

ADVERTISEMENT

No. 1624 /DESI
DEV-I-09/2024

Dated. 28.02.2024

EXPRESSION OF INTEREST NOTICE FOR EMPANELMENT OF HOSPITALS / PRIVATE INSTITUTIONS FOR PROVIDING SECONDARY CARE TREATMENT / INVESTIGATION /DIAGNOSTIC CENTER / PIHYSIOTHERAPY TREATEMENT TO ESI BENEFICIARIES.

Applications are invited from reputed Government / Semi-Government/ Private Hospitals / Physiotherapy Centres to provide Secondary Care treatment / Investigation / Physiotherapy Treatment to the eligible ESI beneficiaries on referral basis in the State of Odisha and out of State..

Terms & Conditions:

9. Cashless and hassle free medical services to Insured Persons (IPs) and their family members, who shall be referred by the respective ESI Hospitals /dispensaries.
10. The rate shall not exceed the latest CGHS approved rate for Bhubaneswar along-with the following special conditions.
 - (d) 15% discount in Hospital rates if there is no package procedure under CGHS.
 - (e) For all implants 15% discount on MRP (Maximum Retail Price).
 - (f) For Drugs 10% discount on MRP.The approved CGHS rates can be down loaded from the portal of Ministry of Health & Family Welfare, Govt. of India. (Website <http://www.mohfw.nic.in/cghs.htm>).
11. Hospitals are either be in the current CGHS approved list or on the panel of some Central or State Public Sector Institution. Secondary Care treatment /Investigation to be rendered to the patients at Secondary Care Hospital by a Specialist in the field of Medicines, Surgery, O&G, Orthopedic, Pediatrics, Eye, ENT, Dental, Hematological Disorders, Investigation procedures and Physiotherapy. .
12. Interested Hospitals shall apply in the prescribed format for empanelment and shall submit the same in a sealed cover super scribing “**Application for Empanelment for Secondary Care Treatment / Investigation / Physiotherapy Centre for ESI Scheme**” on the top of the envelope with details of Specialty Department and availability of Specialists along with relevant facilities in their institutions to the Director, ESI Scheme, Bhubaneswar, by Registered Post or Speed Post only, in the given format.
13. The application, if any, submitted earlier by any Hospital in any other form shall not be considered. They shall submit fresh application in response to this advertisement within 15 days from the date of publication of the advertisement.
14. The tie-up Hospitals should be mapped with Bill processing Agency empanelled by ESI Corporation Hqrs. currently UTI-ITSI..
15. Necessary documents can be obtained from the Office or the same can be down loaded from the Office or Department Website. www.esis.odisha.gov.in / www.labour.odisha.gov.in
16. Physiotherapy centres are to provide details of treatment facilities available in the Centre along with details of manpower, equipment / instrument available. Facilities for women patient is to be specified.

Complete application should reach to this office in the address given below by 5.00 P.M of 06.03.2024. Applications received through REGISTERED / SPEED POST / E-mail shall be accepted. Incomplete application shall be rejected.

The Director, ESI Scheme, Odisha, reserves the right to reject any application or cancel the advertisement without assigning any reason thereof.

N.B: APPLICATION IN THIS REGARD, THOSE WHO HAVE ALREADY SUBMITTED EARLIER NEED NOT APPLY AGAIN (Advt. No. 2207/DESI dtd. 17.02.2023 & No. 5619/DESI dtd. 29.05.2023), ONLY FRESH APPLICATION SHALL BE CONSIDER FOR EMPANELMENT FOR TIE-UP WITH E.S.I SCHEME, ODISHA.

Address: Director, ESI Scheme, Odisha,
Bhubaneswar, Plot No. A/122,
Nayapalli, Unit-VIII, Bhubaneswar
Pin-751012, Odisha. Email: directoresis@gmail.com

Sd/-
DIRECTOR
ESI SCHEME, ODISHA,
BHUBANESWAR.

**APPLICATION FORMAT FOR EMPANELMENT OF HOSPITALS FOR PROVIDING
SECONDARY CARE TREATMENT / INVESTIGATION / DIAGNOSTIC CENTER /
PHYSIOTHERAPY TREATMENT TO ESI BENEFICIARIES.**

1. Name of the Hospital /Physiotherapy Centre-
(In capital letters)
2. Name of the Director / Proprietor with Phone/Mob. No.:
Details of Accreditation and Validity period
Whether NABII Accredited - Yes/No
Pre-accredited entry level - Yes/No
Applied for NABII - Yes/No
Not Applied for NABII - Yes/No
(Enclose a scanned copy of relevant certificate)
3. Name of the city /town, where Hospital/Centre is located :
4. Address of the Hospital :
5. Telephone No. :
E-mail ID- :
Website- :
6. Total number of Beds- :
7. Categories of Beds available with number of total Beds in the following type of wards
Causality/Emergency ward. :
ICCU/ICU/Life Support Measures :
General Ward Bed (Department wise) :
8. Clinical facilities available for Secondary Care/Department applied for.
(i) No. of Beds. (ii) Diet. (iii) Consulting Doctors with Name, Qualification
and Experiences. (iv) OT/ Labour Room facility:
(v) Availability of Related investigation procedures (if yes furnish details).
(vi) Any other advanced facility available. (if yes specify). : Yes/No
9. Whether empanelled by CGHS/State Govt./PSU/etc. : Yes/No
(Please enclose copy of relevant document)
10. Whether empanelment with BSKY /Other agency. : Yes/No
11. Whether registered with DMEIT, Odisha/Appropriate Authority. : Yes/No
(Please enclose copy of relevant document)
12. Whether certificate under the PC & PNDT Act available. : Yes/No
(If yes, please enclose copy of relevant document)
13. Fire Safety certificate available. : Yes/No
(Please enclose copy of the relevant document)
14. Issue of registration certificate under the Clinical Establishment Act : Yes/No
(Please enclose copy of relevant document)
15. Waste Management Disposal. (Furnish details). : Yes/No
16. Availability of in-house Pharmacy. : Yes/No
17. Emergency treatment facilities availabilities: (Mention details).
18. Physiotherapy Centre-(furnish details of the centre along with facilities in addition to the above.

I agree to abide by all terms and conditions of the Employees State Insurance Scheme, Odisha from time to time

Signature of Authorized Person with seal

Name:
Designation:
Date: