



Prabhakar Kore Hospital And Medical Research Centre

APPROVAL LETTER

dated :	12/09/2022	URN No :	4016498455
Init Name:	SUPERINTENDENT OF POLICE,BAGALKOT	Date of Admission :	10/09/2022
Claim No :	8151206	Scheme Name:	ABY Scheme
IGID :	1827374	Emp Name :	NILESH VASANT BEVINAKATTI

Dear Sir / Madam

As per the guidelines of **ABY Scheme** , a payment of **62500** is approved for **VIRAJ NILESH BEVINAKATTI** who is treated for in our esteemed Hospital.

Remarks:
AS PER CGHS

Deduction Amount	Deduction Reasons

For any further clarifications, you may directly contact the Scheme Owner.

1. Claim form duly signed by patient/ insured.	4. Detailed hospital Bill with supporting Bill break up.
2. Original Discharge Summary/Card	5. Copy of Authorization letter.
3. Original Investigation reports	6. Invoice of Implant / Sticker used.



Prabhakar Kore Hospital And Medical Research Centre

APPROVAL LETTER

Dated :	17/06/2022	URN No :	4016269727
Unit Name:	SUPERINTENDENT OF POLICE,BELGAVI	Date of Admission :	13/06/2022
Claim No :	8126671	Scheme Name:	ABY Scheme
CGID :	2184071	Emp Name :	BALESH SATTEPPA ANTARAGATTI

Dear Sir / Madam

As per the guidelines of **ABY Scheme** , a payment of **71500** is approved for **BORAVVA ALIYAS LAKKAVVA SATTEPPA ANTARAGATTI** who is treated for in your esteemed Hospital.

Remarks:

AS PER CGHS RATE

Deduction Amount	Deduction Reasons

For any further clarifications, you may directly contact the Scheme Owner.

1. Claim form duly signed by patient/ insured.	4. Detailed hospital Bill with supporting Bill break up.
2. Original Discharge Summary/Card	5. Copy of Authorization letter.
3. Original Investigation reports	6. Invoice of Imolant / Sticker used.



Prabhakar Kore Hospital And Medical Research Centre

APPROVAL LETTER

Admitted :	22/02/2023	URN No :	4016187432
Init Name:	COMMISSIONER OF POLICE,BELAGAVI CITY	Date of Admission :	22/02/2023
Claim No :	8198148	Scheme Name:	ABY Scheme
CGID :	2823779	Emp Name :	GANGADHAR ASHOK JYOTI

Dear Sir / Madam

As per the guidelines of **ABY Scheme** , a payment of **15500** is approved for **SIDDAVVA ASHOK JYOTI** who is treated for in your esteemed Hospital.

Remarks:

AS PER CGHS RATES

Deduction Amount	Deduction Reasons

For any further clarifications, you may directly contact the Scheme Owner.

1. Claim form duly signed by patient/ insured.	4. Detailed hospital Bill with supporting Bill break up.
2. Original Discharge Summary/Card	5. Copy of Authorization letter.
3. Original Investigation reports	6. Invoice of Implant / Sticker used.



Dr. Prabhakar Kore Hospital And Medical Research Centre

APPROVAL LETTER

Admitted :	14/02/2023	URN No :	4016550056
Init Name:	COMMISSIONER OF POLICE,BELAGAVI CITY	Date of Admission :	11/02/2023
Claim No :	8195481	Scheme Name:	ABY Scheme
CGID :	3172284	Emp Name :	ANAND HASABI

Dear Sir / Madam

As per the guidelines of **ABY Scheme** , a payment of **51500** is approved for **KASTURIDUNDAPPAHASABI** who is treated for in our esteemed Hospital.

Remarks:

AS PER CGHS RATES

Deduction Amount	Deduction Reasons

For any further clarifications, you may directly contact the Scheme Owner.

1. Claim form duly signed by patient/ insured.	4. Detailed hospital Bill with supporting Bill break up.
2. Original Discharge Summary/Card	5. Copy of Authorization letter.
3. Original Investigation reports	6. Invoice of Imolant / Sticker used.



Prabhakar Kore Hospital And Medical Research Centre

APPROVAL LETTER

Admitted :	05/01/2023	URN No :	4016416891
Init Name:	COMMISSIONER OF POLICE,BELAGAVI CITY	Date of Admission :	23/12/2022
Claim No :	8180451	Scheme Name:	ABY Scheme
CGID :	1999535	Emp Name :	PRAKASH NARAYAN KHANGAONKAR

Dear Sir / Madam

As per the guidelines of **ABY Scheme** , a payment of **62500** is approved for **PRAKASH NARAYAN KHANGAONKAR** who is treated for in your esteemed Hospital.

Remarks:

AS PER CGHS RATES

Deduction Amount	Deduction Reasons

For any further clarifications, you may directly contact the Scheme Owner.

1. Claim form duly signed by patient/ insured.	4. Detailed hospital Bill with supporting Bill break up.
2. Original Discharge Summary/Card	5. Copy of Authorization letter.
3. Original Investigation reports	6. Invoice of Implant / Sticker used.



Prabhakar Kore Hospital And Medical Research Centre

APPROVAL LETTER

dated :	01/12/2022	URN No :	4016269894
Init Name:	SP KARNATAKA LOKAYUKTA,BELAGAVI	Date of Admission :	30/11/2022
Claim No :	8173837	Scheme Name:	ABY Scheme
CGID :	2228386	Emp Name :	AMOL A KORAV

Dear Sir / Madam

As per the guidelines of **ABY Scheme** , a payment of **51500** is approved for **NEELAVATHI A KORAV** who is treated for in your esteemed Hospital.

Remarks:

Need to do as per ABY rules

Deduction Amount	Deduction Reasons

For any further clarifications, you may directly contact the Scheme Owner.

Claim form duly signed by patient/ insured.	4. Detailed hospital Bill with supporting Bill break up.
Original Discharge Summary/Card	5. Copy of Authorization letter.
Original Investigation reports	6. Invoice of Implant / Sticker used.



Prabhakar Kore Hospital And Medical Research Centre

APPROVAL LETTER

Date of Admission :	14/11/2022	URN No :	4016528458
Patient Name:	COMMANDANT, IV BN KSRP,BANGALORE	Date of Admission :	09/11/2022
Claim No :	8167918	Scheme Name:	ABY Scheme
CGID :	3114757	Emp Name :	MAHANTESH MADHUR

Dear Sir / Madam

As per the guidelines of **ABY Scheme** , a payment of **61500** is approved for **SIDDAVVA MADHUR..** who is treated for in your esteemed Hospital.

Remarks:

As per cghs rates

Deduction Amount	Deduction Reasons

For any further clarifications, you may directly contact the Scheme Owner.

1. Claim form duly signed by patient/ insured.	4. Detailed hospital Bill with supporting Bill break up.
2. Original Discharge Summary/Card	5. Copy of Authorization letter.
3. Original Investigation reports	6. Invoice of Implant / Sticker used.



Ip-1121294
In. 20-6-22

Employee's State Insurance Scheme (Karnataka)

ENTITLEMENT S.B. CHECKED

BILL COPY.

Subbali



Medical Superintendent
ESI Hospital
BELGAUM

Letterhead of Referring ESI Hospital(P-I)
REFERRAL FORM(Permission Letter)

Patient Registration

Claim ID.	530434	Referral No.	2276
Date of Issue	20/06/2022	Validity Upto	27/06/2022

Patient & Beneficiary Information

Insurance No/Staff Card No/ Pensioner Card No	5858699138	ESI Dispensary	ESIS M Service - BELGAUM
Name of Patient	GURALING	Age	59
Identification Marks(if any)		Gender	Male
Address	At post Ammanagi Hukkeri	Name Of the Insured Person	MALLIKARJUN G SANNAKKI
Relationship with IP/Staff	Father	Contact No.	9916570070

Entitled for Medical Benefit

Diagnosis/Clinical opinion/case
Right Hydropneumothorax

Summary along with relevant treatment given/Procedure/investigation done in ESIC hospital
NA

Treatment/procedure/SST investigation for which patient is being referred (mention specific diagnosis for referral)
For Further Management

ON CREDIT
ESI HOSPITAL
21.6.22

I voluntarily choose KLES DR PRABHAKAR KORE HOSPITAL & MRC Tie-up Hospital for treatment of Father

Referred to KLES DR PRABHAKAR KORE HOSPITAL & MRC Hospital/Diagnostic Centre

Medical Superintendent
ESI Hospital Ashok Nagar
BELGAUM-16.

Sign & Stamp of Authorized Signatory **

** In case of emergency, signature of referring doctor or Casualty Medical Officer is needed, Record to be maintained in the register. New form duly filled will be sent after signature of the competent authority on the next working day.

Mandatory Instructions for Tie-up Hospital

1. Referred hospital is instructed to perform only the procedure/treatment for which the patient has been referred to.
2. In case of additional procedure/treatment/investigation is essentially required in order to treat the patient for which he/she has been referred to, the permission for the same is essentially required from the referring hospital either through e-mail, fax or telephonically (to be confirmed in writing at the earliest).
3. The referred hospital has to raise the bill as per the agreement on the standard proforma along with supporting documents within 15 days of discharge of the patient giving account number and RTGS number etc.
4. Food supplement will not to be prescribed/reimbursed.
5. Only Generic medicine to be used wherever possible.
6. Only those medicine to be used which are FDA/ IP/ BP or USP approved.

Checklist of documents to be sent by referring ESIC/ESIS hospital to tie-up hospital

1. Duly filled & signed referral proforma.
2. Copy of Insurance Card/Photo I card of IP.

Mat

FP-1134408 In. 18.8.22



Employee's State Insurance Scheme (Karnataka)

GOVERNMENT S.B. CHECKED
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 BILL COPY



Medical Superintendent
 ESI Hospital
 Ashok Nagar, BELAGAVI-16

Letterhead of Referring ESI Hospital(P-I)
 REFERRAL FORM(Permission Letter)

Patient Registration

Claim ID.	558046	Referral No.	3440
Date of Issue	18/08/2022	Validity Upto	25/08/2022

Patient & Beneficiary Information

Insurance No/Staff Card No/ Pensioner Card No	7118272799	ESI Dispensary	ESIS M Service - BELGAUM
Name of Patient	LAKSHMI	Age	2
Identification Marks(if any)		Gender	Female
Address	Bidari	Name Of the Insured Person	BASAVARAJ LIGADE
Relationship with IP/Staff	Daughter	Contact No.	7760329438

Entitled for Medical Benefit

Diagnosis/clinical opinion/case: **Developmental Dysplasia of Hip / Congenital Heart Disease ?**

Summary along with relevant treatment given/Procedure/Investigation done in ESI hospital: **NA**

Treatment/procedure/SST investigation for which patient is being referred (mention specific diagnosis for referral): **For Further Management**

I voluntarily choose KLES DR PRABHAKAR KORE HOSPITAL & MRC Tie-up Hospital for treatment of Daughter

Sign/Thumb Impression of IP/Beneficiary/Staff

Referred to KLES DR PRABHAKAR KORE HOSPITAL & MRC Hospital/Diagnostic Centre for

Medical Superintendent
 Sign & Stamp of Authorized Signatory **
 ESI Hospital

** In case of emergency, signature of referring doctor or Casualty Medical Officer is needed. Record to be maintained in the register. New form duly filled will be sent after signature of the competent authority on the next working day.

Mandatory Instructions for Tie-up Hospital

1. Referred hospital is instructed to perform only the procedure/treatment for which the patient has been referred to.
2. In case of additional procedure/treatment/investigation is essentially required in order to treat the patient for which he/she has been referred to, the permission for the same is essentially required from the referring hospital either through e-mail, fax or telephonically (to be confirmed in writing at the earliest).
3. The referred hospital has to raise the bill as per the agreement on the standard proforma along with supporting documents within 15 days of discharge of the patient giving account number and RTGS number etc.
4. Food supplement will not to be prescribed/reimbursed.
5. Only Generic medicine to be used wherever possible.
6. Only those medicine to be used which are FDA/ IP/ BP or USP approved.

Checklist of documents to be sent by referring ESIC/ESIS hospital to tie-up hospital

1. Duly filled & signed referral proforma.
2. Copy of Insurance Card/Photo I card of IP.

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ENTITLEMENT S.B. CHECK

Employee's State Insurance Scheme (Karna

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FR-1131386
In-4-8-22

Letterhead of Referring ESI Hospital(P-I)
 REFERRAL FORM(Permission Letter)

Medical Superintendent
 ESI Hospital

Patient Registration

Claim ID.	551148	Referral No.	311
Date of Issue	04/08/2022	Validity Upto	11/08/2022

Patient & Beneficiary Information

Insurance No/Staff Card No/ Pensioner Card No	5858762104	ESI Dispensary	ESIS M Service - BELGAUM
Name of Patient	AVVAKKA	Age	47
Identification Marks(if any)		Gender	Female
Address	Belgaum	Name Of the Insured Person	MAHADEV MALLIKEP.
Relationship with IP/Staff	Wife	Contact No.	7619100206
Entitled for Medical Benefit			
Diagnosis/clinical opinion/case	?Cataract Cause Of DOV		
Summary along with relevant treatment given/Procedure/investigation done in ESIC hospital	NA		
Treatment/procedure/ SST investigation for which patient is being referred (mention specific diagnosis for referral)	For Further Management		

I voluntarily choose KLES DR PRABHAKAR KORE HOSPITAL & MRC Tie-up Hospital for treatment of Wife

[Signature]

Sign/Thumb Impression of IP/Beneficiary/Staff

Referred to KLES DR PRABHAKAR KORE HOSPITAL & MRC Hospital/Diagnostic Centre for

Sign & Stamp of Authorized Signatory **

** In case of emergency, signature of referring doctor or Casualty Medical Officer is needed. Record to be maintained in the register. New form duly filled will be sent after signature of the competent authority on the next working day.

Mandatory Instructions for Tie-up Hospital

1. Referred hospital is instructed to perform only the procedure/treatment for which the patient has been referred to ESI Hospital
2. In case of additional procedure/treatment/investigation is essentially required in order to treat the patient for which he/she has been referred in the permission for the same is essentially required from the referring hospital either through e-mail, fax or telephonically (to be confirmed in writing at the earliest).
3. The referred hospital has to raise the bill as per the agreement on the standard proforma along with supporting documents within 15 days of discharge of the patient giving account number and RTGS number etc.
4. Food supplement will not to be prescribed/reimbursed.
5. Only Generic medicine to be used wherever possible.
6. Only those medicine to be used which are FDA/ IP/ BP or USP approved.

Checklist of documents to be sent by referring ESIC/ESIS hospital to tie-up hospital

1. Duly filled & signed referral proforma.
2. Copy of Insurance Card/Photo I card of IP.

Medical Superintendent
 ESI Hospital

Entitlement Checked

Adoc III Bill Copy.

1037992

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Employee's State Insurance Scheme (Karnataka)

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Letterhead of Referring ESI Hospital(P-I)
REFERRAL FORM(Permission Letter)

Patient Registration

Claim ID.	363543	Referral No.	1787
Date of Issue	03/02/2021	Validity Upto	10/02/2021

Patient & Beneficiary Information

Insurance No/Staff Card No/ Pensioner Card No	5858829384	ESI Dispensary	ESIS M Service - BELGAUM
Name of Patient	LAXMI	Age	42
Identification Marks(if any)		Gender	Female
Address	H No 40, Ramaling Gaili Bambaraga	Name Of the Insured Person	SATABA G MANAGUTKAR
Relationship with IP/Staff	Mother	Contact No.	9611662743

Entitled for Medical Benefit

Diagnosis/clinical opinion/case: Right Sided Pneumonia with B/L Renal Calculi with Type-2 DM

Summary along with relevant treatment given/Procedure/investigation done in ESIC hospital: NA

Treatment/procedure/ SST investigation for which patient is being referred :(mention specific diagnosis for referral): For Further management

I voluntarily choose KLES DR PRABHAKAR KORE HOSPITAL & MRC Tie-up Hospital for treatment of Mother

Sign/Thumb Impression of IP/Beneficiary/Staff

Referred to KLES DR PRABHAKAR KORE HOSPITAL & MRC Hospital/Diagnostic Centre for BELGAUM-16

Sign & Stamp of Authorized Signatory **

** In case of emergency, signature of referring doctor or Casualty Medical Officer is needed. Record to be maintained in the register. New form duly filled will be sent after signature of the competent authority on the next working day.

Mandatory Instructions for Tie-up Hospital

1. Referred hospital is instructed to perform only the procedure/treatment for which the patient has been referred to.
2. In case of additional procedure/treatment/investigation is essentially required in order to treat the patient for which he/she has been referred to, the permission for the same is essentially required from the referring hospital either through e-mail, fax or telephonically (to be confirmed in writing at the earliest).
3. The referred hospital has to raise the bill as per the agreement on the standard proforma along with supporting documents within 15 days of discharge of the patient giving account number and RTGS number etc.
4. Food supplement will not to be prescribed/reimbursed.
5. Only Generic medicine to be used wherever possible.
6. Only those medicine to be used which are FDA/ IP/ BP or USP approved.


Checklist of documents to be sent by referring ESIC/ESIS hospital to tie-up hospital

1. Duly filled & signed referral proforma.
2. Copy of Insurance Card/Photo I card of IP



Employee's State Insurance Scheme (Karnataka)

3. Referral recommendation of the specialist/concerned medical officer.
4. Attested Copy of entitlement evidence of Specialty/super specialty treatment.
5. Reports of investigations and treatment already done.
6. One additional Photograph of the Patient


Signature of Competent Authority
Medical Superintendent
ESI Hospital Ashok Nagar,
BELGAUM-16.



