute abdomen in female including acute Obstreticaland Gynecological emergencies. Heat Stroke, Any other life threatening condition.

12. The Second Party shall abide by CS(MA) Rules & existing CGHS rates/Guidelines issued/circulated/published on its web-site and/or any revision/amendment therein by CGHS/GOI Ministry of H&FW, from time to time, as well as any Instructions/Letters/Office Orders/Guidelines issued by the First Party, and shall charge accordingly in supersession of the existing CGHS rates/guidelines, wherever applicable, during the term of this MOU.
13. In case excess payment is released by the First Party to the hospital for any reason, the excess amount thus released shall be recoverable from the balance claims of the hospital/any other due payment.
14. No claims shall be allowed towards extended period of stay, if the valid/justified reasons for this extended period of stay are not intimated, and prior permission is not obtained from the First Party. Similarly, no claims shall be allowed towards procedures performed without intimation/prior permission.
15. Second party shall not discriminate in the provision of facility & treatment in any manner whatsoever, against the beneficiaries of First Party receiving treatment/diagnostic facilities in the hospital as compared to any other patient in the hospital of similar status.
16. Second Party shall nominate an official for co-ordination with Addl. CMO/CMO/MO of concerned dispensary. Such officer will always be accessible on telephone and should have all relevant information pertaining to beneficiaries of the first party admitted in hospital.
17. Second party shall provide access to its financial & medical records, for assessment and review by the medical-wing of the First party pertaining to treatment provided to IPGCL beneficiaries, as and when required.
18. Besides the terms as laid down in Clause-17, the Second Party shall submit along with the medical claim, Outer Pouch of the Stent/Balloon/IOL/Implant etc. along with the Sticker on which details of the Implant i.e. Batch No., Expiry Date etc. are printed, as well as copy of the original Purchase Invoice pertaining to procurement of the same by the hospital, if used/implanted.
19. Any liability arising out due to any default or negligence in providing or performance of the medical services to the beneficiary of the First party, shall be born exclusively by Second party who shall alone be responsible for the defect in rendering such services.
20. Second Party shall not ask the beneficiary of First Party, while providing indoor treatment, to purchase separately any medicines/disposables/sundries/implants etc. from outside and

shall provide all such facilities on its own to the indoor patient. Further, if the facility for any investigation/test is not available with the hospital of Second Party, it should be got conducted on its own, preferably from the diagnostic centre empanelled with the First Party and the payment thereof shall be made by the Second Party which should be claimed along with its bill while submitting the final medical claim and the same shall be reimbursed as per CGHS rates/guidelines by the First Party.

21. Second party should normally not administer any items contained in the list of inadmissible items (foods, tonics, toilet preparation etc.) to the beneficiary of First party as mentioned in APPENDIX – XVI of CS (MA) Rules. In case it is deemed justified to administer such an item, the beneficiary should be explained accordingly that the item is inadmissible and the cost thereof has to be borne by the beneficiary.
22. The second party has to take utmost care to keep the expenditure to the bare minimum without compromising with the patient-care.
23. That in case of deduction of any amount by the First Party, owing to breach of any of the terms & conditions of this MOU or over-charging by the Second Party, the representation/explanation in this regard, if any, should be submitted in the office of the Addl. CMO/CMO of First Party within a month of deduction thus made. Otherwise it shall be presumed that the deduction made is agreeable to the Second Party.
24. Should the Second Party get wound up or partnership is dissolved, the First Party shall have the power to terminate the Agreement but termination of the agreement shall not relieve Second Party or their heirs and legal representatives from the legal liability in respect of the services provided by Second party during the period when the Agreement was in force.
25. The First Party shall be at liberty at any time to terminate this agreement without assigning any reason or by giving 7 days notice in writing to Second Party for breach of any of the terms and conditions of this agreement and the decision of First Party in this regard shall be final.
26. That in the event of any question/dispute or difference whatsoever at any time, arising under the conditions of Agreement or in any other manner under this Agreement or in any way relating thereto or the true meaning or interpretation of any of the provisions thereof (except as to any matters for which the decision is specifically provided for in the conditions of the Agreement), the same shall be referred to for decision to a sole Arbitrator who shall be nominee of the MD of First Party and the decision of the Arbitrator shall be final and binding on both the parties. There will be no objection that the Arbitrator is a Govt. Servant and that he had to deal with the matters to which the contract relates or that in the course of his duties as a Govt. Servant, he has expressed views on all or any of the matters in question, dispute or difference.

In the event of the Arbitrator appointed by the MD of First party dying, neglecting or refusing to act or resigning or being incapable or unable to act for any reason, whatsoever, it shall be lawful for the MD of First party to appoint another arbitrator in place of outgoing arbitrator in the manner aforesaid. Subject as aforesaid, the Arbitration and Conciliation

Act, 1996 or any modification or replacement and the rules thereunder and any statutory modifications thereof for the time being in force shall apply to the arbitration proceedings under this clause.

