



# NETWORK PROVIDER INFORMATION FORM

Name of Hospital / Nursing Home: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Pin Code: \_\_\_\_\_ STD Code.: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ Landmark: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

TPA Discount: \_\_\_\_\_

Hospital / Nursing Home / Eye Care On GIPSA Panel or Not: \_\_\_\_\_

Total No. of Beds: \_\_\_\_\_

Type of Ownership: Proprietor / Partner Ship/ Pvt. Ltd. / Trust / Other: \_\_\_\_\_

If other (Please specify): \_\_\_\_\_

Year of Establishment: \_\_\_\_\_ Registration No.: \_\_\_\_\_

Registration Authority: \_\_\_\_\_

Please Attach the Photocopy of Registration Certificate Yes / No: \_\_\_\_\_

PAN Number.: \_\_\_\_\_ Attach Photocopy of PAN Number: Yes / No: \_\_\_\_\_

Name of Authorized Person: \_\_\_\_\_ Contact No. : \_\_\_\_\_

TDS Exemption Certificate: Yes / No (If Yes attach photocopy) \_\_\_\_\_

Form ST-2: Yes/No (If Yes attach photocopy) \_\_\_\_\_ Service Tax No. \_\_\_\_\_



## Banking & Transaction detail Sheet

Payments drawn in favour of: \_\_\_\_\_

Bank Account No.: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Contact No. of Banks: \_\_\_\_\_

Bank Branch: \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank Pin Code \_\_\_\_\_

IFS Code: \_\_\_\_\_ MICR Code: \_\_\_\_\_

Contact person name (payments related) \_\_\_\_\_

Contact No. \_\_\_\_\_ Mob. No. \_\_\_\_\_

Email ID (to send amount deposited details) \_\_\_\_\_

### Key Persons:

Sr. No.	Description	Name	Phone No.	Mobile No.
1	Head / Owner of Organization			
2	CMO/ Administrator			
3	Accountant			
4	Marketing Head			
5	TPA Helpdesk Executive			

## Type of Wards & OT

Sr. No.	Type	No. of Beds	Per Day Rent
1.	Suites		
2.	Super Deluxe		
3.	Deluxe		
4.	Private A/C		
5.	Private Non A/C		
6.	Semi Private		
7.	General Ward / Economy Ward		
8.	ICU/CCU		

## Operation Theatres

Sr. No.	Type of OT	Yes	No	Numbers
1.	Major OT			
2.	Minor OT			
3.	Labour Room			
4.	Cath. Lab.			
5.	Open Heart Surgery			
6.	Neuro Surgery			
7.	Trauma Care / Centre			
8.	Burn Unit			
9.	Nephro			
10.	Ophthalmic			

## Diagnostic

Sr. No.	Type of Machine	Make of Machine	Numbers	Manufactured Year of Machine	Rates for Test
1.	CT Scan				
2.	Color Doppler				
3.	ECG				
4.	ECHO				
5.	EEG				
6.	EMG				
7.	Glucose				
8.	Glucose Tolerance Test				
9.	Hematology				
10.	Histopathology				
11.	Holter Monitoring				
12.	Microbiology				
13.	MRI				
14.	Pathology				
15.	PFT				
16.	TMT				
17.	Ultrasono Graphy				
18.	X-Ray				

## Details of Staff

Sr. No.	Staff Details	Number
1.	Non Medical Staff	
2.	Para Medical Staff	
3.	Supportive Staff	

OPD details: No of OPD Chambers: \_\_\_\_\_ No. of Patient in OPD: \_\_\_\_\_  
(on daily basis)



## Other Facilities

Sr. No.	Details	Yes	No
1.	Ambulance Services with Ventilator		
2.	Blood Bank		
3.	Boilers / Sterilizers		
4.	Bio-Medical Waste Disposal Physiotherapy		
5.	Electricity Backup / Generator		
6	Fire Control System		
7.	House keeping		
8.	Incinerator		
9.	Laundry facilities		
10.	Mortuary		
11.	Physiotherapy		
12.	Oxygen Gas Plant		
13.	Pharmacy ( In house / outsource)		
14.	Pathology & Diagnostic		
15.	Computerized Billing		
16.	Parking Space Area		
17.	Patient Elevator		
18.	Ramp Facility		
19.	Security Services		
20.	Water Purification Plant		