EMPLOYEES' STATE INSURANCE CORPORATION

e-Pehchan Card

Insured Person : **Sataba G. Managutkar**
Insurance No. : **5858829384**
Date of Registration : **18/04/2017**

YOUR REGISTRATION DETAILS

Employee Name:	Sataba G. Managutkar	Type of Disability :	None
Name of Father / Husband:	GUNDAU	Date of Birth :	03/07/1993
Marital Status :	Married	Gender :	Male
Present Address :	BELAGAVI,At,Post: H. No. 40, Ramling Galli, Bambaraga,,Tq: Dist: Belagavi,Dist:Belgaum,Karnataka	Permanent Address :	BELAGAVI,At,Post: H. No. 40, Ramling Galli, Bambaraga,,Tq: Dist: Belagavi,Dist:Belgaum,Karnataka
Dispensary / IMP for IP :	K.S.R.T.C. Belgaum, KA (ESIS Disp.)	Dispensary / IMP for Family:	K.S.R.T.C. Belgaum, KA (ESIS Disp.)
UHID	KA01.0006508138		
Current Employer Details		First Employer Details	
Employer's Code No. :	58005095290001303	Employer's Code No. :	None
Sub Unit's Code No. :	58585095290041303	Sub Unit's Code No. :	None
Date of Appointment :	01/03/2017	First Insurance No. :	None
Name of Employer :	KLE UNIVERSITY,BELAGAVI.	Name of Employer :	None
Address of Employer :	KLE JAWAHARLAL NEHRU MEDICAL COLLEGE,BELAGAVI.,BELAGAVI.,Dist:Bel gaumKarnataka590010	Address of Employer :	None

Family Details:

Name	Relationship with the Employee	Date of Birth	UHID	Whether Residing with Insured Person	State	District
GUNDU MANAGUTKAR	Dependant father	01/01/1945	KA01.0006508139	Yes	Karnataka	Belgaum
LAXMI MANAGUTKAR	Dependant mother	01/01/1979	BELG.0000031651	Yes	Karnataka	Belgaum
Ujjwala S. Managutkar	Spouse	23/01/2000	KA01.0006508140	Yes	Karnataka	Belgaum
Rajveer	Minor dependant son	06/03/2018	KA01.0006508141	Yes	Karnataka	Belgaum
LAVANYA	Dependant unmarried daughter	30/04/2020	KA01.0006508142	Yes	Karnataka	Belgaum


Medical Superintendent
ESI Hospital Ashok Nagar,
BELGAUM-18.

ESI Hospital Ashok Nagar,
BELGAUM-18.

Documents Uploaded:

none

Signature / LTI of Registered Employee / IP :




Affix Your




Mobile Number : 9611662743

NOTE:

1. Please keep this printout for future reference and bring this along with your Photo ID for all your Claim Benefits and Medical Benefits.
2. Employer to please affix employee and his family photo here and attest with official stamp across.


Principal
Jawaharal Nehru Medical College
BELAGAVI
Signature / Stamp of ESIC Officer / Employer


Medical Superintendent
ESI Hospital Ashok Nagar,
BELGAUM-16.



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಸಾಧಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India

Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1377/12015/18032

To
ಲಕ್ಷ್ಮಿ ಮನಗೂತಕರ
Laxmi Mangutkar
W/O: Gundu
#40 laxmi gali
Bambarge
Bombarge
Hukeri Belgaum
Karnataka 591143
9611662743

25/11/2014
192290469



ML922904696FT



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9963 5080 8697

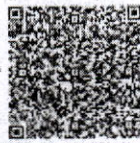
ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ

Government of India

ಲಕ್ಷ್ಮಿ ಮನಗೂತಕರ
Laxmi Mangutkar
ಜನ್ಮ ದಿನಾಂಕ / DOB : 01/01/1979
ಸ್ತ್ರೀ / Female



9963 5080 8697

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

Medical Superintendent
ESI Hospital Ashok Nagar,
BELGAUM-18.



ಮಾಹಿತಿ

- ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯೇ ಹೊರತು ಪೌರತ್ವದಲ್ಲ .
- ನಿಮ್ಮ ಗುರುತನ್ನು ಸಾಬೀತುಪಡಿಸಲು, ಆನ್ ಲೈನ್ ಮೂಲಕ ದೃಢೀಕರಿಸಿ .

INFORMATION

- Aadhaar is proof of identity, not of citizenship .
- To establish identity, authenticate online .

- ಆಧಾರ್ ದೇಶದಾದ್ಯಂತ ಮಾನ್ಯತೆಯನ್ನು ಪಡೆದಿದೆ .
- ಭವಿಷ್ಯದಲ್ಲಿ, ಸರ್ಕಾರಿ ಹಾಗೂ ಸರ್ಕಾರೇತರ ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಆಧಾರ್ ನಿಮಗೆ ಸಹಾಯಕವಾಗಲಿದೆ .
- Aadhaar is valid throughout the country .
- Aadhaar will be helpful in availing Government and Non-Government services in future .



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಸಾಧಕಾರ
Unique Identification Authority of India

ವಿಳಾಸ:
W/o: Gundu, #40, ಲಕ್ಷ್ಮಿ ಗಲ್ಲಿ, ಬಂಬರ್ಗೆ,
ಬೆಂಗಳೂರು, ಕರ್ನಾಟಕ, 591143

Address:
W/O: Gundu, #40, laxmi gali,
Bambarge, Bombarge, Belgaum,
Karnataka, 591143

9963 5080 8697

1047
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

ESI Supes.

JP-1904542

In. 1.6.22

16/44



Employee's State Insurance Corporation

ENTITLEMENT CARD

ENTITLEMENT CARD

Medical Officer

Ashok

Sukh

Letterhead of Referring ESI Hospital/Dispensary

REFERRAL FORM(Permission Letter)

Region: RO - Karnataka

Referred By: RO - Karnataka

Patient Registration

Claim ID:	4005199	Referral No.	11
Date of Issue	01/04/2022	Validity Upto	30/04/2022

Patient & Beneficiary Information

Name of Patient	MR. SHANKAR KURBET	Age	38
Gender	Male	Whether IP/Staff / Family	Self
UHID NO.	BELG.0000012994	IP NO.	5858533345
Beneficiary Name	MR. SHANKAR KURBET	Relationship with Beneficiary	Self
Identification Marks(if any)			
Admission	Yes		
Investigation/Rx/Procedure /for which patient is being referred (Reasons for referral)	For Hemodialysis & Blood Transfusion & Further Management		
Consultation for	Yes		
Package Type	CGHS Package		

Package Details

2 Consultation- for Inpatients

Referred For :-

SECONDARY	IN-PATIENT MANAGEMENT - OTHERS
TERTIARY	NEPHROLOGY DIALYSIS

Name of the empanelled hospital	KLES DR PRBHAKAR KORE HOSPITAL & MRC - BELAGAVI
Remarks	Chronic Renal Disease Stage V / Severe Anemia / HTN

Place :

Dated :

Advised By: Dr Santosh B

Signature of Medical Office Grade II

Medical Officer

Ashok Hegde, Approved By: MS
Signature of Medical Officer with Stamp

However, agreeing to / contradicting the above, I voluntarily choose _____ Hospital for treatment of self or for my (relationship).

Signature of Patient.

Date & Time:

Signature/Thumb Impression of IP/Beneficiary/Staff

Foot Note:

NB: In case of emergency, signature of referring doctor or Casualty Medical Officer is needed. Record to be maintained in the register. The form duly filled should be sent after signature of the competent approving authority.

- Mandatory instructions for the Hospital where the patient is referred.
- Referred hospital is instructed to perform only the procedure/treatment for which the patient has been referred to.
- The entitlement eligibility of the patient can also be verified at www.esic.in IP Portal.
- In case any additional procedure/treatment/investigation is essentially required in order to treat the patient for which he/she has been referred to, the permission for the same is mandatorily required from the approving authority of the referring hospital either through e-mail, fax or telephonically (to be confirmed in writing at the earliest).



Employee's State Insurance Corporation

5. The referred hospital is requested to raise the bill as per the agreement on the standard proforma along with supporting documents within 6 days of discharge of the patient giving Bank account number, IFSC Code and RTGS number etc.

Following documentary CHECKLIST to be done and forwarded by the Tie-up Hospital while submitting claim.

- (i) Discharge Slip containing treatment summary & detailed treatment record.
- (ii) Detailed Bill Break-up of procedures / medication / interventions, etc.
- (iii) Bill(s) of Implant(s) / Stent(s) /device along with Pouch/packet/invoice etc.
- (iv) Photocopies of referral proforma, Insurance Card/ Photo I card of IP/ Referral recommendation of competent authority of referring hospital & entitlement certificate.
- (v) Approval letter from MS/SMC/SSMC/DEAN in case of emergency treatment or additional procedure performed. Additional Document in favour of permission taken for additional procedure/treatment or investigation.
- (vi) Patient/Attendant satisfaction certificate.

Instructions for the Referring Hospital which is referring: Checklist for the Referring Hospital

- 1. Duly filled referral proforma with signature of the competent authority.
- 2. Copy of Insurance Card/Photo I card of IP.
- 3. Referral recommendation of the specialist/concerned medical officer.
- 4. Attested Copy of entitlement evidence of Specialty/super specialty treatment.
- 5. Reports of investigations and treatment already done.
- 6. One additional Photograph, and Identification Marks of the Patient

Signature of Medical Approver with Stamp

Verified By :

Name Of Approver :

Authorized Signatory with Stamp :

Designation :

Medical Superintendent
E. Hospital
A. Hospital
AGART-16



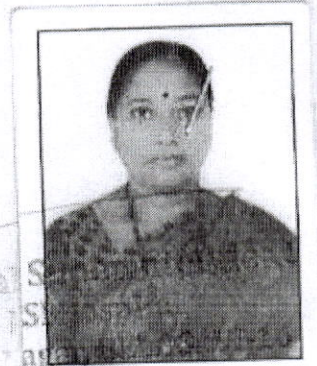
JP-1107565

Employee's State Insurance Corporation

M. 18/4/22 12:26

BILL COPY

Subd



Medical Superintendent
Ashok

Letterhead of Referring ESI Hospital/Dispensary

REFERRAL FORM(Permission Letter)

Region: RO - Karnataka

Referred By: RO - Karnataka

Patient Registration

Claim ID.	4048484	Referral No.	263
Date of Issue	18/04/2022	Validity Upto	28/04/2022

Patient & Beneficiary Information

Name of Patient	MS. SUMAN	Age	49
Gender	Female	Whether IP/Staff / Family	Dependant Mother
UHID NO.	BELG.0000035194	IP NO.	5856925427
Beneficiary Name	ANKITA KAKATI	Relationship with Beneficiary	Dependant Mother

Identification Marks(if any)

Admission Yes

Investigation/Rx/Procedure (for which patient is being referred (Reasons for referral) For Chemotherapy & Further Management

Consultation for Yes

Package Type CGHS Package

Package Details

2 Consultation- for inpatients

Referred For :-

SECONDARY	IN-PATIENT MANAGEMENT - OTHERS
TERTIARY	ONCOLOGY

Name of the empanelled hospital KLES DR PRBHAKAR KORE HOSPITAL & MRC - BELAGAVI

Remarks Carcinoma Rectum

Place :

Dated :

Advised By: Dr Shrinath

Signature of Medical Office Grade II

Medical Superintendent
ESI Hospital
Ashok
Approved By: MS

Signature of Medical Officer with Stamp

However, agreeing to / contradicting the above, I voluntarily choose _____ Hospital for treatment of self or for my _____ (relationship).

Date & Time:

Signature/Thumb Impression of IP/Beneficiary/Staff

Signature of Patient.
7513 Kakati

Foot Note:

NB: In case of emergency, signature of referring doctor or Casualty Medical Officer is needed. Record to be maintained in the register. The form duly filled should be sent after signature of the competent approving authority.

1. Mandatory Instructions for the Hospital where the patient is referred:.
2. Referred hospital is instructed to perform only the procedure/treatment for which the patient has been referred to.
3. The entitlement eligibility of the patient can also be verified at www.esic.in IP Portal.
4. In case any additional procedure/treatment/investigation is essentially required in order to treat the patient for which he/she has been referred to, the permission for the same is mandatorily required from the approving authority of the referring hospital either through e-mail, fax or telephonically (to be confirmed in writing at the earliest).



Employee's State Insurance Corporation

5. The referred hospital is requested to raise the bill as per the agreement on the standard proforma along with supporting documents within 6 days of discharge of the patient giving Bank account number, IFSC Code and RTGS number etc.

Following documentary CHECKLIST to be done and forwarded by the Tie-up Hospital while submitting claim.

- (i) Discharge Slip containing treatment summary & detailed treatment record.
- (ii) Detailed Bill Break-up of procedures / medication / interventions, etc.
- (iii) Bill(s) of Implant(s) / Sterit(s) /device along with Pouch/packet/invoice etc.
- (iv) Photocopies of referral proforma, Insurance Card/ Photo I card of IP/ Referral recommendation of competent authority of referring hospital & entitlement certificate.
- (v) Approval letter from MS/SMC/SSMC/DEAN in case of emergency treatment or additional procedure performed. Additional Document in favour of permission taken for additional procedure/treatment or investigation.
- (vi) Patient/Attendant satisfaction certificate.

Instructions for the Referring Hospital which is referring: Checklist for the Referring Hospital

1. Duly filled referral proforma with signature of the competent authority.
2. Copy of Insurance Card/Photo I card of IP.
3. Referral recommendation of the specialist/concerned medical officer.
4. Attested Copy of entitlement evidence of Specialty/super specialty treatment.
5. Reports of investigations and treatment already done.
6. One additional Photograph, and Identification Marks of the Patient

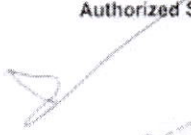
Signature of Medical Approver with Stamp

Verified By :

Name Of Approver :

Authorized Signatory with Stamp :

Designation :


Medical Superintendent
ESI Hospital
Ashok Nagar, BELAGANI-16

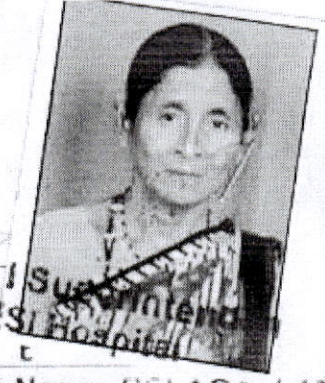


Employee's State Insurance Corporation

ENTITLEMENT S.B. CHECKED

EMERGENCY REFERRAL FORM

ESIC Model Hospital : RO - Karnataka

**Patient Registration**

Claim ID.	4392078	Referral No.	2990
Date of Admission	07/08/2022 Time: 16:05	Expected Date of Discharge	14/08/2022

BILL COPY**Patient Information**

Name of Patient	RAJABEE	DOB	01/06/1960
Gender	Female	Relationship with Beneficiary	Dependant Mother
Address	BELAGAVI BELAGAVI BELAGAVI		
City	BELAGAVI	State	Karnataka
Pin Code		Country	
Mobile No.	9900446428	Telephone No.	

Beneficiary Details

UHID No	01	Registration No	7118070343
Beneficiary Name	JAKEERHUSEN	Medical Category	GEN

Referral Source

Referral Source	KLES DR PRBHAKAR KORE HOSPITAL & MRC - BELAGAVI		
Issue Date	08/08/2022	Reporting Date	
Admitting Doctor		Ref. Initiating Doctor	Dr Shrinath
Present Complaint	CLD		
Treatment Recommended			
Treatment Procedure			
Estimated Duration	8 Days	Model Hospital	RO - Karnataka

Please Indicate Rationale for Referral

CLD

Current Treatment Provider

Treatment Provider			
Hospital Name	KLES DR PRBHAKAR KORE HOSPITAL & MRC - BELAGAVI		
Address	NEHUR NAGAR BELAGAVI		
City	BELAGAVI	State	Karnataka
Pin Code	590010	Telephone No.	

Diagnosis

CLD

Status

Status	Approved
ESIC Hospital Comment	CGHS
Hospital Comment	

This is to confirm that the patient documents have been scrutinized and verified and for ESIC members, a claim has also been established.

Digitally signed by SUREKHASHRIKANT PATIL
Date: 2022.08.22 13:43:36 IST

(Signature)
Medical Superintendent
ESI Hospital
BELAGAVI-16

(Handwritten mark)

15
2990

Employees State Insurance Corporation

ESIS Hospital - Belgaum, Karnataka

Ashok Nagar
Near BUDA Office, Head Post Office

Shivajinagar
575 001
BILE COPY



DO NOT HULLATE THE QR CODE

Patient Details		Insured Person Details	
Visit No	: OPGENE082200817	Insurance No	: 7118070343
Registration Date	: 08-Aug-2022	Name	: JAKEERHUSEN
Registration No.	: HUBL.0000001537	Age/Gender	: 30 Year(s) / Male
Name	: Ms. RAJA BEE	Date of Birth	: 01-Jul-1992
Age/Gender	: 53 Year(s) / Female	Relationship	: Dependant,mother
Date of Birth	: 6/1/1969 12:00:00AM		

Date	Treatment
08-Aug-2022	Consultation General Medicine

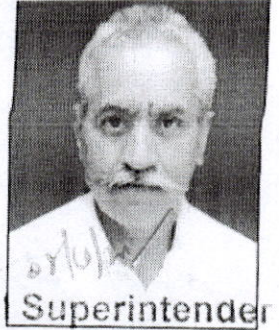
Medical Superintendent
ESI Hospital
Ashok Nagar, BELAGAVI-16

Digitally signed by SUREKHASHRIKANT PATIL
Date: 2022.08.22 13:43:36 IST



Employee's State Insurance Corporation

EMERGENCY REFERRAL FORM
ESIC Model Hospital : RO - Karnataka



Medical Superintendent
ESIC Hospital
Ashok Nagar, BELAGAVI-16

Patient Registration

Claim ID.	4576948	Referral No.	4135
Date of Admission	07/10/2022 Time: 15:10	Expected Date of Discharge	14/10/2022

Patient Information

Name of Patient	SIDRAI KUMBAR	DOB	01/01/1954
Gender	Male	Relationship with Beneficiary	Dependant Father
Address	KAKATI BELGAUM BELAGAVI, BELAGAVI		
City	BELAGAVI	State	Karnataka
Pin Code			
Mobile No.	9108329419	Telephone No.	

TITLEMENT S.B. CHECKED

BILL COPY

Beneficiary Details

UHID No	KA01.0006185887	Registration No	3312040455
Beneficiary Name	SHIVACHANDR KUMBAR	Medical Category	GEN

Referral Source

Referral Source	KLES DR PRBHAKAR KORE HOSPITAL & MRC - BELAGAVI		
Issue Date	08/10/2022	Reporting Date	
Admitting Doctor		Ref. Initiating Doctor	Dr Harish
Present Complaint	NON HEALING KNEE OVER THE RIGHT HEEL		
Treatment Recommended			
Treatment Procedure			
Estimated Duration	8 Days	Model Hospital	RO - Karnataka

Please Indicate Rationale for Referral

NON HEALING KNEE OVER THE RIGHT HEEL

Current Treatment Provider

Treatment Provider			
Hospital Name	KLES DR PRBHAKAR KORE HOSPITAL & MRC - BELAGAVI		
Address	NEHUR NAGAR BELAGAVI		
City	BELAGAVI	State	Karnataka
Pin Code	590010	Telephone No.	