27. That the Second party shall pay all expenses incidental to the preparation in stamping of this agreement.
28. That this agreement shall remain in force w.e.f. i.e. the date of applicability of empanelment Office Order dated to 31.03.2018 which can be extended for a period of further one year with a provision for review regarding performance of the hospital after/before a period of one year from the date of empanelment.

In witness whereof, the Addl. Chief Medical Officer, Indraprastha Power Generation Company Limited for and on behalf of Indraprastha Power Generation Company Limited and _____, the authorized signatory of above named hospital have hereinto said their respective hands the day and year first above written.

Signature- For and on behalf of IPGCL

Signature- of Hospital of Second party.

INTIMATION OF ADMISSION

Name & Address of Hospital _____

CMO/Addl. CMO, IPGCL / PPCL,
Rajghat Power House,
New Delhi-110002.

Dear Sir,

Sh./Smt./Kr./Ms. _____ (name of the patient)
age _____ (years) is intended to be admitted/has been admitted (in case of emergency) in our
hospital on date _____ at _____ (time).

1. Name of the Employee :
(with contact number)
2. Employee No., Designation, Deptt. :
3. Relation with the Patient. :
4. Referral Doctor & Dispensary :
5. Floor/Ward/Bed Number. :
6. Provisional Diagnosis :
(In legible writing and without Abbreviations).
7. Intended treatment/procedure :
(In legible writing and without Abbreviations).

(In case of any change in the intended treatment, hospital shall intimate CMO/Addl. CMO, IPGCL / PPCL and obtain prior approval)

8. Likely duration of stay :
(In case of extended period of stay, hospital shall intimate CMO/Addl. CMO, IPGCL / PPCL and obtain prior approval).

It is certified that identity of the patient, as an IPGCL / PPCL medical beneficiary, has been verified from the Post-Card size current family photograph affixed on the back side of Medical Prescription Card which is duly attested by the controlling officer.

Authorized Signatory

Treating Doctor / Medical Superintendent
(with Name, Rubber Stamp & Contact No.)

INDRAPRASTHA POWER GEN.CO.LTD.
&

PRAGATI POWER CORPORATION LTD.

(GOVT. OF NCT OF DELHI UNDERTAKINGS)

(Office of the Chief Medical Officer)

Rajghat Power House Office Complex, New Delhi-110002, Ph. 23277135

S.No.

5380

Date of Issue _____

Date of Admission _____

REFERRAL LETTER

Dear Sir,

We are referring our employee/employee's dependant, whose details are indicated below, for indoor treatment at your hospital :-

1. Name of the Patient _____
2. Name of the Employee _____
3. Employee's Tele./Mob. No. _____
4. Relation with Employee _____
5. Designation _____
6. Department _____
7. Employee No. _____
8. Basic Salary/Pension/Last pay _____
9. Category of Room (Private / Semi-Private / General) _____
10. O.P.D. No. & Date _____
11. Name of the Referral Doctor & Dispensary _____
12. Residential Address _____
13. Provisional Diagnosis _____
14. Intended Treatment _____
15. Duration of stay _____ (In case of stay beyond this period, hospital shall intimate with justification for extended stay)

Kindly provide necessary indoor treatment. The bills toward the treatment along with this letter, duly signed by employee, may be submitted in the office of the undersigned as per our agreement.

Thanking you,

Yours faithfully,

Remarks :-

(Chief Medical Officer)
I.P.G.C.L. & P.P.C.L.

(To be filled by hospital at the time of discharge)

1. Date of Admission _____
2. Date of Discharge _____
3. Diagnosis _____
4. Treatment _____
5. Signature of Employee (at the time of discharge) _____

Signature of Treating Doctor/M.S.
with stamp

(Chief Medical Officer)
I.P.G.C.L. & P.P.C.L.

CHECK LIST – List of documents to be enclosed at the time of submission of bills:-