## Package Charges

Sr. No.	Category	Package Charges	Package Details
1.	Appendicectomy		
2.	Arthroscopy – Knee / Hip		
3.	CABG		
4.	Cataract ( Imported IOL, foldable Phaco)		
5.	Cataract (Indian IOL, non-foldable Phaco)		
6.	Cataract (Indian IOL, foldable Phaco)		
7.	Cataract (Indian IOL, non-foldable Phaco)		
8.	Cataract (Indian IOL, without Phaco)		
9.	Cholesystectomy		
10.	Coronary Angiography		
11.	Coronary Angioplasty (PTCA)		
12.	Exploratory Laparotomy		
13.	Fissurectomy		
14.	Fistulectomy		
15.	Haemorrhoidectomy		
16.	Hiatus Hernia Repair		
17.	Hernia - Inguinal		
18.	Hernia- Ventral / Incisional		
19.	Hysterectomy		
20.	Kidney Stone / Lithotripsy		
21.	D & C		
22.	Normal Delivery		
23.	LSCS		
24.	Mastectomy (Radial)		
25.	Orchidectomy / Epididymectomy		
26.	PCNL Bilateral		
27.	PCNL Unilateral		
28.	Permanent pacemaker Implantation		
29.	PID-Disectomy		
30.	Sacral bulking (Retina Detachment Surgery)		
31.	Septoplasty		
32.	Temporary Pacemaker Implantation		
33.	Tonsillectomy		
34.	Total Hip Replacement		
35.	Total Knee Replacement		
36.	TURP		
37.	Tympanoplasty		
38.	Other		
39.	Other		

All the above packages are inclusive of Room charges, Doctors / Surgeon Fee, Anesthetist Fee, Assistant Fee, OT Charges, Investigations & Misc. Charges, (consumable like implant, lens, shunt, pacemaker, medicine may be charge extra).

## Schedule of Charges

Sr. No.	Category	Suites	Super Deluxe	Deluxe	Private A/C	Private Non A/C	Semi Private	General Ward
	Per Day Charges							
1.	Visit Charges (Per day irrespective number of Visit)							
2.	Ventilator charges (per day)							
3.	Room Rent (inclusive of Nursing Charges / Food Charges)							
4.	PICU / NICU / ICU Charges (Per day inclusive of intensive, doctor fees (2 visits), monitor, infrastructure & Facilities)							
5.	Other Surgeries Surgeon Fees							
6.	Other Surgeries OT Charges							
7.	Other Surgeries Anesthetist fees (% of Surgeon fees )							
8.	Minor Surgery Surgeon fees							
9.	Minor Surgery OT Charges							
10.	Minor Surgery Anesthetist Fees (% of Surgeon fees)							
11.	Major Surgery Surgeon Fees							
12.	Major Surgery OT Charges							
13.	Major Surgery Anesthetist Fees (% of Surgeon fees)							
14.	ICCU Charges (per day inclusive of intensive, doctor fees (2 visit ), monitor, oxygen, infrastructure & facilities)							



## **Documents Required for Empanelment**

- 1. Complete Hospital Tariff List including procedure charges.**
- 2. Original Hospital Photos.**
- 3. Valid Hospital Registration Certificate (Hospital should be register under Local Authority).**
- 4. Consultant List with the Registration numbers and their OPD schedule.**
- 5. List of equipments.**
- 6. Hospital PAN CARD photocopy.**
- 7. Hospital TAN Number copy.**
- 8. List of Other Panel Insurance Companies/TPA.**
- 9. ISO/NABH if applicable.**
- 10. Hospital Service Tax Number.**
- 11. Human Organ Transplant Registration Certificate (\* Applicable in the Hospital/Nursing home where Organ transplant surgery is done).**
- 12. FDA Pharmacy License ( \* If Hospital has in-house 24 hrs Pharmacy)**
- 13. Name & Registration Number of Pathologist/ Radiologist ( \* If Hospital has In-House Diagnostic Centre)**
- 14. Sample reports of Discharge summary, Hospital final bill, Pharmacy bill(If in-house pharmacy) & Pathology reports(If in-house lab)**

### **Please Note:-**

**The above mentioned documents are mandatory to take ahead the process for empanelment of the hospital with hospital seal & signature.**