Diagnosis

NON HEALING KNEE OVER THE RIGHT HEEL

Status

Status	Approved	Digitally signed by MANISHA DEEPAK GADAGANE Date: 2022.11.10 15:34:37 IST
ESIC Hospital Comment	CGHS	
Hospital Comment		

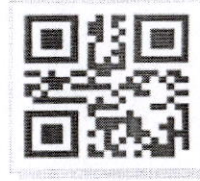
This is to confirm that the patient documents have been scrutinized and his/her ESIC membership has also been established.

08/10/2022
Medical Superintendent
ESIC Hospital
Ashok Nagar, BELAGAVI-16

Employees State Insurance Corporation

ESIS Hospital - Belgaum, Karnataka

Ashok Nagar
Near BUDA Office, Head Post Office
Shivajinagar
OPD SLIP



DO NOT MUTILATE THE QR CODE

Patient Details		Insured Person Details	
Visit No	: OPGESU102200088	Insurance No	: 3312040455
Registration Date	: 08-Oct-2022	Name	: SHIVACHANDR SHIDARAI KUMBAR
Registration No.	: KA01.0009303262	Age/Gender	: 30 Year(s) / Male
Name	: Mr. Sidrai S Kumbar	Date of Birth	: 26-Oct-1991
Age/Gender	: 68 Year(s) / Male	Relationship	: Dependant father
Date of Birth	: 1/1/1954 12:00:00AM		
Date	Treatment		
08-Oct-2022	Consultation	General Surgery	

ENTITLEMENT S.B. CHECKED
BILL COPY

08/10/22
Medical Superintendent
ESI Hospital
Ashok Nagar, BELAGAVI-16

Digitally signed by MANISHA DEEPAK GADAGANE
Date: 2022.11.10 15:34:37 IST



Employee's State Insurance Corporation

JP-1178288
A-23.3.23

BILL COPY

ENTITLEMENT FOR S.B.CHECKED



SubH

Letterhead of Referring ESI Hospital/Dispensary

REFERRAL FORM(Permission Letter)

Region: RO - Karnataka

Referred By: ESIS Hospital - Hubli

Patient Registration

Claim ID.	5037340	Referral No.	78532
Date of Issue	21/03/2023	Validity Upto	31/03/2023

Patient & Beneficiary Information

Name of Patient	MR. VITTALARADDI	Age	58
Gender	Male	Whether IP/Staff / Family	Dependant Father
UHID NO.	HUBI.0000003157	IP NO.	5858984238
Beneficiary Name	MR.KISHOR VITTHARADDI RAYARADDIYAVAR	Relationship with Beneficiary	Dependant Father

Identification Marks(if any)	
Admission	YES
Investigation/Rx/Procedure /for which patient is being referred (Reasons for referral)	YES Post CABG follow up
Consultation for	YES
Package Type	CGHS Package

Package Details

2 Consultation- for Inpatients

Referred For :- Further Management

SECONDARY	IN-PATIENT MANAGEMENT - OTHERS
TERTIARY	CARDIOLOGY
Name of the empanelled hospital	KLES DR PRBHAKAR KORE HOSPITAL & MRC - BELAGAVI
Remarks	FOR FUTHER MANAGEMENT

601
545
546

Place :

Dated :

Advised By: DR MAHESH M G

Signature of Medical Office Grade II

Signature of Medical Officer with Stamp

However, agreeing to / contradicting the above, I voluntarily choose _____ (relationship).

Hospital for treatment of self or for my

Signature of Patient.

Date & Time:

Signature/Thumb Impression of IP/Beneficiary/Staff

Foot Note:

NB: In case of emergency, signature of referring doctor or Casualty Medical Officer is needed. Record to be maintained in the register. The form duly filled should be sent after signature of the competent approving authority.

1. Mandatory instructions for the Hospital where the patient is referred:.
2. Referred hospital is instructed to perform only the procedure/treatment for which the patient has been referred to.
3. The entitlement eligibility of the patient can also be verified at www.esic.in IP Portal.
4. In case any additional procedure/treatment/investigation is essentially required in order to treat the patient for which he/she has been referred to, the permission for the same is mandatorily required from the approving authority of the referring hospital either through a mail or in person.



Employee's State Insurance Corporation

5. The referred hospital is requested to raise the bill as per the agreement on the standard proforma along with supporting documents within 6 days of discharge of the patient giving Bank account number, IFSC Code and RTGS number etc.

Following documentary CHECKLIST to be done and forwarded by the Tie-up Hospital while submitting claim.

- (i) Discharge Slip containing treatment summary & detailed treatment record.
- (ii) Detailed Bill Break-up of procedures / medication / interventions, etc.
- (iii) Bill(s) of Implant(s) / Stent(s) /device along with Pouch/packet/invoice etc.
- (iv) Photocopies of referral proforma, Insurance Card/ Photo I card of IP/ Referral recommendation of competent authority of referring hospital & entitlement certificate.
- (v) Approval letter from MS/SMC/SSMC/DEAN in case of emergency treatment or additional procedure performed. Additional Document in favour of permission taken for additional procedure/treatment or investigation.
- (vi) Patient/Attendant satisfaction certificate.

Instructions for the Referring Hospital which is referring: Checklist for the Referring Hospital

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3. Referral recommendation of the specialist/concerned medical officer.
4. Attested Copy of entitlement evidence of Specialty/super specialty treatment.
5. Reports of investigations and treatment already done.
6. One additional Photograph, and Identification Marks of the Patient

Signature of Medical Approver with Stamp

Verified By :

Name Of Approver :

Jagdish Chandra M Hurali 21/3/23
ಅಧೀಕಾರಿ
ಕಾ.ರಾ.ನಿ. ಅಧೀಕಾರಿ, ಹುಬ್ಬಳ್ಳಿ
Authorized Signatory with Stamp :
Designation :

Ref. Generated By: DR. JAGDISHCHANDRA M HURALI

Date & Time : Tue Mar 21 11:08:16 IST 2023

THE HUTTI GOLD MINES HOSPITAL

(A Govt. of Karnataka Undertaking)

Post Hutti-584115, Raichur District, Karnataka, India.

Hospital Telephone 08537-275049

Fax : 275049.

No. M.S/HGMH/Ref/ /122 /2022

Date:01/12/2022

PARENTS IST REFERRAL

To,

The Cardiologist ,
KLE Hospital Belagavi

I am herewith referring the Patient: SOMAPPA

Age(Yrs) 88

Referred by Dr.Emmanuel

Relationship with the employee Father

Dependent of (Name of the Employee) AMARESHAPPA

Designation SUPERVISOR

B.R.No. 05466

Dept. ENGINEERING

T.No.

Ward (if the patient needs admission inform immediately)

Gen. ward

Patient suffering with

HTD - ACS

Patient referred on

for a detailed evaluation (CABG)

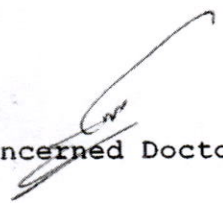
Kindly examine and do the needful.

Kindly treat this patient on credit basis. All the bills may be sent to Medical Superintendent, Hutti Gold Mines Hospital Hutti.

If patient gets admitted for more than one week, the updates of the patient's condition, treatment etc shall be sent weekly to the following

Email-id : hgmhospital1947@gmail.com

This letter is valid for 10 days


Concerned Doctor

Referral Committee (Elective)

Yours faithfully,


Authorized Signatory

Chief Medical Officer
HGM Hospital Hutti-584115

For any Queries please contact

- | | | |
|----------------------|---------------|--------------|
| 1) Dr.V.Y. Hudedmani | : CMO | 9986850870 |
| 2) Sri.Jagan Mohan M | : Dy.Mgr (HR) | 9483920687 |
| 3) HGM Hospital | : | 08537 275015 |

THE HUTTI GOLD MINES HOSPITAL

(A Govt. of Karnataka Undertaking)

Post Hutti-584115, Raichur District, Karnataka, India.

Hospital Telephone 08537-275049

Fax : 275049.

No. M.S/HGMH/Ref/ / 1166 / 2022

Date:31/10/2022

To,

The Intensivist and Pulmonologist,
KLE Hospital Belagavi

I am herewith referring the Patient: HUSSAIN KHAN

Age(Yrs) 56

Referred by Dr.Emmanuel

Relationship with the employee Self

Dependent of (Name of the Employee) HUSSAIN KHAN

Designation COOK GRI

E.R.No. 04730

Dept. MEDICAL

T.No.

Ward (if the patient needs admission inform immediately)

Gen. ward.

Patient suffering with

LOPD 2 type I RIF / OSA

Patient referred on

Pt left on 29/10/22

patient requires 1W care

Kindly examine and do the needful.

Kindly treat this patient on credit basis. All the bills may be sent to Medical Superintendent, Hutti Gold Mines Hospital Hutti.

If patient gets admitted for more than one week, the updates of the patient's condition, treatment etc shall be sent weekly to the following

Email-id : hgmhospital1947@gmail.com

This letter is valid for 10 days

Concerned Doctor

Referral Committee (Elective)

Yours faithfully,

Authorized Signatory

Dr. Vasanth Kumar Hudadanna

M.S.(C...)

Chief Medical Officer

HGM Hospital Hutti-584115

For any Queries please contact

- | | | |
|----------------------|--------------|--------------|
| 1) Dr. V.Y.Hudedmani | :CMO | 9986850870 |
| 2) Sri.Jagan Mohan M | :Dy.Mgr (HR) | 9483920687 |
| 3) HGM Hospital | : | 08537 275015 |

THE HUTTI GOLD MINES HOSPITAL

(A Govt. of Karnataka Undertaking)

Post Hutti-584115, Raichur District, Karnataka, India.

Hospital Telephone 08537-275049

Fax : 275049.

No. M.S/HGMH/Ref/ / 113 / 2022

Date:31/10/2022

PARENTS IST REFERRAL

To,

The Neurologist & Physician,
KLE Hospital Belagavi

I am herewith referring the Patient: BHEEMAPPA

Age(Yrs) 62

Referred by Dr.Emmanuel

Relationship with the employee Father

Dependent of (Name of the Employee) CHANNA BASAVA

Designation GENERAL WORKMAN B.R.No. 08414 Dept. MEDICAL

T.No.

Ward (if the patient needs admission inform immediately)

Gen. ward.

Patient suffering with Acute WA IDK A.

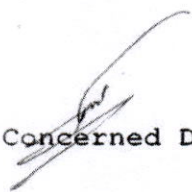
Patient referred on Pt-Left on-29/10/22.

Kindly examine and do the needful.

Kindly treat this patient on credit basis. All the bills may be sent to Medical Superintendent, Hutti Gold Mines Hospital Hutti.

If patient gets admitted for more than one week, the updates of the patient's condition, treatment etc shall be sent weekly to the following
Email-id : hgmhospital1947@gmail.com

This letter is valid for 10 days

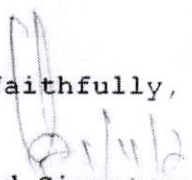

Concerned Doctor

Referral Committee (Elective)

Yours faithfully,

For any Queries please contact

- 1) Dr.V.Y. Hudedmani :CMO 9986850870
- 2) Sri.Jagan Mohan M :Dy.Mgr (HR) 9483920687
- 3) HGM Hospital : 08537 275015


Authorized Signator
Dr. Vasanthkumar Hudedar
M.S.(O)
Chief Medical Officer
HGM Hospital Hutti-5841

THE HUTTI GOLD MINES HOSPITAL

(A Govt. of Karnataka Undertaking)

Post Hutti-584115, Raichur District, Karnataka, India.

Hospital Telephone 08537-275049

Fax : 275049.

No. M.S/HGMH/Ref D/961 /2022

Date:19/09/2022

To,

The Pediatrician and Pediatric Intensivist
KLE Hospital Belagavi

Paed-neurologist
Dr. Vasanthkumar H. Hudedamani
M.S.(Ortho)

I am herewith referring the Patient: SHRADHA *Chief Medical Officer*
HGM Hospital Hutti-584115 Age (Yrs) 9

Referred by Dr.Pruthviraj M

Relationship with the employee Daughter

Dependent of (Name of the Employee) GURUBASSAYYA

Designation MANAGER (MET) B.R.No. 06306 Dept. METALLURGICAL T.No.

Ward (if the patient needs admission inform immediately) Spl. Ward

Patient suffering with

*bc/o Cerebral palsy, GDD, Seizure Disorder
with Pneumonia*

Patient referred on

19/9/2022

Kindly examine and do the needful.

Kindly treat this patient on credit basis. All the bills may be sent to
Medical Superintendent, Hutti Gold Mines Hospital Hutti.

If patient gets admitted for more than one week, the updates of the
patient's condition, treatment etc shall be sent weekly to the following

Email-id : hgmhospital1947@gmail.com

This letter is valid for 10 days

Concerned Specialist

19/9/2022

Yours Faithfully,

19/9/22

Authorized Signatory
Dr. Vasanthkumar H. Hudedamani
M.S.(Ortho)

Chief Medical Officer
HGM Hospital Hutti-584115

For any Queries please contact

- | | | |
|-----------------------|---------------|----------------|
| 1) Dr. V.Y.Hudedamani | : CMO | 9986850870 |
| 2) Sri.Jagan Mohan M | : Dy.Mgr (HR) | 9483920687 |
| 3) HGM Hospital | : | 08537 - 275015 |

Ex-Servicemen Contributory Health Scheme

Referral Form Polyclinic : Belgaum

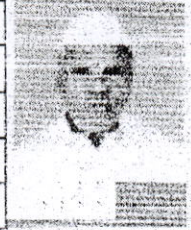
BOOK: 2810/11
IP: 112312721

In case of Admission/Medical cover refused by Empanelled facility then please contact.

OIC	COL SB KARADI	9972003542
Jt Dir (HS)	GP CAPT K SUGANDHI	8277082111
*****NOTE: FOR 64KB SMART CARD HOLDERS, PLEASE USE CARD NUMBERS ONLY. PREFIX NOT REQUIRED*****		

Referral Information

Referral No :	00540000119073
Claim ID :	Claim ID will be generated by ECHS empanelled facility
Validity Upto :	28-07-2022
Date Of Issue :	28-06-2022
No Of Session Allowed :	1
Patient Type :	IPD



28 JUN 2022

Patient & ESM Information

Name Of Patient :	KRISHNA BELGAONKAR	Age :	70.0
Gender :	Male	Relationship with ESM	Father
UIDAI (Aadhar Number):		Advised by :	DR SUNITA BIDARI
Rank :	Hav	Category:	General
Service No :	-2794737K	Card No :	000006949391
ESM Name :	SURYAKANT BELGAONKAR	Force Type :	Army
ESM Contact Number :	9611741146	Email ID :	sarvesh9.sb@gmail.com

Clinical Findings

Blood Pressure (BP) :	no
Pulse :	no
Cardio Vascular System (CVS) :	no
Respiratory System (RS) :	no
Abdomen :	no
Central Nervous System (CNS) :	no

Provisional Diagnosis

Clinical Notes :	REFERRAL, REF TO OPHTHALMOLOGY, K/C/O DM TYPE II WITH LEFT EYE SENILE MATURE CATARACT - FOR LEFT EYE CATARACT SURGERY FOR ADMISSION
Admission :	REQD
Investigation :	AS REQD
Consultation For :	OPHTHALMOLOGY, AS PER MOA/CGHS RATES ONLY

Referred To	Referred To any ECHS Empanelled Medical Facility Located within the AOR of RC Bangalore		
Attendant Reimbursement :	No	Travel Reimbursement :	No
Polyclinic Remarks :	REFERRAL, REF TO OPHTHALMOLOGY, K/C/O DM TYPE II WITH LEFT EYE SENILE MATURE CATARACT - FOR LEFT EYE CATARACT SURGERY FOR ADMISSION		

This Referral Form is Digitally Signed, hence No Ink Signature is required

Officer In Charge Belgaum

Digitally signed by SUREKHASHRIKANT PATIL
Date: 2022.06.28 17:28:17 IST

**EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME****EMERGENCY REFERRAL FORM**

Polyclinic : Belgaum

Patient Registration

Claim ID.	21368287	Referral No.	PC058/16/06/2022/EMER02
Date of Admission	14/06/2022 Time: 10:30	Expected Date of Discharge	23/06/2022

Patient Information

Name of Patient	ALLABAX NADAF	Age	38
Gender	Male	Relationship with ESM	Self
UIDAI (Aadhaar) Number			
Address	Village/Post - Dastikoppa,		
City	Bailhongal	State	Karnataka
Pin Code	591153	Country	
Mobile No.	8958657918	Telephone No.	

ESM Details

Service No	6944672N	Registration No	BA000005064498
ESM Name	LNK / ALD ALLABAX NADAF	Force Type	Army
Medical Category	GEN		

Referral Source

Referral Source	KLES DR. PRABHAKAR KORE HOSPITAL & MRC		
Issue Date	14/06/2022	Reporting Date	
Admitting Doctor		Ref. Initiating Doctor	DR SUNITA BIDARI
Present Complaint	LEFT TIBIA OPEN FRACTURE WITH FIBULAR HEAD FRACTURE		
Treatment Recommended			
Treatment Procedure			
Estimated Duration	10 Days	Polyclinic	Belgaum

Please Indicate Rationale for Referral

LEFT TIBIA OPEN FRACTURE WITH FIBULAR HEAD FRACTURE

Current Treatment Provider

Treatment Provider			
Hospital Name	KLES DR. PRABHAKAR KORE HOSPITAL & MRC		
Address	NEHRU NAGAR		
City	BELGAUM	State	Karnataka
Pin Code	590010	Telephone No.	

Diagnosis

LEFT TIBIA OPEN FRACTURE WITH FIBULAR HEAD FRACTURE

Status

Status	Approved
Polyclinic Comment	AS PER MOA/CGHS RATES ONLY
Hospital Comment	

This is to confirm that the patient documents have been scrutinized and his/her ECHS membership has also been established.



EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME

EMERGENCY REFERRAL FORM

Polyclinic : Belgaum

Patient Registration

Claim ID.	21353826	Referral No.	PC058/15/06/2022/EMER02
Date of Admission	15/06/2022 Time: 17:55	Expected Date of Discharge	15/06/2022

Patient Information

Name of Patient	GANGA RAM SHAHPURKAR	Age	73
Gender	Male	Relationship with ESM	Self
UIDAI (Aadhaar) Number			
Address	H NO 925/4 PATIL GALLI KANABARGI		
City	BELAGAVI	State	Karnataka
Pin Code	590016	Country	
Mobile No.	9743676320	Telephone No.	