1. Referral Letter / Credit Letter:-
 - a) Duly signed by the employee on discharge.
 - b) Duly filled and verified by the treating doctor/MS with seal.
2. Photocopy of Medical Prescription Card i.e. photocopy of outer-cover (both front & back-side) and photocopy of Referral side of MPC showing therein the Referral Letter No. issued with date of issue and bearing the signature of the staff of CMO Office who had prepared the Referral Letter.
3. Photocopy of Intimation of Admission.
4. Proof of Identity – Photocopy of the MPC/Identity Card in case of emergency admissions.
5. Form ‘B’ – duly filled and signed by treating doctor and countersigned by Medical Superintendent (M.S.) with seal.
6. Discharge Summary (Detailed) – duly filled and signed by Treating Doctor/Unit Incharge.
7. Original bills with code number of CGHS rates and signed by the Treating Doctor.
8. Drug details with Batch Number and Date of Expiry.
9. Investigations :- Name of the Test, Code Number and Rates.
Laboratory :- Photocopy of the Reports duly signed.
Special Investigations :- Photocopy of all the reports e.g. Ultrasound, X-Ray, D-Echo, IVP, CD Echo, CT Scan, MRI, Angiography , ECG etc. duly signed.
10. In case of PTCA (Coronary Stent)/Vascular Stent of any type – Outer Pouch of the Stent Packet along with the Sticker on it on which details of the Stent are printed, copy of the original Purchase Invoice pertaining to procurement of the same along with Batch No. & Expiry and other details as specified in MH&FW OM dated 31.10.2011.
11. In case of Implants – Copy of original Purchase Invoice, Batch Number, Outer Pouch of the Implant Packet along with the Sticker on it on which details of the implant are printed.
12. All the bills are to be duly verified by the Treating Doctor/Incharge of the Unit.
13. Certificate that ‘Prescription is within the purview of Allopathic System of Medicines only.
14. Original Letter(s) of extension of stay, if any.
15. A Certificate to the effect that the hospital rates are not less than the rates charged in this enclosed medical claim.
16. Any other document specifically required i.e.

Memorandum of Understanding - PPCL

An agreement made and entered into this _____ day of _____ (month), 2017 between Pragati Power Corporation Limited, Govt. of NCT of Delhi, represented through its authorized signatory i.e. Addl. Chief Medical Officer/Chief Medical Officer, having its registered office at Rajghat Power House Office Complex, New Delhi-110002 hereinafter called the First Party and M/s. _____ (name of the hospital) located at _____ represented by its Managing Director/any authorized person, hereinafter called the Second party.

Whereas Second party has requested/agreed for being empanelled with the First Party as a designated hospital for providing treatment/diagnostic facilities to the medical beneficiaries of the First Party as defined below on the stated terms and conditions, now, therefore, the parties hereto agree as follows:-

1. Medical beneficiaries on above context would mean and imply all the serving employees and SVRS/VRS Optees (upto the age of superannuation i.e. 60 yrs.) of Pragati Power Corporation Limited (PPCL) as well as their dependent family members as enumerated in the duly authenticated Medical Prescription Card, issued by the First party, having pasted an attested (by controlling officer) photograph on it.
2. It shall be the responsibility of the hospital to verify that the patient who is being provided treatment is a bonafied PPCL medical beneficiary in accordance to CS(MA) Rules.
3. Subject to all other terms & conditions as mentioned in this Memorandum, the Second Party will charge First Party, for treatment/diagnostic facilities of beneficiaries of the First Party, as per the prevailing CGHS rates/Guidelines or actual hospital rates, whichever is less, according to the entitlement of the beneficiary. The hospital shall submit an undertaking to this effect, in form of a Certificate that the rates charged are not more than the actual hospital rates, in each and every medical claim.
4. Besides the terms as laid down in Clause-3, in case, the rates for a particular procedure/investigation are not available in CGHS rate list, then AIIMS rates are applicable and if these are not available in both CGHS list as well as AIIMS rate list, then the hospital can charge its own rates.
5. If any beneficiary attends hospital of the Second Party, on having been referred by the designated medical officer of any dispensary run by the first party as well as any other dispensary run by other successor units of erstwhile DVB i.e. BSES or NDPL/TPDDL or DTL, and if in the opinion of attending doctor of the hospital, the treatment is to be provided as an outdoor patient, it shall be provided on cash basis (i.e. receive payment directly from the beneficiary) and if the treatment is to be provided as an indoor patient, it shall be provided on credit basis (i.e. receive payment from the First Party after treatment).

