

## DRAFT COPY OF THE AGREEMENT

(Ref: No. SINP/ESTT/Advt./10/2014)

Date:

To  
Contact Person  
Hospital / Nursing Home  
Address

Ref : Your proposal (vide letter No.     dt.     ) regarding the **“Empanelment on Tie-up medical facilities”** for OPD & IPD medical treatment on credit basis of our regular employees, their dependents, retired employees and their spouses from April 01, 2015 to March 31, 2018.

Dear Sir,

We are happy to inform you that the Director of our Institute has approved **“Empanelment on Tie-up medical facilities”** with you to provide OPD and IPD medical facilities on credit basis to the regular employees, their dependents, retired employees and their spouses availing the medical benefit for the Institute. This approval will remain valid till March 31<sup>st</sup>, 2018 w.e.f. April 01, 2015. Payment will be made directly by the Institute to your organization on a monthly billing system for providing the aforementioned medical facilities.

As per your proposal letter dated     according to our Tender Notice No. SINP/Estt/Advt/ / dt.     for the credit facility, you should follow strictly the **CGHS rates** applicable at Kolkata for OPD and IPD treatments. For treatment of diseases not enlisted in CGHS, we would request you to provide us maximum discount. All the bills not covered under CGHS (Kolkata) rate would be paid by the patient party directly to the Hospital / Nursing Home at the time of discharge or release.

We would also request you to make arrangements for ambulance, if necessary, to take serious patients from our campus.

For availing the credit facility for the treatment in your hospital by our patient(s) we would like to adopt the below mentioned methodology:

A) **OPD and IPD treatment** : Employee (regular or retired) or the beneficiary will be required to be present to the Hospital :

1. Must produce valid Medical Identity Card with one photocopy of the same. Photocopy will be retained by you.
2. IPD admission and treatment on credit through OPD or otherwise is allowed provided an official endorsement (**Letter of Authorization**) from the Institute duly signed by the Director or the Registrar or the Chairman, Medical Advisory Committee is furnished to the hospital within 48 hours of admission. (Some minor relaxation may be made only in case of long holidays of the Institute).
3. Investigations (Path. & Radio. Tests) of OPD prescriptions can be carried out at the same hospital on credit basis.

B) **Payment of Bill by SINP**: Institute will make payment, barring unforeseen difficulty, within a month from the date of receipt of the Bill.

1. Bill/s should be addressed to : The Registrar

Saha Institute of Nuclear Physics  
1/AF, Bidhannagar, Kolkata-700064

2. Bill/Invoice should be furnished for **OPD treatment** as well as **Investigation (path/radio. tests)** : Doctor's prescription along with all the relevant documents, (Doctor's qualification (s), consultation fees or professional charges, investigation charges in separate, medical ID No., copy of our medical ID card, and signature of the patient or patient parties on the bill and medical ID card etc). Please note that if you do not furnish the doctor's prescription for OPD treatment in your hospital please mention the name of doctor and his/her qualification(s), registration no. and the name of OPD department, where he/she has been treated, on the bill/invoice along with signature of the patient or patient parties.
3. Bill/Invoice should be furnished for **IPD treatment** : Final bill/invoice along with all the relevant documents like doctor's prescription, money receipt in final bill/invoice, medical ID No., copy of our medical ID card, copy of our letter of authorization, discharge certificate, investigation (path/radio) reports, clinical reports, emergency admission advice, treatment sheet, medicine & investigation requisition according to doctor's advice and signature of the patient or patient parties on the bill/invoice etc.

4. If you do not enclose any one of the above mentioned relevant papers for sending your OPD & IPD bill/invoice, the said bill/invoice cannot be processed for payment. Please note that the Institute does not pay any type of Service charges in this regard.
5. At the time of discharge, MRI/ X-ray/ CT scan plates, photocopies of all the investigation reports and all the relevant papers should be handed over to the patient / patient parties.

**C) Payment of Bill by the patient party directly to you:** Any amount not covered under CGHS (Kolkata) rate or exceeding the upper limit as mentioned in the authorization letter (except treatment exclusively for cancer) would be paid by the patient party directly to the Hospital / Nursing Home at the time of discharge or release.

In no circumstances, SINP will be responsible to recover such amount from the patient party.

Kindly send us to your acceptance letter regarding this and mention the name with contact nos. of the person or persons with whom we can keep in touch if and when necessary.

If you have any queries in this regard please feel free to call us for clarification.

Looking forward to your kind co-operation in this matter and oblige.

With best regards,

Yours faithfully,

( )

Registrar

Encl. : A blank Medical ID Card and Letter of Authorization for sample.

**Note : Please furnish us the maximum discount amount in your acceptance letter on such procedures/packages which CGHS does not cover and other terms (if possible).**