ESM Details

Service No	1042188X	Registration No	BA000006685914
ESM Name	Hav / Dfr GANGA RAM SHAHPURKAR	Force Type	Army
Medical Category	GEN		

Referral Source

Referral Source	KLES DR. PRABHAKAR KORE HOSPITAL & MRC		
Issue Date	15/06/2022	Reporting Date	
Admitting Doctor		Ref. Initiating Doctor	DR PATIL VIVEK VASANT
Present Complaint	Acute GE With Paristant AKi		
Treatment Recommended			
Treatment Procedure			
Estimated Duration	1 Days	Polyclinic	Belgaum

Please Indicate Rationale for Referral

Acute GE With Paristant AKi

Current Treatment Provider

Treatment Provider			
Hospital Name	KLES DR. PRABHAKAR KORE HOSPITAL & MRC		
Address	NEHRU NAGAR		
City	BELGAUM	State	Karnataka
Pin Code	590010	Telephone No.	

Diagnosis

Acute GE With Paristant AKi

Status

Status	Approved
Polyclinic Comment	continue treatment as per moa and cghs rates
Hospital Comment	

This is to confirm that the patient documents have been scrutinized and his/her ECHS membership has also been established.

Ex-Servicemen Contributory Health Scheme

Referral Form Polyclinic : Belgaum

184 1111 200
MOA: 09/5/22 25

In case of Admissions/medical cover referred by Empanelled facility then please contact:

OIC	COL SB KARADI	9972003542
Jt Dir (HS)	GP CAPT K SUGANDHI	8277082111
*****NOTE: FOR 64KB SMART CARD HOLDERS, PLEASE USE CARD NUMBERS ONLY. PREFIX NOT REQUIRED*****		

Referral Information

Referral No :	00540000116710
Claim ID :	Claim ID will be generated by ECHS empanelled facility
Validity Upto :	08-06-2022
Date Of Issue :	09-05-2022
No Of Session Allowed :	1
Patient Type :	IPD



9 MAY 2022

Patient & ESM Information

Name Of Patient :	SUSHILA	Age :	73.8
Gender :	Female	Relationship with ESM	Mother
UIDAI (Aadhar Number):		Advised by :	DR SUNITA B:DARI
Rank :	Nb Sub (MACP)	Category:	Semi Private
Service No :	2791207K	Card No :	000003199137
ESM Name :	SANJU SAPKALE	Force Type :	Army
ESM Contact Number :	8971017131	Email ID :	

Clinical Findings

Blood Pressure (BP) :	no
Pulse :	no
Cardio vascular System (CVS) :	no
Respiratory System (RS) :	no
Abdomen :	no
Central Nervous System (CNS) :	no

Provisional Diagnosis

Clinical Notes :	REFERRAL, REF TO ORTHOPEDICS, K/C/O HYPERTENSION WITH DISPLACED INTERTROCHANTERIC FRACTURE OF RIGHT FEMUR WITH OSTEOPOROSIS - FOR ADMISSION
Admission :	REQD
Investigation :	AS REQD
Consultation For :	ORTHOPEDICS, AS PER MOA/CGHS RATES ONLY

Referred To	Referred To any ECHS Empanelled Medical Facility Located within the AOR of RC Bangalore		
Attendant Reimbursement :	No	Travel Reimbursement :	No
Polyclinic Remarks :	REFERRAL, REF TO ORTHOPEDICS, K/C/O HYPERTENSION WITH DISPLACED INTERTROCHANTERIC FRACTURE OF RIGHT FEMUR WITH OSTEOPOROSIS - FOR ADMISSION		

This Referral Form is Digitally Signed, hence No Ink Signature is required

Officer In Charge Belgaum

Digitally signed by ravinendra basavraj mahajan
Date: 2022.05.09 15:46:02 IST

Ex-Servicemen Contributory Health Scheme

Referral Form Polyclinic : Belgaum

In case of Admission/Medical cover refused by Empanelled facility then please contact

OIC	COL SB KARADI	9972003542
Jt Dir (HS)	GP CAPT K SUGANDHI	8277082111
*****NOTE: FOR 64KB SMART CARD HOLDERS, PLEASE USE CARD NUMBERS ONLY. PREFIX NOT REQUIRED*****		

Referral Information

Referral No :	00540000116561
Claim ID :	Claim ID will be generated by ECHS empanelled facility
Validity Upto :	04-06-2022
Date Of Issue :	05-05-2022
No Of Session Allowed :	2
Patient Type :	OPD

9 MAY 2022

Patient & ESM information

Name Of Patient :	UMESH JINARAL	Age :	47.4
Gender :	Male	Relationship with ESM	Primary Beneficiary
UIDAI (Aadhar Number):		Advised by :	DR SUNITA BIDARI
Rank :	Sub Maj	Category:	Semi Private
Service No :	JC270484M	Card No :	000004590932
ESM Name :	UMESH JINARAL	Force Type :	Army
ESM Contact Number :	9587251180	Email ID :	9587251180

Clinical Findings

Blood Pressure (BP) :	no
Pulse :	no
Cardio Vascular System (CVS) :	no
Respiratory System (RS) :	no
Abdomen :	no
Central Nervous System (CNS) :	no

Provisional Diagnosis

Clinical Notes :	REFERRAL, REF TO ORTHOPEDICS, K/C/O FRACTURE RIGHT FOREARM LOWER END OF BOTH BONES AND FRACTURE OF CARPAL BONES ON LEFT - FOR FOLLOW UP
Admission :	IF REQD
Investigation :	AS REQD
Consultation For :	ORTHOPEDICS, AS PER MOA/CGHS RATES ONLY

Referred To	Referred To any ECHS Empanelled Medical Facility Located within the AOR of RC Bangalore		
Attendant Reimbursement :	No	Travel Reimbursement :	No
Polyclinic Remarks :	REFERRAL, REF TO ORTHOPEDICS, K/C/O FRACTURE RIGHT FOREARM LOWER END OF BOTH BONES AND FRACTURE OF CARPAL BONES ON LEFT - FOR FOLLOW UP		

This Referral Form is Digitally Signed, hence No Ink Signature is required

Officer In Charge Belgaum

Digitally signed by ravindra basavraj mahajan
Date: 2022.05.09 12:44:14 IST

SUN: 04/14/22
IP:

H
22

Ex-Servicemen Contributory Health Scheme

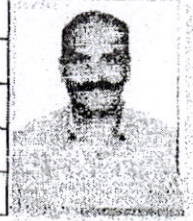
Referral From Polyclinic : Dharwad

In case of Admission/Medical cover refused by Empanelled Facility then please contact:

OIC	LT COL YOHANNAN K M	8792114353
Jt Dir (HS)	WING CDR K SUGANDHI	9650360592
*****NOTE: FOR 64KB SMART CARD HOLDERS, PLEASE USE CARD NUMBERS ONLY. PREFIX NOT REQUIRED*****		

Referral Information

Referral No :	00560000107969
Validity Upto :	14-04-2022
Date Of Issue :	15-03-2022
No Of Session Allowed :	1
Patient Type :	IPD



06 APR 2022

17 MAY 2022

Patient & ESM Information

Name Of Patient :	KIRAN KRISHNA KAMAT	Age :	57.10
Gender :	Male	Relationship with ESM	Primary Beneficiary
UIDAI (Aadhar Number):			
Rank :	CPO	Category:	Semi Private
Service No :	191132T	Card No :	000003114696
ESM Name :	KIRAN KRISHNA KAMAT	Force Type :	Navy
ESM Contact Number :	9741349896	Email ID :	kirankamat32@gmail.com

Clinical Findings

Blood Pressure (BP) :	no
Pulse :	no
Cardio Vascular System (CVS) :	no
Respiratory System (RS) :	no
Abdomen :	no
Central Nervous System (CNS) :	no

Provisional Diagnosis

Clinical Notes :	DOUBLE VESSEL DISEASE FOR FURTHER TREATMENT
Admission :	CARDIOLOGY WARD
Investigation :	AS REQUIRED
Consultation For :	CARDIOLOGY DEPARTMENT

Referred To	Empanelled facility, under the AOR of Bangalore		
Attendant Reimbursement :	No	Travel Reimbursement :	No
Polyclinic Remarks :	DOUBLE VESSEL DISEASE FOR FURTHER TREATMENT		

This Referral Form is Digitally Signed, hence No Ink Signature is required

Officer In Charge Dharwad

all on 04/14

2007, 11/7/12
10
33

Ex-Servicemen Contributory Health Scheme

Referral Form Polyclinic : Belgaum

In case of Admission/Medical cover refused by Empanelled Facility then please contact.		
OIC	COL SB KARADI	9972003542
Jt Dir (HS)	GP CAPT K SUGANDHI	8277082111
*****NOTE: FOR 64KB SMART CARD HOLDERS, PLEASE USE CARD NUMBERS ONLY. PREFIX NOT REQUIRED*****		

Referral Information

Referral No :	00540000115657
Claim ID :	Claim ID will be generated by ECHS empanelled facility
Validity Upto :	11-05-2022
Date Of Issue :	11-04-2022
No Of Session Allowed :	1
Patient Type :	OPD



11 APR 2022

Patient & ESM Information

Name Of Patient :	BHANUDAS KAKADE	Age :	72.9
Gender :	Male	Relationship with ESM	Father
UIDAI (Aadhar Number):		Advised by :	DR SUNITA BIDARI
Rank :	Hav	Category:	General
Service No :	HAV14925003L	Card No :	000002831621
ESM Name :	PARASHARAM KAKADE	Force Type :	Army
ESM Contact Number :	7725935063	Email ID :	parasharamkakade@gmail.com

Clinical Findings

Blood Pressure (BP) :	no 11/4/22 doc
Pulse :	no
Cardio Vascular System (CVS) :	no
Respiratory System (RS) :	no
Abdomen :	no
Central Nervous System (CNS) :	no

Provisional Diagnosis

Clinical Notes :	REFERRAL, REF TO GENERAL MEDICINE, K/C./O DM TYPE II WITH HYPOGLYCEMIA WITH DIZZINESS WITH VOMITING - FOR EVALUATION
Admission :	IF REQD
Investigation :	AS REQD
Consultation For :	GENERAL MEDICINE, AS PER MOA/CGHS RATES ONLY

Referred To	Referred To any ECHS Empanelled Medical Facility Located within the AOR of RC Bangalore		
Attendant Reimbursement :	No	Travel Reimbursement :	No
Polyclinic Remarks :	REFERRAL, REF TO GENERAL MEDICINE, K/C./O DM TYPE II WITH HYPOGLYCEMIA WITH DIZZINESS WITH VOMITING - FOR EVALUATION		

This Referral Form is Digitally Signed, hence No Ink Signature is required

Officer In Charge Belgaum

Digitally signed by ravinra basavraj mahajan
Date: 2022.04.11 14:07:22 IST

GOVT OF KARNATAKA
SUVARNA AROGYA SURAKSHA TRUST
AUTHORIZAION LETTER
Ayushman Bharat- Arogya Karnataka

Date 16/07/2022 2:52AM

To KLES Dr Prabhakar Kore Hospital and MRC

Policy No./Card No./ARArK ID: 540300301373
Mobile number. 9820222542

Authorization No. AB_ArK_H_200178373186-1

Name of the Patient

Amar Jaywant Godse

Age: 56 Years

Sex: Male

Date of Admission 04/07/2022 1:0 AM

Provisional Diagnosis CHEST PAIN

Approved amount 85000.00

Approved amount (In Words) EIGHTY FIVE THOUSAND Only

Previous Authorised Limit

Remarks

Rec for app for : PTCA - double stent (medicated, inclusive of diagnostic angiogram) : 85000/-, Dia:IHD
AWMI, EF-37%, CAG: LAD:P-95%,90%, M-80%, RCA:M-CTO, (PTCA-stents to LAD,RCA), 2D
Echo/CAG,still's & reports enclosed,Ref letter enclosed, BPL card,OTP copy enclosed, [pt photo with
AM/SAMCO enclosed,No previous claims, BSI Amt 500000]

Instruction to Hospitals:

1. This Authorization letter is issued that the information given in the pre-authorization is correct. Any information hidden/wrongly given regarding pre-existing disease will make this authorization null and void.
2. .This authorisation is binding on the Government orders terms limitations and conditions.
3. The preauth approved amount is "Approval in Principle" and should not be considered as Final approved amount. The final amount will be settled after the claim submission and approval.
4. For any quiries please contact 1800-425-8330.

This is a computer generated statement so no signature is required.

GOVT OF KARNATAKA
SUVARNA AROGYA SURAKSHA TRUST
AUTHORIZAION LETTER
Ayushman Bharat- Arogya Karnataka

Date 07/08/2022 12:59AM

To KLES Dr Prabhakar Kore Hospital and MRC

Policy No./Card No./ARArK ID: 540600213148

Mobile number. 9113851700

Authorization No. AB_ArK_H_200178709016-1

Name of the Patient

Abeda Gajbarsab Makandar

Age: 46 Years

Sex: Female

Date of Admission 06/08/2022 1:0 AM

Provisional Diagnosis Chest pain

Approved amount 95000.00

Approved amount (In Words) NINETY FIVE THOUSAND Only

Previous Authorised Limit

Remarks

-3A.S13.00001 : Coronary artery bypass grafting (CABG) : 95000 (1)plan:CABG. Diag:CAD - TVD.Invt-ECG, ECHO:NO RWMA,EF-60%.CAG:LAD-99% STENOSIS,RAMUS-80% STENOSIS,LCX-90% STENOSIS,RCA-80-85% STENOSIS.IMP:CAD-TVD AND stills enclosed.Aadhar card, Referral letter enclosed.pt photo with AM enclosed.BSI amt- 500000 ,invnt amt not collected

Instruction to Hospitals:

1. This Authorization letter is issued that the information given in the pre-authorization is correct. Any information hidden/wrongly given regarding pre-existing disease will make this authorization null and void.
2. .This authorisation is binding on the Government orders terms limitations and conditions.
3. The preauth approved amount is "Approval in Principle" and should not be considered as Final approved amount. The final amount will be settled after the claim submission and approval.
4. For any quiries please contact 1800-425-8330.

This is a computer generated statement so no signature is required.

**GOVT OF KARNATAKA
SUVARNA AROGYA SURAKSHA TRUST
AUTHORIZAION LETTER
Ayushman Bharat- Arogya Karnataka**

Date 10/09/2022 9:21AM

To KLES Dr Prabhakar Kore Hospital and MRC

Policy No./Card No./ARArK ID: BAIR00137266
Mobile number. 9972207127

Authorization No. AB_ArK_H_200179131511-1

Name of the Patient

AMRUTHA ADRUSHAPPA
TADASALUR

Age: 8 Years

Sex: Female

Date of Admission 08/09/2022 1:0 AM

Provisional Diagnosis Breathlessness

Approved amount 50000.00

Approved amount (In Words) FIFTY THOUSAND Only

Previous Authorised Limit

DIA : S/p Fontan with pleural collectionAMRUTHA ADRUSHAPPA TADASALUR 8 FEMALE PLEURECTOMY
UPLOADED: BPL CARD, ADHAR CARD, PT WITH AM PHOTO, PREAUTH, ECG, ECHO: CHEST X RAY, OT
NOTE DATED 6/7/22 FOR FONTON, ALSO DONE GLENN 29/8/15, STILLS.CARDIOTHORACIC SURGERY-
3A.S13.17092 : Pleurectomy : 50000 (1)

Remarks

Instruction to Hospitals:

1. This Authorization letter is issued that the information given in the pre-authorization is correct. Any information hidden/wrongly given regarding pre-existing disease will make this authorization null and void.
2. .This authorisation is binding on the Government orders terms limitations and conditions.
3. The preauth approved amount is "Approval in Principle" and should not be considered as Final approved amount. The final amount will be settled after the claim submission and approval.
4. For any quiries please contact 1800-425-8330.

This is a computer generated statement so no signature is required.

GOVT OF KARNATAKA
SUVARNA AROGYA SURAKSHA TRUST
AUTHORIZAION LETTER
Ayushman Bharat- Arogya Karnataka

Date 31/05/2022 11:49PM

To KLES Dr Prabhakar Kore Hospital and MRC

Policy No./Card No./ARArK ID: 510300128485
Mobile number. 9606885928

Authorization No. AB_ArK_H_200177831380-1

Name of the Patient

Baby Of Kishan Rathod

Age: 1 Years

Sex: Female

Date of Admission 31/05/2022 1:0 AM

Provisional Diagnosis Breathlessness

Approved amount 80000.00

Approved amount (In Words) EIGHTY THOUSAND Only

Previous Authorised Limit

Remarks

-3A.S13.00011 : Mitral Valve Repair : 80000 (1)plan: M V Repair. Diag:Severe MR.Invt- ECHO:SEVERE MITRAL REGURGITATION,AML PROLAPSE,CONGENITAL SEVERE MR AND stills enclosed.Aadhar card,birth certificate , Referral letter enclosed.pt photo with AM enclosed.BSI amt- 500000 ,invt amt not collected

Instruction to Hospitals:

1. This Authorization letter is issued that the information given in the pre-authorization is correct. Any information hidden/wrongly given regarding pre-existing disease will make this authorization null and void.
2. .This authorisation is binding on the Government orders terms limitations and conditions.
3. The preauth approved amount is "Approval in Principle" and should not be considered as Final approved amount. The final amount will be settled after the claim submission and approval.
4. For any quires please contact 1800-425-8330.

This is a computer generated statement so no signature is required.

Cashless Enhancement Letter

Claim Number : RC-HS21-12904899_2 (Please quote this number for all further correspondence)

Date : 09/04/2022

Authorization is valid for admission up to 24/04/2022

To, KLES DR. PRABHAKAR KORE HOSPITAL & MEDICAL RESEARCH, NEHRU NAGAR .. BELGAUM, KARNATAKA, 590010, Contact No.-083-12551970., Rohini Id : 8000080200265	Name of Insurance Company : HDFC ERGO General Insurance Company Limited Name of TPA : - Proposer Name : MAHANTESH KASHINATH WALI Patient's Member ID : ER2117557179-01E ID/TPA/Insurer Id of Patient : Relation with Proposer : Self
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Dear Sir / Madam,

This has reference to the pre-authorization request submitted on 09/04/2022 We hereby authorize cashless facility as per details mentioned below

Details of Patient

Patient Name	: MAHANTESH KASHINATH WALI	Age	: 47 yrs	Gender	: Male
Policy Number	: 2805203638378901	Expected Date of Admission	: 28/03/2022		
Policy Period	: 01/SEP/2021 To 31/AUG/2022	Expected Date of Discharge	: 08/04/2022		
Room Category Eligible room category as per T & C of Policy Contract	: Semi-Private	Estimated length of stay	: 12		
Provisional Diagnosis	: Malignant neoplasm of body of pancreas	Proposed line of treatment	: -		

Authorization Details

Date & Time	Reference Number	Amount	Status
4/9/2022 4:19:17 PM	RC-HS21-12904899_2	311200	Pre Auth Approved

Total Authorized amount : Rs 311200 /- (Three Lac Eleven Thousand Two Hundred only). Note-Previous authorisation stand cancelled

Authorization Remarks : Covered for active medical management requiring hospitalization only. Non medical expenses including expenses for PPE kits to be collected from member. Claim will be settled as per tariff irrespective of approved amount. Room category -- as per pre auth request form.

The final bill amount shall be generated as per the MOU (Memorandum of Understanding) for discount and tariff rates. Non-compliance would warrant the recovery of excess amount.

Hospital Agreed Tariff

I. Package case :

Agreed package.....

II. Non-package Case :

i. Room Rent/day.....

ii. ICU Rent/day

iii. Nursing Charges/day.....

iv. Consultant Visit Charges/day.....

v. Surgeon's fee/OT/Anaesthetist.....

vi. Others (specify)

Authorization Summary

: 311200 (INR) Other Deduction Details					
Sr no.	Description	: 0 (INR) Amount	Deducted Amount	Admissible Amount	Deduction Reason
Discount	1 Package	: 0 (INR)	311200	0	311200
Co-Pay		: 0 (INR)			
Zonal Co-Pay		: 0 (INR)			
Deductibles		: 0 (INR)			
Total Authorised Amount		: 311200 (INR)			
Amount to be paid by Insured		: 0 (INR)			

Terms and Conditions of Authorization

- Cashless Authorization letter issued on the basis of information provided in Pre- Authorization form. In case misrepresentation/concealment of the facts, any material difference/ deviation/ discrepancy in information is observed in discharge summary/ IPD records then cashless authorization shall stand null & void. At any point of claim processing Insurer or TPA reserves right to raise queries for any other document to ascertain admissibility of claim.
- KYC (Know your customer) details of proposer/employee/Beneficiary are mandatory for claim payout above Rs 1 lakh.
- Network provider shall not collect any additional amount from the individual in excess of Agreed Package Rates except costs towards non-admissible amounts (including additional charges due to opting higher room rent than eligibility/ choosing separate line of treatment which is not envisaged/considered in package).
- Network Provider shall not make any recovery from the deposit amount collected from the Insured except for costs towards non-admissible amounts(including additional charges due to opting higher room rent than eligibility/ choosing separate line of treatment which is not envisaged/considered in package).
- In the event of unauthorized recovery of any additional amount from the Insured in excess of Agreed Package Rates, the authorized TPA / Insurance Company reserves the right to recover the same or get the same refunded to the policyholder from the Network Provider and/or take necessary action, as provided under the MoU.
- Where a treatment/procedure is to be carried out by a doctor/surgeon of insured's choice (not empaneled with the hospital), Network Provider may give treatment after obtaining specific consent of policyholder.
- Differential Costs borne by policyholder may be reimbursed by insurers subject to the terms and conditions of the policy.

DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM

- Detailed Discharge Summary and all Bills from the hospital
- Cash Memos from the Hospitals / Chemists supported by proper prescription.
- Diagnostic Test Reports and Receipts supported by note from the attending Medical Practitioner / Surgeon recommending such Diagnostic supported by note from the attending Medical Practitioner / Surgeon recommending such diagnostic tests.
- Surgeon's Certificate stating nature of operation performed and Surgeon's Bill and Receipt.
- Certificates from attending Medical Practitioner / Surgeon giving patient's condition and advice on discharge.

Name of the Product Optima Restore - Family and UINNo - :- Important Policy terms & conditions (sub-limits/co-pay/deductible etc)

POINTS TO BE NOTED BY INSURED IN SUPPORT OF THE CLAIM

Dear Customer,

If you had paid any bill amount to the hospital apart from the non-payable items, copayment or deductible, Please submit your claim form for reimbursement along with bills and payment receipts.

Disclaimer

- Dear Customer if you are not satisfied with the information then kindly contact on the below mentioned number or email.
- This is a system generated letter which doesn't require signature

Cashless Enhancement Letter

Claim Number : RC-HS22-13484364_1 (Please quote this number for all further correspondence)

Date : 18/03/2023

Authorization is valid for admission up to 31/03/2023

To, KLES DR. PRABHAKAR KORE HOSPITAL & MEDICAL RESEARCH, NEHRU NAGAR .. BELGAUM,KARNATAKA, 590010, Contact No.-083-12551970.. Rohini Id : 8000080200265	Name of Insurance Company : HDFC ERGO General Insurance Company Limited Name of TPA : - Proposer Name : Sacheen S Janmatti Patient's Member : EC2207564314-05F ID/TPA/Insurer Id of Patient : - Relation with Proposer : Father
---	--

Dear Sir / Madam,

This has reference to the pre-authorization request submitted on 18/03/2023 We hereby authorize cashless facility as per details mentioned below

Details of Patient

Patient Name	: Subhash Janmatti	Age	: 73 yrs	Gender	: Male
Policy Number	: 2999204601266300000	Expected Date of Admission	: 13/03/2023		
Policy Period	: 01/APR/2022 To 31/MAR/2023	Expected Date of Discharge	: 18/03/2023		
Room Category Eligible room category as per T & C of Policy Contract	: Semi-Private	Estimated length of stay	: 6		
Provisional Diagnosis	: Diabetes mellitus with UTI	Proposed line of treatment	: Conservative		

Authorization Details

Date & Time	Reference Number	Amount	Status
18-03-2023 13:21:07	RC-HS22-13484364_1	38611	Pre Auth Approved

Total Authorized amount : Rs 38611 /- (Thirty Eight Thousand Six Hundred Eleven only). Note-Previous authorisation stand cancelled

Authorization Remarks : Covered for active medical management requiring hospitalization only. Non medical expenses including expenses for PPE kits to be collected from member. Claim will be settled as per tariff irrespective of approved amount. Room category -- as per pre-auth request form.

The final bill amount shall be generated as per the MOU (Memorandum of Understanding) for discount and tariff rates. Non-compliance would warrant the recovery of excess amount.

Hospital Agreed Tariff

I.Package case :

Agreed package.....

II. Non-package Case :

- i. Room Rent/day.....
- ii. ICU Rent/day
- iii. Nursing Charges/day.....
- iv. Consultant Visit Charges/day.....
- v. Surgeon's fee/OT/Anaesthetist.....
- vi. Others (specify)

Authorization Summary

Total Bill Amount	: 45425 (INR)
*Other Deductions	: 0 (INR)
Discount	: 0 (INR)
Co-Pay	: 6814 (INR)
Zonal Co-Pay	: 0 (INR)
Deductibles	: 0 (INR)
Premium Recovered	: 0 (INR)
Total Authorised Amount	: 38611 (INR)
Amount to be paid by Insured	: 0 (INR)

Other Deduction Details					
Sr no.	Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
1	Others	45425	0	45425	

Terms and Conditions of Authorization

- Cashless Authorization letter issued on the basis of information provided in Pre- Authorization form. In case misrepresentation/concealment of the facts, any material difference/ deviation/ discrepancy in information is observed in discharge summary/ IPD records then cashless authorization shall stand null & void. At any point of claim processing Insurer or TPA reserves right to raise queries for any other document to ascertain admissibility of claim.
- KYC (Know your customer) details of proposer/employee/Beneficiary are mandatory for claim payout above Rs 1 lakh.
- Network provider shall not collect any additional amount from the individual in excess of Agreed Package Rates except costs towards non-admissible amounts (including additional charges due to opting higher room rent than eligibility/ choosing separate line of treatment which is not envisaged/considered in package).
- Network Provider shall not make any recovery from the deposit amount collected from the Insured except for costs towards non-admissible amounts(including additional charges due to opting higher room rent than eligibility/ choosing separate line of treatment which is not envisaged/considered in package).
- In the event of unauthorized recovery of any additional amount from the Insured in excess of Agreed Package Rates, the authorized TPA / Insurance Company reserves the right to recover the same or get the same refunded to the policyholder from the Network Provider and/or take necessary action, as provided under the MoU.
- Where a treatment/procedure is to be carried out by a doctor/surgeon of insured's choice (not empaneled with the hospital), Network Provider may give treatment after obtaining specific consent of policyholder.
- Differential Costs borne by policyholder may be reimbursed by insurers subject to the terms and conditions of the policy.

DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM

- Detailed Discharge Summary and all Bills from the hospital
- Cash Memos from the Hospitals / Chemists supported by proper prescription.
- Diagnostic Test Reports and Receipts supported by note from the attending Medical Practitioner / Surgeon recommending such Diagnostic supported by note from the attending Medical Practitioner / Surgeon recommending such diagnostic tests.
- Surgeon's Certificate stating nature of operation performed and Surgeon's Bill and Receipt.
- Certificates from attending Medical Practitioner / Surgeon giving patient's condition and advice on discharge.

Name of the Product AKZO NOBEL INDIA LIMITED and UINNo HDFHLGP05001V010405 :- Important Policy terms & conditions (sub-limits/co-pay/deductible etc)

POINTS TO BE NOTED BY INSURED IN SUPPORT OF THE CLAIM

Dear Customer,

If you had paid any bill amount to the hospital apart from the non-payable items, copayment or deductible, Please submit your claim form for reimbursement along with bills and payment receipts.

**PARAMOUNT HEALTH SERVICE & INSURANCE TPA PRIVATE LIMITED****(IRDA License No.006) Validity: From 21-03-2020 to 20-03-2023**

Plot No.A-442,Road No-28.M.I.D.C Industrial Area,Wagale Estate,Ram Nagar, Vitthal Rukhumani Mandir, Thane-400604 Tel-(022)-66620808, Fax No-68342754, E-mail contact.phs@paramounttpa.com.

Branch Code : 020

**Cashless Authorization Letter
(Part-D)**Claim Number: **5400841** (Please quote this number for all further correspondence)

Date: 07/04/2022 11:01:31 AM

Authorization is valid for admission up to 07/04/2022.

KLES DR.PRABHAKAR KORE HOSPITAL & MEDICAL RESEARCH CENTRE. Nh Service Road Basava Circle Nehru Nagar,Belgaum,Karnataka- 590010 Rohini Id : 8900080200265	Name of Insurance Company :United India Insurance Company Ltd.
	Name of TPA : Paramount Health Services & Insurance TPA Pvt. Ltd.
	Proposer Name : SANDIP RAMKRISHNA SHINDE
	Patient's Member : RAMKRISHNA DINKAR SHINDE
	ID/TPA/Insurer ID of the Patient : 20872461
	Relation With Proposer : Father
	Corporate Name: EATON TECHNOLOGIES PRIVATE LIMITED

Dear Sir /Madam,

This has reference to the pre-authorization request submitted on 07/04/2022 10:19:48 AM. We hereby authorize cashless facility as per details mentioned below:

Patient Name : RAMKRISHNA DINKAR SHINDE	Age : 72	Gender : MALE
Policy Number : 161000/28/21/P1/08691258	Expected Date of Admission : 12/03/2022	
Policy Period : 01/11/2021-31/10/2022	Expected Date of Discharge :06/04/2022	
Room category : SINGLE ROOM Category as per T&C of Policy Contract	Estimated Length Of Stay:26	
Provisional Diagnosis : Sarcoma Of Soft Tissue Left Thigh	Proposed line of treatment : Sarcoma Of Soft Tissue Left Thigh	

Claim Remarks:**Authorization Details :-**

Date & Time	Reference number	Amount	Status
12/03/2022 05:14	3735006	200000	Authorized
26/03/2022 12:52	3752190	30000	Authorized
30/03/2022 04:42	3757735	0	Authorized
07/04/2022 11:01	3767257	71732	Authorized

Total Authorized amount:- Rs 301732 (THREE LAKH ONE THOUSAND SEVEN HUNDRED AND THIRTY TWO)**Authorization Remarks: / Claim will be settled as per agreed tariff list between the hospital and phs****Hospital Agreed Tariff:****I Package Case:**

Agreed Package Rate : NA

II Non-package Case:

i. Room Rent/day : NA

ii. ICU Rent/day : NA

iii. Nursing Charges/day : NA

iv. Consultant Visit Charges/day : NA

v. Surgeon's fee/OT/Anesthetist : NA

vi. Others (specify) : NA

Authorization Summary:

Total Bill Amount	: 327810	
*Other Deductions	: 18505	
Discount	: 7573	(Not to be collected from insured.)
Co-Pay	: 0	
Deductibles	: 0	
Total Authorised Amount	: 301732	
Amount to be paid by insured	: 18505	

Sr.no	Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
1	Medicine & Consumables charges	75390	5585	69805	IV PLAST 60/- +COTTON CLOTH BAG 29/- + BED BATH WIPES 1200/- +MICROPORE 564/-+ TOP CREPE 2274/- + MASKN95 376/- +TOP-O-PLAST 68/- + CAP 59- + MASK 72/- + SURGIDRAPE 158/- +R O SWAB SPONZE 120/- +UROBAG 331/- + OXYGEN MASK 274/- +
2	Professional fees charges	145230	2980	142250	GAMJI 300/- + VACUTAINER TEST TUBE 80/- + GLOVES 2600/-
3	Investigation Charges	8000	150	7850	BLOOD GROUPING 150/-
4	Miscellaneous charges	9790	9790	0	REGISTRATION CHARGES 150/- + FOOD CHARGES 5070/-+ VISITOR PASS 70/- +MONITOR CHARGES 300/- + INFECTION CONTROL CHARGES 4200/-

Terms and Conditions of Authorization:

1. Cashless Authorization letter issued on the basis of information provided in Pre- Authorization form. In case misrepresentation/concealment of the facts, any material difference/ deviation/ discrepancy in information is observed in discharge summary/ IPD records then cashless authorization shall stand null & void. At any point of claim processing Insurer or TPA reserves right to raise queries for any other document to ascertain admissibility of claim.
2. KYC (Know your customer) details of proposer/employee/Beneficiary are mandatory for claim payout above Rs 1 lakh
3. Network provider shall not collect any additional amount from the individual in excess of Agreed Package Rates except costs towards non-admissible amounts (including additional charges due to opting higher room rent than eligibility/ choosing separate line of treatment which is not envisaged/considered in package).
4. Network Provider shall not make any recovery from the deposit amount collected from the Insured except for costs towards non-admissible amounts (including additional charges due to opting higher room rent than eligibility/ choosing separate line of treatment which is not envisaged/considered in package)
5. In the event of unauthorized recovery of any additional amount from the Insured in excess of Agreed Package Rates, the authorized TPA / Insurance Company reserves the right to recover the same or get the same refunded to the policyholder from the Network Provider and/or take necessary action, as provided under the MoU.
6. Where a treatment/procedure is to be carried out by a doctor/surgeon of insured's choice (not empanelled with the hospital), Network Provider may give treatment after obtaining specific consent of policyholder.
7. Differential Costs borne by policyholder may be reimbursed by insurers subject to the terms and conditions of the policy.

DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM

1. Detailed Discharge Summary and all Bills from the hospital.
2. Cash Memos from the Hospitals /Chemists supported by proper prescription.
3. Diagnostic Test Reports and Receipts supported by note from the attending Medical Practitioner /Surgeon recommending such Diagnostic supported by note from the attending Medical Practitioner / Surgeon recommending such diagnostic tests.
4. Surgeon's Certificate stating nature of operation performed and Surgeon's Bill and Receipt.
5. Certificates from attending Medical Practitioner/ Surgeon giving patient's condition and advice on discharge.
6. Please submit member paid receipt copy of the difference in AL amount and Hospital bill (excluding TPA discount) at the time of claim submission.
7. Invoice of implants.

Name of the Product UNI GROUP HEALTH INSURANCE POLICY and UIN No23040777291- Important Policy terms & conditions (sub-limits/co-pay/deductible etc)

Please note that the amount authorized is provisional and is subject to change based on the final bill and discharge summary and deduction of TDS as applicable.

Note: As per Modified Guidelines on standards and benchmarks for hospitals in the Provider Network issued by IRDAI vide circular Ref.IRDA /HLT/REG/GDL/114/07/2018 dated 27th July 2018.your hospital is mandatorily required to register with ROHINI and obtain either Pre-entry level certificate (or higher level of certificate) issued by NABH or state level certificate (or higher level of certificate) under NOAS, issued by national Health systems Resources Centre (NHSRC) on or before July26, 2019.

Disclaimer: The TPA extends the cashless facility subject to the standard terms & conditions of the policy and the information provided in the cashless request form. We suggest that the patient continues with the treatment as advised by the treating doctor, irrespective of the pre-authorization /cashless facility.

This is a system generated letter hence signature is not required.

**PARAMOUNT HEALTH SERVICE & INSURANCE TPA PRIVATE LIMITED****(IRDA License No.006) Validity: From 21-03-2020 to 20-03-2023**

Plot No.A-442,Road No-28.M.I.D.C Industrial Area,Wagale Estate,Ram Nagar, Vitthal Rukhumani Mandir, Thane-400604 Tel-(022)-66620808, Fax No-68342754, E-mail contact.phs@paramounttpa.com.

Branch Code : 080

Cashless Authorization Letter
(Part-D)Claim Number: **5918111** (Please quote this number for all further correspondence)

Date: 17/02/2023 05:08:21 PM

Authorization is valid for admission up to 26/02/2023.

KLES DR.PRABHAKAR KORE HOSPITAL & MEDICAL RESEARCH CENTRE. Nh Service Road Basava Circle Nehru Nagar,Belgaum,Karnataka-590010 Rohini Id : 8900080200265	Name of Insurance Company :The Oriental Insurance Company Ltd.
	Name of TPA : Paramount Health Services & Insurance TPA Pvt. Ltd.
	Proposer Name : PRAVEEN NIVRUTTI URANKAR
	Patient's Member : SMITA PRAVEEN URANKAR
	ID/TPA/Insurer ID of the Patient : 38022602
	Relation With Proposer : Wife
Corporate Name: DELHI INTERNATIONAL AIRPORTS LTD	

Dear Sir /Madam,

This has reference to the pre-authorization request submitted on 17/02/2023 04:42:27 PM. We hereby authorize cashless facility as per details mentioned below:

Patient Name : SMITA PRAVEEN URANKAR	Age : 42	Gender : FEMALE
Policy Number : 431200/48/2023/384	Expected Date of Admission : 11/02/2023	
Policy Period : 01/07/2022-30/06/2023	Expected Date of Discharge :17/02/2023	
Room category : SINGLE Category as per T&C of Policy Contract	Estimated Length Of Stay:6	
Provisional Diagnosis :	Proposed line of treatment :	

Claim Remarks:Authorization Details :-

Date & Time	Reference number	Amount	Status
17/02/2023 05:08	4288848	219263	Authorized
11/02/2023 01:28	4277049	100000	Authorized

Total Authorized amount:- Rs 319263 (THREE LAKH NINETEEN THOUSAND TWO HUNDRED AND SIXTY THREE)**Authorization Remarks: standard non medical expenses deducted. claim will be settled as per agreed tariff and policy terms and conditions.**Hospital Agreed Tariff:**I Package Case:**

Agreed Package Rate : NA

II Non-package Case:

i. Room Rent/day : NA

ii. ICU Rent/day : NA

iii. Nursing Charges/day : NA

iv. Consultant Visit Charges/day : NA

v. Surgeon's fee/OT/Anesthetist : NA

vi. Others (specify) : NA

Authorization Summary:

Total Bill Amount : 366446

*Other Deductions : 3053

Discount : 8656 (Not to be collected from insured.)