6. In case of indoor treatment, the Second Party will inform/intimate Addl. CMO/CMO, of the First Party, through a prescribed Format, termed as 'Intimation of Admission', enclosed herewith as Annexure-I and thereafter a Referral Letter having various details in this regard (copy at Annexure-II), shall be issued by the First Party authorizing therein to impart treatment under credit facilities.
7. That issue of the Referral Letter shall be the sole discretion of the First Party depending on the merits of the case.
8. In all elective cases except emergency, Referral Letter is to be obtained from the First Party, prior to admission. On production of a valid Referral Letter, issued from the Addl. Chief Medical Officer/CMO or any other officiating Medical Officer of the First Party, the Second Party shall provide credit facilities for indoor treatment to the beneficiaries of First Party.
9. The Second party shall raise bills, duly verified by the hospital authorities, towards the indoor treatment provided to the beneficiaries of First party. The bill(s) should elaborate full details along with break-up of charges/expenditure for the treatment and Sr. No./Code No. of CGHS rate-list is to be mentioned against each charge mentioned in the bill/details. Such bills, along with all required documents in the applicable format (enclosed as Annexure-III) shall be submitted once in a month i.e. upto 10th day of succeeding month from the date of discharge, directly to the office of Addl. CMO/CMO of the First Party. Bills received after due date shall ordinarily be not entertained if the reasons for delay are not justifiable.
10. Credit Facility Medical Claims, complete in all respects, shall ordinarily be settled within 60 days of submission by the First Party.
11. In cases of emergencies, which are enumerated below, when the beneficiaries report directly to the hospital of Second Party without referral documents, the hospital of Second Party shall not refuse admission or demand advance from the beneficiary of First Party and shall provide credit facilities to the beneficiary on the basis of his valid Medical Prescription Card and Identity Card issued by the First Party. The Addl. CMO/CMO/ Officiating MO shall be immediately informed telephonically on occurrence of such an eventuality. Duly stamped & signed 'Intimation of Admission', shall be sent to Addl. CMO/CMO, IPGCL on the same day/next working day by the Second Party, along with other required documents and the Referral Letter in lieu thereof shall be obtained from the First Party.

Conditions of Emergency:-

Acute Coronary Syndromes (Coronary Artery By-pass Graft/Percutaneous Transluminal Coronary Angioplasty) including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, paroxysmal Supra Ventricular Tachycardia, Cardiac Tamponade, Acute Left Ventricular Failure/Severe Congestive Cardiac Failure, Accelerated Hypertension, Complete Heart Block and Stoke Adam Attack, Acute Aortic dissection, Acute Limb Ischemia, Rupture of Aneurism, Medical and Surgical shock and peripheral circulatory failure, Cerebro Vascular Attack-Stroke, Sudden unconsciousness, Head injury,

Respiratory failure, Decompensate lung disease, Cerebro Meningeal Infections, Convulsions, Acute Paralysis, Acute Visual loss, Acute Abdomen, Road Traffic Accidents/with injuries including fall, Acute poisoning, Acute Renal Failure, Acute abdomen in female including acute Obstreticaland Gynecological emergencies. Heat Stroke, Any other life threatening condition.

12. The Second Party shall abide by CS(MA) Rules & existing CGHS rates/Guidelines issued/circulated/published on its web-site and/or any revision/amendment therein by CGHS/GOI Ministry of H&FW, from time to time, as well as any Instructions/Letters/Office Orders/Guidelines issued by the First Party, and shall charge accordingly in supersession of the existing CGHS rates/guidelines, wherever applicable, during the term of this MOU.
13. In case excess payment is released by the First Party to the hospital for any reason, the excess amount thus released shall be recoverable from the balance claims of the hospital/any other due payment.
14. No claims shall be allowed towards extended period of stay, if the valid/justified reasons for this extended period of stay are not intimated, and prior permission is not obtained from the First Party. Similarly, no claims shall be allowed towards procedures performed without intimation/prior permission.
15. Second party shall not discriminate in the provision of facility & treatment in any manner whatsoever, against the beneficiaries of First Party receiving treatment/diagnostic facilities in the hospital as compared to any other patient in the hospital of similar status.
16. Second Party shall nominate an official for co-ordination with Addl. CMO/CMO/MO of concerned dispensary. Such officer will always be accessible on telephone and should have all relevant information pertaining to beneficiaries of the first party admitted in hospital.
17. Second party shall provide access to its financial & medical records, for assessment and review by the medical-wing of the First party pertaining to treatment provided to PPCL beneficiaries, as and when required.
18. Besides the terms as laid down in Clause-17, the Second Party shall submit along with the medical claim, Outer Pouch of the Stent/Balloon/IOL/Implant etc. along with the Sticker on which details of the Implant i.e. Batch No., Expiry Date etc. are printed, as well as copy of the original Purchase Invoice pertaining to procurement of the same by the hospital, if used/implanted.
19. Any liability arising out due to any default or negligence in providing or performance of the medical services to the beneficiary of the First party, shall be born exclusively by Second party who shall alone be responsible for the defect in rendering such services.
20. Second Party shall not ask the beneficiary of First Party, while providing indoor treatment, to purchase separately any medicines/disposables/sundries/implants etc. from outside and

shall provide all such facilities on its own to the indoor patient. Further, if the facility for any investigation/test is not available with the hospital of Second Party, it should be got conducted on its own, preferably from the diagnostic centre empanelled with the First Party and the payment thereof shall be made by the Second Party which should be claimed along with its bill while submitting the final medical claim and the same shall be reimbursed as per CGHS rates/guidelines by the First Party.

21. Second party should normally not administer any items contained in the list of inadmissible items (foods, tonics, toilet preparation etc.) to the beneficiary of First party as mentioned in APPENDIX – XVI of CS (MA) Rules. In case it is deemed justified to administer such an item, the beneficiary should be explained accordingly that the item is inadmissible and the cost thereof has to be borne by the beneficiary.
22. The second party has to take utmost care to keep the expenditure to the bare minimum without compromising with the patient-care.
23. That in case of deduction of any amount by the First Party, owing to breach of any of the terms & conditions of this MOU or over-charging by the Second Party, the representation/explanation in this regard, if any, should be submitted in the office of the Addl. CMO/CMO of First Party within a month of deduction thus made. Otherwise it shall be presumed that the deduction made is agreeable to the Second Party.
24. Should the Second Party get wound up or partnership is dissolved, the First Party shall have the power to terminate the Agreement but termination of the agreement shall not relieve Second Party or their heirs and legal representatives from the legal liability in respect of the services provided by Second party during the period when the Agreement was in force.
25. The First Party shall be at liberty at any time to terminate this agreement without assigning any reason or by giving 7 days notice in writing to Second Party for breach of any of the terms and conditions of this agreement and the decision of First Party in this regard shall be final.
26. That in the event of any question/dispute or difference whatsoever at any time, arising under the conditions of Agreement or in any other manner under this Agreement or in any way relating thereto or the true meaning or interpretation of any of the provisions thereof (except as to any matters for which the decision is specifically provided for in the conditions of the Agreement), the same shall be referred to for decision to a sole Arbitrator who shall be nominee of the MD of First Party and the decision of the Arbitrator shall be final and binding on both the parties. There will be no objection that the Arbitrator is a Govt. Servant and that he had to deal with the matters to which the contract relates or that in the course of his duties as a Govt. Servant, he has expressed views on all or any of the matters in question, dispute or difference.

In the event of the Arbitrator appointed by the MD of First party dying, neglecting or refusing to act or resigning or being incapable or unable to act for any reason, whatsoever, it shall be lawful for the MD of First party to appoint another arbitrator in place of outgoing arbitrator in the manner aforesaid. Subject as aforesaid, the Arbitration and Conciliation

Act, 1996 or any modification or replacement and the rules thereunder and any statutory modifications thereof for the time being in force shall apply to the arbitration proceedings under this clause.

27. That the Second party shall pay all expenses incidental to the preparation in stamping of this agreement.
28. That this agreement shall remain in force w.e.f. i.e. the date of applicability of empanelment Office Order dated to 31.03.2018 which can be extended for a period of further one year with a provision for review regarding performance of the hospital after/before a period of one year from the date of empanelment.

In witness whereof, the Chief Medical Officer, Pragati Power Corporation Limited for and on behalf of Pragati Power Corporation Limited and _____, the authorized signatory of above named hospital have hereinto said their respective hands the day and year first above written.

Signature- For and on behalf of PPCL

Signature- of Hospital of Second party.

INTIMATION OF ADMISSION

Name & Address of Hospital _____

CMO/Addl. CMO, IPGCL / PPCL,
Rajghat Power House,
New Delhi-110002.

Dear Sir,

Sh./Smt./Kr./Ms. _____ (name of the patient)
age _____ (years) is intended to be admitted/has been admitted (in case of emergency) in our
hospital on date _____ at _____ (time).

1. Name of the Employee :
(with contact number)
2. Employee No., Designation, Deptt. :
3. Relation with the Patient. :
4. Referral Doctor & Dispensary :
5. Floor/Ward/Bed Number. :
6. Provisional Diagnosis :
(In legible writing and without Abbreviations).
7. Intended treatment/procedure :
(In legible writing and without Abbreviations).

(In case of any change in the intended treatment, hospital shall intimate CMO/Addl. CMO, IPGCL / PPCL and obtain prior approval)

8. Likely duration of stay :
(In case of extended period of stay, hospital shall intimate CMO/Addl. CMO, IPGCL / PPCL and obtain prior approval).

It is certified that identity of the patient, as an IPGCL / PPCL medical beneficiary, has been verified from the Post-Card size current family photograph affixed on the back side of Medical Prescription Card which is duly attested by the controlling officer.

Authorized Signatory

Treating Doctor / Medical Superintendent
(with Name, Rubber Stamp & Contact No.)

INDRAPRASTHA POWER GEN.CO.LTD.
&

PRAGATI POWER CORPORATION LTD.

(GOVT. OF NCT OF DELHI UNDERTAKINGS)

(Office of the Chief Medical Officer)

Rajghat Power House Office Complex, New Delhi-110002, Ph. 23277135

S.No.