Co-Pay : 35474

Deductibles : 0

Total Authorised Amount : 319263

Amount to be paid by insured : 38527

Sr.no	Description	Bill Amount	Deducted Amount	Admissible Amount	Deduction Reason
1	Miscellaneous charges	1532	1532	0	RegistrationRs.150/-, food cahrgesRs.562/-, visitorRs.70/-, monitor chargesRs.150/-, glovesRs.300/-, padRs.100/-, RBSRs.200/-, dedcuted
2	Medicine & Consumables charges	79434	1521	77913	BETADINERs.330/-, MASKRs.131/-, ECG ELECTRODESs.78/-, COVERRs.119/-, GLOVESRs.863/-, DEDCUTED

Terms and Conditions of Authorization:

1. Cashless Authorization letter issued on the basis of information provided in Pre- Authorization form. In case misrepresentation/concealment of the facts, any material difference/ deviation/ discrepancy in information is observed in discharge summary/ IPD records then cashless authorization shall stand null & void. At any point of claim processing Insurer or TPA reserves right to raise queries for any other document to ascertain admissibility of claim.
2. KYC (Know your customer) details of proposer/employee/Beneficiary are mandatory for claim payout above Rs 1 lakh
3. Network provider shall not collect any additional amount from the individual in excess of Agreed Package Rates except costs towards non-admissible amounts (including additional charges due to opting higher room rent than eligibility/ choosing separate line of treatment which is not envisaged/considered in package).
4. Network Provider shall not make any recovery from the deposit amount collected from the Insured except for costs towards non-admissible amounts (including additional charges due to opting higher room rent than eligibility/ choosing separate line of treatment which is not envisaged/considered in package)
5. In the event of unauthorized recovery of any additional amount from the Insured in excess of Agreed Package Rates, the authorized TPA / Insurance Company reserves the right to recover the same or get the same refunded to the policyholder from the Network Provider and/or take necessary action, as provided under the MoU.
6. Where a treatment/procedure is to be carried out by a doctor/surgeon of insured's choice (not empanelled with the hospital), Network Provider may give treatment after obtaining specific consent of policyholder.
7. Differential Costs borne by policyholder may be reimbursed by insurers subject to the terms and conditions of the policy.

DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM

1. Detailed Discharge Summary and all Bills from the hospital.
2. Cash Memos from the Hospitals /Chemists supported by proper prescription.
3. Diagnostic Test Reports and Receipts supported by note from the attending Medical Practitioner /Surgeon recommending such Diagnostic supported by note from the attending Medical Practitioner / Surgeon recommending such diagnostic tests.
4. Surgeon's Certificate stating nature of operation performed and Surgeon's Bill and Receipt.
5. Certificates from attending Medical Practitioner/ Surgeon giving patient's condition and advice on discharge.
6. Please submit member paid receipt copy of the difference in AL amount and Hospital bill (excluding TPA discount) at the time of claim submission.
7. Invoice of implants.

Name of the Product - GROUP MEDICLAIM-FLOATER and UIN No - Important Policy terms & conditions (sub-limits/co-pay/deductible etc)

Please note that the amount authorized is provisional and is subject to change based on the final bill and discharge summary and deduction of TDS as applicable.

Note: As per Modified Guidelines on standards and benchmarks for hospitals in the Provider Network issued by IRDAI vide circular Ref.IRDA /HLT/REG/GDL/114/07/2018 dated 27th July 2018.your hospital is mandatorily required to register with ROHINI and obtain either Pre-entry level certificate (or higher level of certificate) issued by NABH or state level certificate (or higher level of certificate) under NOAS, issued by national Health systems Resources Centre (NHSRC) on or before July26, 2019.

Disclaimer: The TPA extends the cashless facility subject to the standard terms & conditions of the policy and the information provided in the cashless request form. We suggest that the patient continues with the treatment as advised by the treating doctor, irrespective of the pre-authorization /cashless facility.

This is a system generated letter hence signature is not required.



Date :06 Apr 2022

To,

The Administrator / Medical Superintendent,
Kles Prabhakar Kore Hospital And Medical Research Centre,
Nehru Nagar, Belgaum,
Hospital ID: (50500)
Rohini Id: 8900080200265

Dear Partner,

With reference to your request (107068162) for final cashless pre-authorization, we here by authorize INR 52896 against your final bill amount INR 399581. The details of the pre-authorization are as follows:

Patient Details

Patient Name	Preeti R Kulkarni
Relation to Primary Beneficiary	Spouse
Age	32
Gender	F
Insurance Company	The New India Assurance Co. Ltd
Medi Assist ID	4025423750
Policy Holder	Karnataka Antibiotics & Pharmaceuticals Ltd
IP No.	
Policy No.	67230034210400000005
Policy Period	20 May 2021 to 19 May 2022
Primary Beneficiary	Praveen Kumar R Kulkarni
Primary Beneficiary Employee ID	2487
Insurer Claim No	TP00367230021900003848
Insurer Member ID	MEMBER344

Treatment Details

Provisional Diagnosis	Acute and subacute infective endocarditis
Expected Date Of Admission	21 Mar 2022
Treating Doctor	dr s v patted
Procedure / Treatment Planned	Other repair procedures on other sites of heart
Estimated Date of Discharge	06 Apr 2022
Room Category Occupied	Semi private room
Length Of Stay	15
Eligible Room Category	Sharing Ward (Semiprivate / Multibed Ward)

Authorization Details

#	Status	Received Date	Cumulative Amount	Cumulative Authorized
1	Pre-Auth Processed	21 Mar 2022 17:03	30000	12750
2	Pre-Auth Processed	26 Mar 2022 16:03	300000	40146
3	Pre-Auth Processed	06 Apr 2022 16:04	399581	52896

Total Authorized amount Rs 52896 (Fifty Two Thousand Eight Hundred and Ninety Six).

Authorization Remarks :

Open hear surgery done, final approved up to available sum insured. 15% copay deducted.

Hospital Agreed Tariff :**I. Package Case**

Agreed Package Rate

220000 (1 Package(s) Applied)

Package charges exclude cost towards implants/co-morbidity/extended stay

II. Non Package Case

Room Type	Room Rent	Nursing
NA	NA	NA

Consultation Visit Charges/ Surgeon's fee/ OT/ Anaesthetist : As per customary and reasonable charges

Authorization Summary

Total bill amount (INR)	399581
Other Deductions(INR)*	22681
Policy Excess / Deductible (INR)	267469
Copay (INR)	56535
Deductibles (INR)	0
Total Authorized Amount(INR)	52896
Amount to be paid by Insured (INR)	346685

***Deduction Details**

S.no	Description	Bill Amount (INR)	Deducted Amount (INR)	Admissible Amount (INR)	Deduction Reason
1	other miscellaneous charges	22681	22681	0	NME BLOOD GROUPING:-150.00,NME ADMISSION CHARGES:-100.00,NME OTHER MISC:-22431.00

Terms and conditions for authorization

- Cashless authorization letter issued on the basis of information provided in pre authorization form. In case of misrepresentation/concealment of facts, any material difference/deviation/ discrepancy in information is observed in discharge summary / IPD records then cashless authorization stand null & void. At any point of claim processing Insurer or TPA reserves right to raise queries for any other document to ascertain the admissibility of claim.
- KYC (know your customer) details of proposer/employee/beneficiary are mandatory for claim payout above Rs.1 lakh.
- Network provider shall not collect any additional amount from the individual in excess of Agreed Package Rates except cost towards non admissible amounts (including additional charges due to opting higher room rent than eligibility/choosing separate line of treatment which is not envisaged/considered in Package)
- Network provider shall not make any recovery from the deposit amount collected from the insured except for the cost towards non admissible amounts (including additional charges due to opting higher room rent than eligibility/choosing separate line of treatment which is not envisaged/considered in Package)
- In the event of unauthorized recovery of any additional amount from the insured in excess of Agreed Package Rates, the authorized TPA/Insurance company reserves the right to recover the same or get the same refunded to the policy holder from the network provider and/or take necessary action as provided under the MOU.
- Where treatment / procedure to be carried out by a Doctor/Surgeon of insured's choice (not empaneled with the Hospital) network provider may give treatment after obtaining specific consent of the policyholder.
- Differential cost borne by the policyholder may be reimbursed by Insurer subject to terms and conditions of the policy.

DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM

- Detailed discharge summary and all bills from the Hospital
- Cash memos from the Hospitals / Chemists supported by proper prescriptions
- Diagnostic Test Reports and Receipts supported by note from the attending Medical Practitioner / Surgeon recommending such diagnostic tests.
- Surgeon's Certificate stating nature of operation performed and Surgeon's Bill and Receipt.
- Certificates from attending Medical Practitioner / Surgeon giving patient's condition and advice on discharge
- Please send cashless documents to address mentioned in last page of letter. (Beneath signature)
- Final hospital bills should be issued in the name of The New India Assurance Co. Ltd as a payer for payment of cashless claims. This is a mandatory requirement for claim settlement.

Cashless Checklist

- Photo ID Card
- Address Proof
- Discharge Summary (Mandatory)
- Final Bill (Mandatory)

Also note that

- The following expenses will not be payable.
 - Expenses on investigations / diagnostic tests, etc. which are not related to the condition for which admission is sought
 - Expenses related to medicines/drugs incurred post discharge
 - Expenses not covered / not payable as per health insurance policy terms and conditions
- The following documents must be submitted in full within 7 days from date of discharge to enable settlement of claim:
 - Settlement of claim, failing which Authorization(s) issued for this hospitalization would be treated as void
 - Original cashless claim form in IRDAI format
 - Original bill in IRDAI format, duly signed by the patient / representative
 - Original discharge summary in IRDAI format, duly signed by the patient / representative
 - Break-up of the bill amount being claimed, including pharmacy, investigations, etc.
 - All original investigation reports and X ray films etc
 - Original letter/s of clarification provided during the authorization
 - Original sticker for all the implants & high value consumables
 - Attested copy of the receipt for the amount settled by the patient / representative.
 - Attested copy of the OT notes for surgical cases



Date :22 Feb 2023

To,

The Administrator / Medical Superintendent,
Kles Prabhakar Kore Hospital And Medical Research Centre,
Nehru Nagar, Belgaum,
Hospital ID: (50500)
Rohini Id: 8900080200265

Dear Partner,

With reference to your request (31725566) for final cashless pre-authorization, we here by authorize INR **74484** against your final bill amount INR **77641**. The details of the pre-authorization are as follows:

Patient Details

Patient Name	Suprita
Relation to Primary Beneficiary	Spouse
Age	26
Gender	F
Insurance Company	United India Insurance Co. Ltd.
Medi Assist ID	5077050540
Policy Holder	TVS Motor Company Limited
IP No.	
Policy No.	1710002822P103402452
Policy Period	01 Jul 2022 to 30 Jun 2023
Primary Beneficiary	Basavaraj Patil
Primary Beneficiary Employee ID	9807
Insurer Claim No	
Insurer Member ID	98075

Treatment Details

Provisional Diagnosis	Encounter for cesarean delivery without indication
Expected Date Of Admission	17 Feb 2023
Treating Doctor	dr yeshita pujar
Procedure / Treatment Planned	Caesarean section (LSCS)
Estimated Date of Discharge	22 Feb 2023
Room Category Occupied	Single Ward (Private / Special / Executive Ward)
Length Of Stay	5
Eligible Room Category	Single Ward (Private / Special / Executive Ward)

Authorization Details

#	Status	Received Date	Cumulative Amount	Cumulative Authorized
1	Pre-Auth Processed	20 Feb 2023 15:02	80000	40000
2	Pre-Auth Processed	22 Feb 2023 13:02	77641	74484

Total Authorized amount Rs 74484 (Seventy Four Thousand Four Hundred and Eighty Four).

Authorization Remarks :

approved

Note: If Top Up is available and applicable, as per policy conditions, Top Up claims will be processed and additional amounts will be approved along with base amount as per your benefit.

Hospital Agreed Tariff :**I. Package Case**

Agreed Package Rate

200 (1 Package(s) Applied)

Package charges exclude cost towards implants/co-morbidity/extended stay

II. Non Package Case

Room Type	Room Rent	Nursing
NA	NA	NA

Consultation Visit Charges/ Surgeon's fee/ OT/ Anaesthetist : As per customary and reasonable charges

Authorization Summary

Total bill amount (INR)	77641
Other Deductions(INR)*	3157
Hospital Discount (INR)	0
Copay (INR)	0
Deductibles (INR)	0
Total Authorized Amount(INR)	74484
Amount to be paid by Insured (INR)	3157

***Deduction Details**

S.no	Description	Bill Amount (INR)	Deducted Amount (INR)	Admissible Amount (INR)	Deduction Reason
1	IV Fluids / Disposables	40832	3157	37675	NME

Terms and conditions for authorization

- Cashless authorization letter issued on the basis of information provided in pre authorization form. In case of misrepresentation/concealment of facts, any material difference/deviation/ discrepancy in information is observed in discharge summary / IPD records then cashless authorization stand null & void. At any point of claim processing Insurer or TPA reserves right to raise queries for any other document to ascertain the admissibility of claim.
- KYC (know your customer) details of proposer/employee/beneficiary are mandatory for claim payout above Rs.1 lakh.
- Network provider shall not collect any additional amount from the individual in excess of Agreed Package Rates except cost towards non admissible amounts (including additional charges due to opting higher room rent than eligibility/choosing separate line of treatment which is not envisaged/considered in Package)
- Network provider shall not make any recovery from the deposit amount collected from the insured except for the cost towards non admissible amounts (including additional charges due to opting higher room rent than eligibility/choosing separate line of treatment which is not envisaged/considered in Package)
- In the event of unauthorized recovery of any additional amount from the insured in excess of Agreed Package Rates, the authorized TPA/Insurance company reserves the right to recover the same or get the same refunded to the policy holder from the network provider and/or take necessary action as provided under the MOU.
- Where treatment / procedure to be carried out by a Doctor/Surgeon of insured's choice (not empaneled with the Hospital) network provider may give treatment after obtaining specific consent of the policyholder.
- Differential cost borne by the policyholder may be reimbursed by Insurer subject to terms and conditions of the policy.

DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM

- Detailed discharge summary and all bills from the Hospital
- Cash memos from the Hospitals / Chemists supported by proper prescriptions
- Diagnostic Test Reports and Receipts supported by note from the attending Medical Practitioner / Surgeon recommending such diagnostic tests.
- Surgeon's Certificate stating nature of operation performed and Surgeon's Bill and Receipt.
- Certificates from attending Medical Practitioner / Surgeon giving patient's condition and advice on discharge
- Please send cashless documents to address mentioned in last page of letter. (Beneath signature)
- Final hospital bills should be issued in the name of United India Insurance Co. Ltd. as a payer for payment of cashless claims. This is a mandatory requirement for claim settlement.

Cashless Checklist

- Photo ID Card
- Address Proof
- PAN CARD of Primary beneficiary (if approved amount is >Rs.1 Lakh)
- Discharge Summary (Mandatory)
- Final Bill (Mandatory)

Also note that

- The following expenses will not be payable:
 - Expenses on investigations / diagnostic tests, etc. which are not related to the condition for which admission is sought
 - Expenses related to medicines/drugs incurred post discharge
 - Expenses not covered / not payable as per health insurance policy terms and conditions
- The following documents must be submitted in full within 7 days from date of discharge to enable settlement of claim:
 - Settlement of claim, failing which Authorization(s) issued for this hospitalization would be treated as void
 - Original cashless claim form in IRDAI format
 - Original bill in IRDAI format, duly signed by the patient / representative
 - Original discharge summary in IRDAI format, duly signed by the patient / representative
 - Break-up of the bill amount being claimed, including pharmacy, investigations, etc.
 - All original investigation reports and X ray films etc
 - Original letter/s of clarification provided during the authorization
 - Original sticker for all the implants & high value consumables
 - Attested copy of the receipt for the amount settled by the patient / representative.
 - Attested copy of the OT notes for surgical cases

STAR HEALTH AND ALLIED INSURANCE CO. LTD.,
SRI BALAJI COMPLEX, 15, WHITES ROAD, CHENNAI 600014.



Customer Care Number - 044 6900 6900 / Corporate Customers - 044 43664666

Chat - +91 9597652225, www.Starhealth.in

Cashless Authorization Letter

Claim Number : CIR/2022/151118/3930887

DATE : 04/04/2022

(Please quote this number for all further correspondence)

Authorization is valid for admission up to 10/04/2022

KLES PRABHAKAR KORE HOSPITAL AND MEDICAL RESEARCH CENTRE Nehrunagar, BELGAUM - 590010 Karnataka Rohini Id : 8900080200265	Name of Insurance Company: STAR HEALTH AND ALLIED INSURANCE
	Name of TPA : Not Applicable
	Proposer Name : MR.DHANARAJ SATYAPPA AJETRAO
	Patient's Member : VANDANA DHANARAJ AJETRAO
	ID/TPA/Insurer Id of the Patient : 5358744-2
Relation with Proposer : SPOUSE	

Dear Sir / Madam,

This has reference to the pre-authorization request submitted on 04/04/2022. We hereby authorize cashless facility as per details mentioned below:

Patient Name : VANDANA DHANARAJ AJETRAO	Age : 41YEARS	Gender : Female
	Expected Date of Admission : 01/03/2022	
Policy Number : P/151118/01/2022/023525	Expected Date of Discharge : 04/04/2022	
Policy Period : 01-SEP-2021 - 31-AUG-2022	Estimated length of stay : 34	
Room : SHARING / SEMI PRIVATE Category : ROOM NON A/C Eligible Room Category as per T&C of Policy Contract :		
Provisional CLD Diagnosis :	Proposed line of treatment : Medical	

Authorization Details:-

Date & Time	Reference number	Amount	Status
03/03/2022 11:28	CLMG/2022/151118/1548113/001	20000.0	Approved (Pre Auth)

IRDA Regn.No.129
Corporate Identity Number L66010TN2005PLC056649
Email ID : info@starhealth.in

Date & Time	Reference number	Amount	Status
16/03/2022 05:45	CLMG/2022/151118/1548113/002	20000.0	Approved (Enhancement)
22/03/2022 01:42	CLMG/2022/151118/1548113/003	60000.0	Approved (Enhancement)
04/04/2022 11:16	CLMG/2022/151118/1548113/004	497615.0	Approved (Enhancement)

Total Authorized amount :- Rs. 597615(Indian Rupees Five Lakh Ninety Seven Thousand Six Hundred and Fifteen Only).

Authorization Remarks :

MAXIMUM PAYABLE - SUBJECTED TO SOC/ANH VERIFICATION DURING FINAL SETTLEMENT

Hospital Agreed Tariff:

I. Package Case :

Agreed Package Rate -

II. Non-Package Case :

Authorization Summary:

Total Bill Amount : Rs.737213

*Other Deductions : Rs.139598

Discount :

Admissible Amount : Rs.597615

Co-pay :

Deductibles :

Total Balance Installment
Premium

Installment Premium
Adjusted

Total Authorised Amount : Rs. 597615

STAR HEALTH AND ALLIED INSURANCE CO. LTD.,
SRI BALAJI COMPLEX,15,WHITES ROAD,CHENNAI 600014.



Customer Care Number - 044 6900 6900 / Corporate Customers - 044 43664666

Chat - +91 9597652225, www.Starhealth.in

Cashless Authorization Letter

Claim Number : CIG/2023/141213/1527305

DATE : 23/02/2023

(Please quote this number for all further correspondence)

Authorization is valid for admission up to 01/03/2023

KLES PRABHAKAR KORE HOSPITAL AND MEDICAL RESEARCH CENTRE Nehrunagar, BELAGAVI - 590010 Karnataka Rohini Id : 8900080200265	Name of Insurance Company:	STAR HEALTH AND ALLIED INSURANCE
	Name of TPA	: Not Applicable
	Proposer Name	: BELGAUM DISTRICT CENTRAL CO-OP BANK LTD
	Patient's Member	: Mr.NINGARAJ APPAYYA BADNINGAGOL
	ID/TPA/Insurer Id of the Patient	: 129050142300064702
	Relation with Proposer	: SON

Dear Sir / Madam,

This has reference to the pre-authorization request submitted on 23/02/2023. We hereby authorize cashless facility as per details mentioned below:

Patient Name : MR.SAMRAJY NINGARAJ BADNINGAGOL	Age : 0YEARS	Gender : Male
	Expected Date of Admission : 17/02/2023	
Policy Number : P/141213/01/2023/007714	Expected Date of Discharge : 23/02/2023	
Policy Period : 29-NOV-2022 - 28-NOV-2023	Estimated length of stay : 6	
Room : SHARING / SEMI PRIVATE Category ROOM NON A/C Eligible Room Category as per T&C of Policy Contract :		
Provisional ABDOMEN PAIN Diagnosis :	Proposed line of treatment : Medical	

Authorization Details:-

Date & Time	Reference number	Amount	Status
23/02/2023 12:54	CLMG/2023/141213/1524788/001	35000.0	Approved (Pre Auth)

Date & Time	Reference number	Amount	Status
23/02/2023 12:54	CLMG/2023/141213/1524788/002	32388.0	Approved (Enhancement)

Total Authorized amount :- Rs. 67388(Indian Rupees Sixty Seven Thousand Three Hundred and Eighty Eight Only).

Authorization Remarks :

Maximum payable

Hospital Agreed Tariff:

I. Package Case :

Agreed Package Rate -

II. Non-Package Case :

Authorization Summary:

Total Bill Amount : Rs.89667
*Other Deductions : Rs.22279
Discount :
Admissible Amount : Rs.67388
Co-pay :
Deductibles :
Total Balance Installment
Premium
Installment Premium
Adjusted
Total Authorised Amount : Rs. 67388

***Other Deduction Details:**



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DR. PRABHAKAR KORE CHARITABLE HOSPITAL

(Office of the Medical Superintendent)

(Placed in 'Category A' by MHRD)

Accredited 'A' Grade by NAAC (2nd Cycle)



Date: 23/03/2022


To,
The District Blindness Programme Officer
Belagavi.


Sub: Submission of MOU for DBCS Belagavi for the year 2022-2023

With reference to above cited subject, I am submitting herewith the Memorandum of Understanding for DBCS for the year 2022-2023. This is for kind information and necessities.

Thanking you,

Yours


Medical Superintendent
KLE Dr. Prabhakar Kore Charitable Hospital
Belagavi


23/03/2023



सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

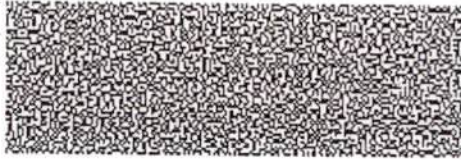
e-Stamp

Certificate No. : IN-KA72420197437353U
 Certificate Issued Date : 21-Mar-2022 01:25 PM
 Account Reference : NONACC (FI)/ kacrsf108/ BELGAUM3/ KA-BL
 Unique Doc. Reference : SUBIN-KAKACRSFL0878521716336902U
 Purchased by : KLES DR PRABHAKAR KORE CHARITABLE HOSPITAL BGM
 Description of Document : Article 12 Bond
 Description : M O U
 Consideration Price (Rs.) : 0
 (Zero)
 First Party : KLES DR PRABHAKAR KORE CHARITABLE HOSPITAL BGM
 Second Party : DISTRICT BLINDNESS CONTROL SOCIETY BELAGAVI
 Stamp Duty Paid By : KLES DR PRABHAKAR KORE CHARITABLE HOSPITAL BGM
 Stamp Duty Amount(Rs.) : 100
 (One Hundred only)



Shri. Sudhivinayak Banjara MCSL
C/o. K. T. Patil Building Chavat Galli, BGM

Authorised Signature



Please write or type below this line

Memorandum of Understanding (MOU) between District Health Society and participating Non Government Organization

1. Preamble:

1.1. WHEREAS the Union Cabinet has approved continuation of National Program for Control of Blindness, hereafter referred to as NPCB, for implementation in all the States of the country beyond the 12th Plan (2017-2020)

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Verification App. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate
2. In case of any discrepancy please inform the Competent Authority

Medical Superintendent,
KLE Dr. Prabhakar Kore Charitable Hospital
Belagavi


- 1.2 WHEREAS the Cabinet has also agreed to follow the strategies of "Vision 2020":
The Right to Sight" in NPCBVI as per plan of Action developed for the country.
- 1.3 WHEREAS NPCB aims to reduce prevalence of blindness by implementing various activities through State and District Health Societies established in all the districts of the country;
- 1.4 WHEREAS the NPCB seeks to involve eye care facilities in Government, Government and Private sectors having capacity to perform various activities under National Program for Control of Blindness;
- 1.5 AND WHEREAS schemes for Non-Government Organizations (Hereafter referred as NGO/Private Practitioner) providing eye care service are implemented as per pattern of assistance approved by the Cabinet;
- 1.6 NOW THEREFORE the signatories of Memorandum of Understanding MOU have agreed as set out here in below.

2. PARTIES OF MOU:

This MOU is an agreement between District Health Society of BELAGAVI (Name of District) of the State of Karnataka hereafter called District Health Society and KLE Dr Prabhakar Kore Charitable Hospital, Belagavi.

3. DURATION OF MOU:

This MOU will be operative from the date of its signing by the parties and remain in force till 31st March 2023 period of one year. The MOU shall be renewed for further period, through mutual agreement by the parties.



Medical Superintendent
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Belagavi

4. General Guidelines for Diabetic Retinopathy, Glaucoma, Keratoplasty and Childhood Blindness- Squint, ROP, Retinoblastoma, Congenital Ptosis, Intra Ocular Trauma in Children and Low Vision.

- I. Beneficiaries to include all patients irrespective of Religion, Caste, Sex and Economic Status.
- II. Cost of the patients:- Totally free of cost to the beneficiaries.
- III. Copy of valid photo ID of beneficiaries should be kept as record (Voters ID) Card, Ration Card etc., any other Govt. Provided ID, employee's certificate.
- IV. A Minimum of 5% of random cases under diseases should be verified by Ophthalmic Officer, Taluka Ophthalmic Surgeon and DPM-BCD. If verified by PMOO then the records need to be further counter signed by the DPM-BCD/District Ophthalmic Surgeon on a monthly basis for release of GIA.
- V. District Health & Family Welfare Society (Blindness Control Division) of the respective District is the monitoring authority for the District.

FUND UTILIZATION:

Sl No	FMR Code	Component	Guidelines for Fund utilization
1.	15.4.2/ I.1.1	Reimbursement for Cataract Operation for NGO & Private Practitioners as per norms @ Rs.2000/- per Case.	Payment of Rs. 2000/- will be made to NGO per operated case if the NGO has used all facilities of their own like Drugs & Consumables, sutures, Spectacles, Transport/POL, organization and publicity, including their own Eye Hospital and Ophthalmologists. In the cases where NGOs/Pvt. Practitioners are using Govt. OT: Normal area- @ Rs. 1200/ case.


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Belagavi

2.	15.4.3	OTHER EYE DISEASES:	Recurring Grant-in-aid for treatment/ management of Other Eye Diseases to Voluntry/NGO Organizations & Pvt. Practitioners (Diabetic Retinopathy, Childhood Blindness & Glaucoma- upto Rs. 2,000/- per case, Keratoplasty upto Rs. 7,500/- per case & Vitreoretinal Surgery Upto Rs. 10,000/- per case.
	15.4.3.1	Diabetic Retinopathy	
	15.4.3.2	Childhood Blindness	
	15.5.3.1	Glaucoma	
	15.4.3.4	Keratoplasty	
	15.4.3.5	Vitreoretinal Surgery	



5. COMMITMENTS OF THE NGOs:

Through this MOU, the NGO agrees to provide following services to the general population of the district. (Write, YES" against applicable points).

Activities	Yes/No
I Screening of the population of all ages with emphasis on 50+ years in all the villages / townships including the area allotted for the NGOs . The NGO has to maintain village wise blind registers annually.	YES
II Identification of cases fit for cataract surgery & motivation thereof and transportation to the base hospital as per GOI guidelines indicated.	YES
III Pre-operative examination and investigation as required	YES
IV Performance of cataract surgery preferably IOL, implantation through ECCE-IOL, Small incision cataract surgery (SICS) or Phaco emulsification and Diabetic Retinopathy, Glaucoma, Keratoplasty, Vitreo-retinal surgery & Childhood Blindness of patients identified in allotted areas, self-motivated walk in cases and those referred by District Health Society /ASHA etc.	YES
V Post-operative care including management of complications, if any and Post-operative counseling regarding use of glasses if required.	YES
VI Follow up service including refraction and provision of glasses ,if required providing best possible correction including presbyopic correction	YES


Medical Superintendent
KLE Dr. Prabhakar Kore Charitable Hospital
Belagavi

VII	Submission of cataract surgery records of operated cases online through the MIS-NPCBVI & Also submits the same hard copy to DBCS Belagavi.	YES
VIII	Shall be solely responsible for any & all claims & damage in connection with MOU and consequences thereof	YES

6. Commitments of District Health Society:

Through this MOU, the District Health Society agrees to provide following support to participating NGO/Private Practitioner to facilitate service delivery (Write 'YES' against applicable clauses).

Clause	Clause of agreement	Yes/no
1.	Issue a certificate of recognition about participation in NPCB (Annexure XVIII)	Yes
2.	Undertake random verification of operated cases not exceeding 5% before discharge of patients DBCS to verify (5%) the camp or surgery activity through personal visits or deputing PMOA as per the NPCB guidelines-ideally at the base hospital itself. Or the verification can be done at the time of follow up as informed by the NGO to DBCS.	Yes
3.	Sanction cost of here cataract operations and management of Diabetic Retinopathy, Glaucoma, Keratoplasty, Vitreoretinal Surgery & Childhood Blindness performed by the NGO/Private Practitioner as per GOI guidelines indicated within month of submission of claim along with cataract surgery records.	Yes
4.	Make payment of the sanctioned amount to the NGO/Private practitioner on monthly/quarterly basis	Yes
5.	Regularly disseminate literature, guidelines or any other relevant information to participating NGO/Private practitioner.	Yes
6.	Provide a copy of the signed MOU to the NGO.	Yes


 Medical Superintendent
 KLE Dr. Prabhakar Kore Charitable Hospital
 Belagavi

7. Termination of MOU

Commitments agreed to by the Parties are meant for prevention and control of blindness and there for MOU should generally not be suspended or terminated. However, both parties can decide to suspend or terminate the MOU.

(Detailed profile of the NGO/ Pvt. Practitioner to be submitted as given at Annexure-I)

Signed this day, the 23 of March 2022.

For and on behalf of

Shanoo
23/03/2022
District Programme Officer
District Blindness Control Society
(Blindness Control Division)

For and on behalf of

[Signature]
NGO/Private Practitioner
Medical Superintendent
KLE Dr. Prabhakar Kore Charitable Hospital
Belagavi



ATTESTED BY

[Signature]
SURESH. N. JALIHA
B.Com., LL.B. (Sp.)
Advocate & Notary
BELAGAVI

29 MAR 2022



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH
(Deemed-to-be-University)

JAWAHARLAL NEHRU MEDICAL COLLEGE
DR. PRABHAKAR KORE CHARITABLE HOSPITAL

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(Placed in 'Category A' by MHRD)

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Date: 12/01/2024

Details for Psychaitric Day Care Centre Expenditure
For the year 2022-2023

S No	Details Expenditure	Sanction Amount	Expenditure
1	1 st Qtr	3,93,920	3,20,600
2	2 nd Qtr	3,65,960	3,52,200
3	3 rd Qtr	4,63,780	2,40,320
	Total	12,23,660	9,13,120

Note: As per Govt of Karnataka Health Department is sanctioned of Rs. 12,23,660/- our expenditure is 9,13,120/-. The unexpended balance amount is held with govt treasury.


Medical Superintendent
KLE Dr. Prabhakar Kore Charitable Hospital
Belagavi

ಸಂಖ್ಯೆ: ಬಿಜಿಟಿ/10/2022-23

ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳು,
ಬೆಂಗಳೂರು ದಿ: 13.06.2022

ಆಧಿಕೃತ ವಿಜ್ಞಾನ ಪತ್ರ

ವಿಷಯ: 2022-23 ನೇ ಸಾಲಿನ ಪ್ರಧಾನ ಲೆಕ್ಕಪೀಠಿಕೆ 2210-03-104-0-02 (ಎಲ್ಲಾ ಜಿಲ್ಲೆಗಳಲ್ಲಿ ಸಮುದಾಯ ಮಾನಸಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರಗಳ ಸ್ಥಾಪನೆ-Day Care Centres) ಇಲ್ಲಿಗೆ ಅನುದಾನ ಬಿಡುಗಡೆ ಮಾಡುವ ಬಗ್ಗೆ.

- ಉಲ್ಲೇಖ: 1. ಸರ್ಕಾರದ ಆದೇಶ ಸಂಖ್ಯೆ: ಆಹುಕ 120 ಸಿಜಿಇ 2022, ಬೆಂಗಳೂರು, ದಿನಾಂಕ:21.04.2022.
2. ಸರ್ಕಾರದ ಆದೇಶ ಸಂಖ್ಯೆ: ಆಹುಕ 120 ಸಿಜಿಇ 2022, ಬೆಂಗಳೂರು, ದಿನಾಂಕ:30.05.2022.

2022-23 ನೇ ಸಾಲಿನ ಪ್ರಧಾನ ಲೆಕ್ಕಪೀಠಿಕೆ: 2210-03-104-0-02 ರ ಅಡಿಯಲ್ಲಿ ಈ ಕೆಳಕಂಡ ಜಿಲ್ಲೆಗಳಲ್ಲಿ ಡಿಪಾರ್ಟ್‌ಮೆಂಟ್‌ನಿಂದ ಚೇತರಿಸಿಕೊಂಡ ತೀವ್ರತರದ ಕಾಯಿಲೆಗಳಿಂದ ಬಳಲಿದ ಮನೋರೋಗಿಗಳಿಗೆ ಸ್ಥಾಪಿಸಲಾಗಿರುವ "Day Care Centres" ಗಳಿಗೆ ಪೂರಕ ವೆಚ್ಚ, ಇತರೆ ವೆಚ್ಚ, ಕಟ್ಟಡ ವೆಚ್ಚ, ಇಂಧನ ವೆಚ್ಚ, ನಿರ್ವಹಣೆ ವೆಚ್ಚ, ಶಿಕ್ಷಾಪಾಠ ವೆಚ್ಚ ಹಾಗೂ ಡಿವಿಡಿ ಮತ್ತು ರಾಸಾಯನಿಕ ವೆಚ್ಚಗಳನ್ನು ಭರಿಸಲು ಮೊದಲ ತ್ರೈಮಾಸಿಕದ ಅನುದಾನದಲ್ಲಿ ಉಪ ನಿರ್ದೇಶಕರು, ಸಮುದಾಯ ಮಾನಸಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರಗಳ ಸ್ಥಾಪನೆಗಳ ಕಾರ್ಯಕ್ರಮಾಧಿಕಾರಿಗಳು ಕೋರಿರುವಂತೆ, ಈ ಕೆಳಗಿನ ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಅಧಿಕಾರಿಗಳಿಗೆ ಉಲ್ಲೇಖ (1 ಮತ್ತು 2) ರ ಸರ್ಕಾರ ಆದೇಶದಲ್ಲಿನ ಪರಶ್ರುಗಳಿಗೆ ಒಳಪಡಿಸಿ ಈ ಕೆಳಕಂಡಂತೆ ಅನುದಾನ ಬಿಡುಗಡೆ ಮಾಡಲಾಗಿದೆ.