5380

Date of Issue _____

Date of Admission _____

REFERRAL LETTER

Dear Sir,

We are referring our employee/employee's dependant, whose details are indicated below, for indoor treatment at your hospital :-

1. Name of the Patient _____ 2. Name of the Employee _____

3. Employee's Tele./Mob. No. _____ 4. Relation with Employee _____

5. Designation _____ 6. Department _____

7. Employee No. _____ 8. Basic Salary/Pension/Last pay _____

9. Category of Room (Private / Semi-Private / General) _____ 10. O.P.D. No. & Date _____

11. Name of the Referral Doctor & Dispensary _____

12. Residential Address _____

13. Provisional Diagnosis _____

14. Intended Treatment _____

15. Duration of stay _____ (In case of stay beyond this period, hospital shall intimate with justification for extended stay)

Kindly provide necessary indoor treatment. The bills toward the treatment along with this letter, duly signed by employee, may be submitted in the office of the undersigned as per our agreement.

Thanking you,

Yours faithfully,

Remarks :-

(Chief Medical Officer)
I.P.G.C.L. & P.P.C.L.

(To be filled by hospital at the time of discharge)

1. Date of Admission _____ 2. Date of Discharge _____

3. Diagnosis _____ 4. Treatment _____

5. Signature of Employee (at the time of discharge) _____

Signature of Treating Doctor/M.S.
with stamp

(Chief Medical Officer)
I.P.G.C.L. & P.P.C.L.

CHECK LIST – List of documents to be enclosed at the time of submission of bills:-

1. Referral Letter / Credit Letter:-
 - c) Duly signed by the employee on discharge.
 - d) Duly filled and verified by the treating doctor/MS with seal.
2. Photocopy of Medical Prescription Card i.e. photocopy of outer-cover (both front & back-side) and photocopy of Referral side of MPC showing therein the Referral Letter No. issued with date of issue and bearing the signature of the staff of CMO Office who had prepared the Referral Letter.
3. Photocopy of Intimation of Admission.
4. Proof of Identity – Photocopy of the MPC/Identity Card in case of emergency admissions.
5. Form ‘B’ – duly filled and signed by treating doctor and countersigned by Medical Superintendent (M.S.) with seal.
6. Discharge Summary (Detailed) – duly filled and signed by Treating Doctor/Unit Incharge.
7. Original bills with code number of CGHS rates and signed by the Treating Doctor.
8. Drug details with Batch Number and Date of Expiry.
9. Investigations :- Name of the Test, Code Number and Rates.
Laboratory :- Photocopy of the Reports duly signed.
Special Investigations :- Photocopy of all the reports e.g. Ultrasound, X-Ray, D-Echo, IVP, CD Echo, CT Scan, MRI, Angiography , ECG etc. duly signed.
10. In case of PTCA (Coronary Stent)/Vascular Stent of any type – Outer Pouch of the Stent Packet along with the Sticker on it on which details of the Stent are printed, copy of the original Purchase Invoice pertaining to procurement of the same along with Batch No. & Expiry and other details as specified in MH&FW OM dated 31.10.2011
11. In case of Implants – Copy of original Purchase Invoice, Batch Number, Outer Pouch of the Implant Packet along with the Sticker on it on which details of the implant are printed.
12. All the bills are to be duly verified by the Treating Doctor/Incharge of the Unit.
13. Certificate that ‘Prescription is within the purview of Allopathic System of Medicines only.
14. Original Letter(s) of extension of stay, if any.
15. A Certificate to the effect that the hospital rates are not less than the rates charged in this enclosed medical claim.
16. Any other document specifically required i.e.

Undertaking to be submitted by Category-I – Panel Hospitals

To be given on Hospital's official Letter-Head.

- We, the management/proprietor of the hospital, do hereby undertake to provide medical attendance/treatment to IPGCL/PPCL medical beneficiaries as per prevailing applicable CGHS rates/rules/guidelines/entitlement of the beneficiary & CS(MA) Rules and as per the amendments thereof from time to time, on credit basis to Indoor Patients & on cash-basis to outdoor patients. The same terms & conditions shall prevail till such time the empanelment Office Order is applicable and the extension thereof by your Department. We further undertake to enter upon a Memorandum of Understanding separately for IPGCL as well as PPCL (with same terms & conditions) on a non-judicial stamp paper of denomination of Rs.100/- each immediately on receipt of the letter of empanelment of our hospital, from the office of CMO based upon our offer for empanelment. The same is legally binding on us.

Signature of authorized signatory
along with the stamp containing
the name, designation, mobile number
& name of the hospital

Undertaking to be submitted by Category-I – Panel Hospitals

To be given on Hospital's official Letter-Head.

- We, the management of the hospital, do hereby undertake to provide medical attendance/treatment to IPGCL/PPCL medical beneficiaries as per current/prevaling applicable CGHS rates, rules, guidelines, entitlement & CS(MA) Rules and as per the amendments from time to time, on credit basis to Indoor Patients (admission cases) & on cash-basis to outdoor patients, and shall not refuse to provide the same till the prescribed period of time according to the Office Order and its extension thereof, if any. We further undertake to submit Memorandum of Understanding as specified separately for IPGCL & PPCL (identical language) on a non-judicial stamp paper of denomination of Rs.100/- for each immediately on receipt of the letter from the office of CMO intimating therein acceptance of their offer. The same is legally binding on us.

Signature of authorized signatory
along with the stamp containing
the name, designation, mobile number
& name of the hospital

Undertaking to be submitted by Category-II – Panel Hospitals

To be given on Hospital's official Letter-Head.

- We, the management of the hospital, do hereby undertake to provide medical attendance/treatment to IPGCL/PPCL medical beneficiaries as per current/prevaling applicable CGHS rates, rules, guidelines, entitlement & CS(MA) Rules and as per the amendments from time to time and shall not refuse to provide the same till the prescribed period of time according to the Office Order and its extension thereof, if any. We further undertake to refund the amount charged over & above the current/prevaling CGHS rates, rules, guidelines, entitlement and CS(MA) Rules. The same is legally binding on us.

We, the management/proprietor of the hospital, do hereby undertake to provide medical attendance/treatment to IPGCL/PPCL medical beneficiaries as per prevailing applicable CGHS rates/rules/guidelines/entitlement of the beneficiary & CS(MA) Rules and as per the amendments thereof from time to time, on cash basis to Indoor/OPD Patients. The same terms & conditions shall prevail till such time the empanelment Office Order is applicable and the extension thereof by your Department. We further undertake to refund the amount charged over & above the current/prevaling CGHS rates, rules, guidelines, entitlement of beneficiary and CS(MA) Rules. The same is legally binding on us.

Signature of authorized signatory
along with the stamp containing
the name, designation, mobile number
& name of the hospital

Undertaking to be submitted by Category-III – Premier Institutes

To be given on Hospital's official Letter-Head.

- We, the management of the hospital, do hereby undertake to provide medical attendance/treatment to IPGCL/PPCL medical beneficiaries as per our offer in the consent for empanelment with IPGCL/PPCL. For the specialties offered at specified CGHS rates, we shall charge as per the specified CGHS rates, rules, guidelines, entitlement & CS(MA) Rules and as per the amendments from time to time to those specified CGHS rates and shall not refuse to provide the same till the prescribed period of time according to the Office Order and its extension thereof, if any. We further undertake to refund the amount charged over & above the CGHS rates, rules, guidelines, entitlement and CS(MA) Rules for the specialities offered at CGHS rates. For the specialties offered at specified concessional rates shall be charged accordingly and any amount charged over & above the specified concessional rates shall be refunded to the medical beneficiary of IPGCL-PPCL. The same is legally binding on us.

Signature of authorized signatory
along with the stamp containing
the name, designation, mobile number
& name of the hospital

Undertaking to be submitted by Dental Centres
To be given on Hospital's official Letter-Head.

- We, the management of the Dental Centre, do hereby undertake to provide medical attendance/treatment to IPGCL/PPCL medical beneficiaries as per current/prevaling applicable CGHS rates, rules, guidelines, entitlement & CS(MA) Rules and as per the amendments from time to time and shall not refuse to provide the same till the prescribed period of time according to the Office Order and its extension thereof, if any.

We further undertake to strictly adhere to the clarifications regarding admissibility of Dental Treatment i.e. reimbursement is allowed only on dental investigations / procedures as per CGHS list. We shall abide by the opinion obtained by IPGCL-PPCL from Director Principal, Maulana Azad Institute of Dental Sciences (Government Dental College) in which following has been clearly opined:-

- (i) Even when full mouth is involved, maximum 06 (usually 04) Flap surgeries are required to be done by dividing whole cavity in 04 to 06 quadrants.
- (ii) Usually only one flap surgery is done in a single day.
- (iii) Generally a gap of one week is recommended between two flap surgeries.
- (iv) Apicectomy is done under special indications only.
- (v) Gingivectomy, Flap Operations & Apicectomy are different procedures with specific indications. So usually these are done separately.

We also undertake to refund the amount charged over & above the current/prevaling applicable CGHS rates, rules, guidelines, entitlement, CS(MA) Rules and above given guidelines. This is legally binding on us.

Signature of authorized signatory
along with the stamp containing
the name, designation, mobile number
& name of the dental centre.

Undertaking to be submitted by Category-VI – Diagnostic/Imaging Centres
To be given on Hospital's official Letter-Head.

- We, the management of Diagnostic/Imaging Centres, do hereby undertake to charge the medical beneficiaries of IPGCL-PPCL as per current/prevaling applicable CGHS rates, rules, guidelines and CS(MA) Rules and as per the amendments from time to time and shall not refuse to provide the same till the prescribed period of time according to the Office Order and its extension thereof, if any. We further undertake to refund the amount charged over & above the current/prevaling applicable CGHS rates, rules, guidelines and CS(MA) Rules. The same is legally binding on us.

Signature of authorized signatory
along with the stamp containing
the name, designation, mobile number
& name of the diagnostic / imaging
centre.

Undertaking to be submitted by Eye Care Centres

- The Eye Care Centres consenting to provide medical attendance/treatment to medical beneficiaries of IPGCL & PPCL in Category-I shall submit the MOU as already specified and Eye Care Centres consenting to be empanel in Category-II shall submit the undertaking as already specified in the case of Category-II – Panel Hospitals.

The Draft Format for application for consent from Hospitals & Eye Care Centres.

INFORMATION/UNDERTAKING

1. Name of the Hospital.

2. Complete Address.

3. Telephone number/Fax/Website.

4. Name, Designation, Contact number and Mail-ID of two contact persons (one MS/DMS).

5. Having Income Tax exemption certificate:- Yes/No. If yes please enclose attested photocopy.
6. Location, approach and parking facilities.

7. Whether empanelled with CGHS – Yes/No. If yes, enclose the proof.
8. If empanelled with CGHS, State the category – Single Specialty/General purpose/Multi-specialty.

9. If empanelled with CGHS, state whether as NABH accredited/NABH non accredited. If NABH, enclose copy of the certificate.

10. Status of NABH accreditation - Already accredited/Applied/Visited by Accreditation Team/Not applied (enclose proof of the same).

11. Whether empanelled with DGEHS – Yes/No. If yes, enclose the proof.
12. Number of operational beds:- _____
13. 24 hrs. emergency services/ICU/ICCU/NICU.

14. Details of Specialties available.

15. Faculty whether full-time or visiting.

16. Number of full time RMOs.

17. Pathology Lab and Imaging facilities – whether NABL accredited:- Yes/No/Applied/Visited by Accreditation Team, not applied (enclose the proof).

18. Pharmacy – In-House or outsourced.

19. Category under which consent is being sent for i.e. whether Category-I or Category-II or Category-III. Category-I hospitals to submit MoUs duly signed & stamped by authorized person as specified, hospitals consenting for Category-II or Category-III to submit relevant undertakings as specified. Category-III hospitals to specify specialties offered at CGHS rates/discount offered/hospital rates all in detail.

20. Any offer over & above CGHS rates i.e. the discount on CGHS rates/any additional facility.

21. Any other information/comment.

Signature of authorized signatory
along with the stamp containing
the name, designation, mobile number
& name of the hospital

The Draft Format for application for consent from Dental Centres.

INFORMATION/UNDERTAKING

1. Name of the Dental Centre.

2. Complete Address.

3. Telephone number/Fax/Website.

4. Name, Designation, Contact number and Mail-ID of two contact persons (one MS/DMS).

5. Having Income Tax exemption certificate:- Yes/No. If yes please enclose attested photocopy.

6. Location, approach and parking facilities.

7. Whether empanelled with CGHS – Yes/No. If yes, enclose the proof.

8. If empanelled with CGHS, state whether as NABH accredited/NABH non accredited. If NABH, enclose copy of the certificate.

9. Status of NABH accreditation - Already accredited/Applied/Visited by Accreditation Team/Not applied (enclose proof of the same).

10. Whether empanelled with DGEHS – Yes/No. If yes, enclose the proof.

11. Number of Dental Chairs:- _____

12. Details of Specialties available.

13. Faculty along-with their qualifications.

Contd. P/2.

14. Any offer over & above CGHS rates i.e. the discount on CGHS rates/any additional facility.

15. Any other information/comment.

Signature of authorized signatory
along with the stamp containing
the name, designation, mobile number
& name of the Dental Centre.

The Draft Format for application for consent from Diagnostic/Imaging Centres.

INFORMATION/UNDERTAKING

1. Name of the Diagnostic/Imaging Centre.

2. Complete Address.

3. Telephone number/Fax/Website.

4. Name, Designation, Contact number and Mail-ID of two contact persons (one MS/DMS).

5. Having Income Tax exemption certificate:- Yes/No. If yes please enclose attested photocopy.

6. Location, approach and parking facilities.

7. Whether empanelled with CGHS – Yes/No. If yes, enclose the proof.

8. Whether empanelled with DGEHS – Yes/No. If yes, enclose the proof.

9. Details of Diagnostic/Imaging facilities available.

10. Pathology Lab and Imaging facilities – whether NABL accredited:- Yes/No/Applied/Visited by Accreditation Team, not applied (enclose the proof).

11. Faculty along-with their qualifications.

12. Any offer over & above CGHS rates i.e. the discount on CGHS rates/any additional facility.

13. Any other information/comment.

Signature of authorized signatory
along with the stamp containing
the name, designation, mobile number
& name of the Diagnostic/Imaging
Centre.