ಕ್ರ.ಸಂ	ವಿಶರಣೆಯ ವಿವರ	015 ಪೂರಕ ವೆಚ್ಚಗಳು	059 ಇತರೆ ವೆಚ್ಚಗಳು	071 ಕಟ್ಟಡ ವೆಚ್ಚಗಳು	195 ಇಂಧನ ವೆಚ್ಚಗಳು	200 ನಿರ್ವಹಣೆ ವೆಚ್ಚ	222 ಡಿವಿಡಿ ಮತ್ತು ರಾಸಾಯನಿಕ ವೆಚ್ಚಗಳು	239 ಶಿಕ್ಷಾಪಾಠ ವೆಚ್ಚ	ವಿಜ್ಞಾನಪೀಠಿಕೆ ಸೇವಾ ವೆಚ್ಚ (ಡಿ.ಎಂ.ಇ)	DDO Code
1	ಬೆಂಗಳೂರು	174000	33000	80000	31500	26400	1500	47520	393920	221900
2	ಮಂಡ್ಯ	204000	32000	80000	80000	20000	2000	120000	538000	218880
3	ತುಮಕೂರು	153000	24000	60000	24000	15000	1500	36000	313500	221930
4	ಬೆಂಗಳೂರು ನಗರ	174000	39000	80000	102000	25000	3000	153000	576000	216230
5	ಚಿತ್ರದುರ್ಗ	174000	39000	80000	81000	25000	1500	121500	522000	221960
6	ಉಡುಪಿ	192000	26000	73000	14000	15600	1500	20750	342850	221970
7	ಧಾರವಾಡ	181500	27000	0	29580	15000	1500	48750	303330	214280
8	ಹಾವೇರಿ	192000	29000	80000	20000	20000	2000	30000	373000	221880
9	ಮೈಸೂರು	178500	32000	76800	60000	20000	2000	90000	459300	221780
10	ಕೊಡಗು	174000	37500	80000	45000	25000	3000	67500	432000	221940
11	ಕೋಲಾರ	153000	24000	60000	13500	15000	1500	20250	287250	221920
12	ಚಿಕ್ಕಮಗಳೂರು	300000	6000	0	0	3000	0	200000	509000	221770
	ಒಟ್ಟು ರೂ	2250000	348500	749800	500580	225000	21000	955270	60,50,150	

(ಒಟ್ಟು ರೂ.ಐವತ್ತು ಲಕ್ಷದ ಐವತ್ತು ಸಾವಿರದ ಒಂದು ನೂರ ಐವತ್ತು ರೂಪಾಯಿಗಳು ಮಾತ್ರ)

ಸೂಚನೆ: (ವ್ಯಕ್ತದ ವಿವರಗಳನ್ನು ಪ್ರತಿ ತಿಂಗಳು ನಮೂನೆ 62 ರಲ್ಲಿ ಖಜಾನೆಯಿಂದ ಪಡೆದು ನಿರ್ದೇಶನಾಲಯಕ್ಕೆ ಕಳಿಸಲು ಸೂಚಿಸಿದೆ. ಯಾವುದೇ ಉಪರೀಕ್ಷಕಿಯಲ್ಲಿನ ಅನುದಾನ ಹೆಚ್ಚುವರಿಯಾಗಿ ಉಳಿತಾಯ ಕಾಯಿದೆಯಡಿ ಕೂಡಲೇ ನಿರ್ದೇಶನಾಲಯಕ್ಕೆ ಹಿಂತಿರುಗಿಸಲು ಸೂಚಿಸಲಾಗಿದೆ).

- ಕರ್ನಾಟಕ ಸಾರ್ವಜನಿಕ ಸಂಗ್ರಹಣೆಗಳಲ್ಲಿ ಪಾರದರ್ಶಕತೆ ಅಭ್ಯುದೇಶ 2000 ರ ಸರ್ಕಾರದ ಅಧಿಸೂಚನೆಯ ಪರತ್ತುಗಳನ್ನು ಹಾಗೂ ಸರ್ಕಾರದಿಂದ ಕಾಲಕಾಲಕ್ಕೆ ಹೊರಡಿಸುವ ಆದೇಶಗಳನ್ನು ಕಟ್ಟುನಿಟ್ಟಾಗಿ ಪಾಲಿಸುವುದು.
- ಪಾರದರ್ಶಕತೆ ಅಧಿನಿಯಮ ಉಲ್ಲಂಘಿಸುವ ಸಲುವಾಗಿ ತುಂಬು ಪ್ರಸ್ತಾವನೆಗಳಿಗೆ ಕ್ರಮತೆಗೆದು ಕೊಳ್ಳುವಾರದು.
- ಏರೀಡಿ ಮಾಡುವಾಗ ಮಾರುಕಟ್ಟೆ ದರಗಳನ್ನು ಪರಿಶೀಲಿಸಿ ದೃಢಪಡಿಸಿಕೊಳ್ಳುವುದು ಹಾಗೂ ಟೆಂಡರ್ ದರಗಳೊಂದಿಗೆ ಪೋಲಿಸಿ ನೋಡುವುದು ವೆಚ್ಚದ ವ್ಯತ್ಯಾಸಗಳು ಇಲ್ಲದಿರುವ ಬಗ್ಗೆ ಡಿಟಿಲ್ ರವರು ದೃಢೀಕರಿಸಿಕೊಳ್ಳುವುದು. ಭಾರೀ ವ್ಯತ್ಯಾಸಗಳಿದ್ದಲ್ಲಿ ದರ ಸಯಾನಗಳನ್ನು ಮಾಡುವುದು.
- ಕರ್ನಾಟಕ ಆರ್ಥಿಕ ಸಂಹಿತೆ ಮತ್ತು ಮ್ಯಾನುಯಲ್ ಆಫ್ ಕಂಟೆಂಟೆಂಟ್ ಎಕ್ಸ್‌ಪೆಂಜಿಚರ್‌ಗಳಲ್ಲಿ ನಿಗದಿಗೊಳಿಸಿರುವ ನಿಯಮಾವಳಿಗಳ ಪ್ರಕಾರ ಹಾಗೂ ಸರ್ಕಾರದಿಂದ ಆಗಿಂದ್ದಾಗ್ಗೆ ಹೊರಡಿಸುವ ನಿಯಮಗಳನ್ನು ಪಾಲಿಸುವುದು.
- ಆಯವ್ಯಯ ಅನುದಾನ ಲಭ್ಯವಿಲ್ಲದ ಅಥವಾ ಆಯವ್ಯಯ ಅನುದಾನವನ್ನು ನಿರೀಕ್ಷಿಸಿ ಯಾವುದೇ ಖರೀದಿಗಳು ಮಾಡಲಾರದು. ಹಾಗೆ ಮಾಡಿದರೆ ಸಂಬಂಧಿಸಿದ ಆಸ್ತತೆಯ : ಸಂಸ್ಥೆಯ : ಕಛೇರಿಯ : ಮುಖ್ಯಸ್ಥರು ಹಾಗೂ ಹಣ ಸೆಳೆಯುವ ಹಾಗೂ ಏಟವಾಡ ಅಧಿಕಾರಿಗಳೇ ನೇರವಾಗಿ ಜವಾಬ್ದಾರರಾಗುತ್ತಾರೆ.
- ಆಸ್ತತೆಯ / ಸಂಸ್ಥೆಯ ಕೆಲಸ ಕಾರ್ಯಗಳು ಕುಂಠಿತವಾಗದಂತೆ ಸರಿಮಾಡ ರೀತಿಯಲ್ಲಿ ಬಿಡುಗಡೆಯಾದ ಆಯವ್ಯಯ ಅನುದಾನವನ್ನು ಸರಿಹೂಂಠಿಸಿಕೊಂಠು ಸದುಪಯೋಗಿಸಿಕೊಳ್ಳುವುದು. ಯಾವುದೇ ಉಪರೀಕ್ಷಕಿಯಲ್ಲಿನ ಅನುದಾನ ಹೆಚ್ಚುವರಿಯಾಗಿದ್ದಲ್ಲಿ ಕೂಡಲೇ ಈ ಸಂಕಲನಕ್ಕೆ ಹಿಂತಿರುಗಿಸುವುದು.

18-4-2022
ನಿರ್ದೇಶಕರು, 12/1/22
ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳು
ನಿರ್ದೇಶಕರು

ಪ್ರತಿಯನ್ನು:

- ಮುಖ್ಯ ಲೆಕ್ಕಾಪತ್ರಾಕಾರಿಗಳು ಹಾಗೂ ಆರ್ಥಿಕ ಸಲಹೆಗಾರರು ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳ ನಿರ್ದೇಶನಾಲಯ, ಬೆಂಗಳೂರು.
- ಉಪ ನಿರ್ದೇಶಕರು (ಆತಿತ-ಮಾಆ) ಇವರ ಮಾಹಿತಿಗಾಗಿ ಹಾಗೂ ಸದರಿ ಅನುದಾನದ ವೆಚ್ಚದ ಬಗ್ಗೆ ನಿಗವಹಿಸಿ ಪ್ರತಿ ತಿಂಗಳ ವೆಚ್ಚದ ವಿವರಗಳನ್ನು ಪಡೆದುಕೊಳ್ಳುವುದು.
- ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಅಧಿಕಾರಿಗಳು----- ಇವರಿಗೆ ಸದರಿ ಅನುದಾನವನ್ನು ಸರ್ಕಾರಿ ಆದೇಶದನ್ವಯ ಉಸ್ತುವರಿ ಸಮೀತಿಯನ್ನು ರಚಿಸಿ ಸೂಕ್ತ ಕ್ರಿಯಾ ಯೋಜನೆ ರೂಪಿಸಿ ಸಕ್ರಮ ಪ್ರಾಧಿಕಾರದ ಅನುಮೋದನೆ ಪಡೆದು ಕಾರ್ಯಕ್ರಮ ಅನುಷ್ಠಾನಗೊಳಿಸುವುದು.
- ಜಂಟಿ ನಿರ್ದೇಶಕರು ರಾಜ್ಯ ಹುಜೂರು ಖಜಾನೆ, ಬೆಂಗಳೂರು ಮತ್ತು ಜಿಲ್ಲಾ ಖಜಾನೆಗಳು-----
- ಉಪ ನಿರ್ದೇಶಕರು, ನೆಟ್‌ವರ್ಕ್ ಮ್ಯಾನೇಜ್‌ಮೆಂಟ್ ಸೆಂಟರ್, ರೇಸ್ ಕೋರ್ಸ್ ರಸ್ತೆ, ಬೆಂಗಳೂರು.
- ಕಛೇರಿ ಪ್ರತಿ

ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಸಂಖ್ಯೆ: ಬಿಜೆಟಿ/10/2022-23

ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳು,
ಬೆಂಗಳೂರು ದಿ: 10.11.2022

ಆದಿಕ್ಷತ ಜ್ಞಾಪನ ಪತ್ರ

ವಿಷಯ: 2022-23 ನೇ ಸಾಲಿನ ಪ್ರಧಾನ ಲೆಕ್ಕಪರಿಷಿಕೆ 2210-03-104-0-02 (ಎಲ್ಲಾ ಬೆಳ್ಳೆಗಳಲ್ಲಿ ಸಮುದಾಯ ಮಾನಸಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರಗಳ ಸ್ಥಾಪನೆ-Day Care Centres) ಇಲ್ಲಿಗೆ ಅನುದಾನ ಬಿಡುಗಡೆ ಮಾಡುವ ಬಗ್ಗೆ.

- ಉಲ್ಲೇಖ: 1. ಸರ್ಕಾರದ ಆದೇಶ ಸಂಖ್ಯೆ: ಆಕುಕ 120 ಸಿಜಿಇ 2021, ಬೆಂಗಳೂರು, ದಿನಾಂಕ:18.10.2022.
2. ಉಪ ನಿರ್ದೇಶಕರು ಇವರ ಕಡತ ಸಂಖ್ಯೆ:ಡಿಡಿ-ಮೆಂಟಲ್ ಹೆಲ್ತ್/03/2022-23ರ ಕಂಡಿಕೆ ಸಂಖ್ಯೆ 23ರಲ್ಲಿ ಕೋರಿರುವಂತೆ

2022-23 ನೇ ಸಾಲಿನ ಪ್ರಧಾನ ಲೆಕ್ಕಪರಿಷಿಕೆ: 2210-03-104-0-02 ರ ಅಡಿಯಲ್ಲಿ ಈ ಕೆಳಕಂಡ ಬೆಳ್ಳೆಗಳಲ್ಲಿ ಔಷಧೋಪಚಾರದಿಂದ ಬೇತರಿಸಿಕೊಂಡ ತೀವ್ರತರದ ಕಾಯಿಲೆಗಳಿಂದ ಬಳಲಿದ ಮನೋರೋಗಿಗಳಿಗೆ ಸ್ಥಾಪಿಸಲಾಗಿರುವ "Day Care Centres" ಗಳಿಗೆ ಪೂರಕ ವೆಚ್ಚ, ಇತರೆ ವೆಚ್ಚ, ಕಟ್ಟಡ ವೆಚ್ಚ, ಇಂಧನ ವೆಚ್ಚ, ನಿರ್ವಹಣೆ ವೆಚ್ಚ, ಪಠ್ಯಾಹಾರ ವೆಚ್ಚ ಹಾಗೂ ಔಷಧಿ ಮತ್ತು ರಾಸಾಯನಿಕ ವೆಚ್ಚಗಳನ್ನು ಭರಿಸಲು ಎರಡನೇ ತ್ರೈಮಾಸಿಕದ ಅನುದಾನದಲ್ಲಿ ಉಪ ನಿರ್ದೇಶಕರು, ಸಮುದಾಯ ಮಾನಸಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರಗಳ ಸ್ಥಾಪನೆಗಳ ಕಾರ್ಯಕ್ರಮಾಧಿಕಾರಿಗಳು ಉಲ್ಲೇಖ (2)ರಲ್ಲಿ ಕೋರಿರುವಂತೆ, ಈ ಕೆಳಗಿನ ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಅಧಿಕಾರಿಗಳಿಗೆ ಉಲ್ಲೇಖ (1) ರ ಸರ್ಕಾರ ಆದೇಶದಲ್ಲಿನ ಷರತ್ತುಗಳಿಗೆ ವಿಳಂಬದಿ ಈ ಕೆಳಕಂಡಂತೆ ಅನುದಾನ ಬಿಡುಗಡೆ ಮಾಡಲಾಗಿದೆ.

ಕ್ರ.ಸಂ	ವಿವರಣೆ	015 ಪೂರಕ ವೆಚ್ಚಗಳು	059 ಇತರೆ ವೆಚ್ಚಗಳು	071 ಕಟ್ಟಡ ವೆಚ್ಚಗಳು	195 ಇಂಧನ ವೆಚ್ಚಗಳು	200 ನಿರ್ವಹಣಾ ವೆಚ್ಚ	227 ವಿವಿಧ ಮತ್ತು ರಾಸಾಯನಿಕ ವೆಚ್ಚಗಳು	234 ಪಠ್ಯಾಹಾರ ವೆಚ್ಚ	ಬಿಡುಗಡೆಗಾಗಿ ಸಲಹೆ ಮೊತ್ತ (ರೂ.ಗಳಲ್ಲಿ)	DDO Code
1	ಬೆಂಗಳೂರು	243000	9000	80000	6000	19600	0	9360	365960	221900
2	ಮಂಜು	153000	24000	80000	60000	15000	1500	90000	403500	218880
3	ಪಾವನಕೋಟೆ	117000	24000	60000	28500	15000	1500	38000	282000	221930
4	ಬೆಂಗಳೂರು ಗ್ರಾ	255000	18000	80000	57000	20000	1500	85500	517000	216230
5	ಚಿತ್ರದುರ್ಗ	249000	15000	80000	40500	20000	0	60750	465250	221960
6	ಉಡುಪಿ	81000	0	18000	3000	15000	0	4500	121500	221970
7	ಪಾವನಕೋಟೆ	153927	9000	0	28500	15000	1500	42750	250677	214280
8	ಪಾವನಕೋಟೆ	90000	6000	60000	15000	15000	1500	22500	210000	221880
9	ಮೈಸೂರು	178500	22450	40800	57000	15000	650	70880	394089	221780
10	ಕೋಲಾರ	284000	9000	80000	22500	20000	1500	33750	430750	22192
11	ಕೋಲಾರ	117000	15000	60000	22500	15000	0	33750	263250	22194
12	ಕದಗ	153000	24000	60000	15000	15000	1500	22500	291000	22182
13	ಪಾವನಕೋಟೆ	112000	6000	40000	40000	15000	1000	60000	274000	22037
ಒಟ್ಟು ರೂ.		2168427	181450	718800	395500	213600	12159	581040	42,68,976	

(ಒಟ್ಟು ರೂ.ನಲವತ್ತೇರಡು ಲಕ್ಷದ ಅರವತ್ತೇಂಟು ಸಾವಿರದ ಒಂಭತ್ತು ನೂರ ಎಪ್ಪತ್ತಾರು ರೂಪಾಯಿಗಳು ಮಾತ್ರ)

ಸೂಚನೆ: (ವೆಚ್ಚದ ವಿವರಗಳನ್ನು ಪ್ರತಿ ತಿಂಗಳು ಸಮೂಹ 82 ರಲ್ಲಿ ಏಪ್ರಿಲ್‌ನಿಂದ ಪಡೆದು ನಿರ್ದೇಶನಾಲಯಕ್ಕೆ ಕಳಿಸಲು ಸೂಚಿಸಿದೆ. ಯಾವುದೇ ಉಪಶೀರ್ಷಿಕೆಯಲ್ಲಿನ ಅನುದಾನ ಹೆಚ್ಚುವರಿಯಾಗಿ ಉಳಿತಾಯ ಕಂಡು ಬಂದಲ್ಲಿ ಕೂಡಲೇ ನಿರ್ದೇಶನಾಲಯಕ್ಕೆ ಹಿಂತಿರುಗಿಸಲು ಸೂಚಿಸಲಾಗಿದೆ).

- ಕರ್ನಾಟಕ ಸಾರ್ವಜನಿಕ ಸಂಗ್ರಹಣೆಗಳಲ್ಲಿ ಪಾರದರ್ಶಕತೆ ಆಧ್ಯಾದೇಶ 2000 ರ ಸರ್ಕಾರದ ಅಧಿಸೂಚನೆಯ ಪರಿಷ್ಕರಣೆ ಹಾಗೂ ಸರ್ಕಾರದಿಂದ ಕಾಲಕಾಲಕ್ಕೆ ಹೊರಡಿಸುವ ಆದೇಶಗಳನ್ನು ಕಟ್ಟುನಿಟ್ಟಾಗಿ ಪಾಲಿಸುವುದು.
- ಪಾರದರ್ಶಕತೆ ಅಧಿನಿಯಮ ಉಲ್ಲಂಘಿಸುವ ಸಲುವಾಗಿ ಸಂಯುಕ್ತ ಪ್ರಸ್ತಾವನೆಗಳಿಗೆ ಕ್ರಮಕೈಗಡು ಕೊಳ್ಳುವುದು.
- ವಿವಿಧ ಮಾತುಬಾಣ ಮಾತುಕಟ್ಟೆ ದರಗಳನ್ನು ಪರಿಶೀಲಿಸಿ ದೃಢಪಡಿಸಿಕೊಳ್ಳುವುದು ಹಾಗೂ ಟೆಂಡರ್ ದರಗಳೊಂದಿಗೆ ಹೋಲಿಸಿ ನೋಡುವುದು ಹೆಚ್ಚಿನ ವ್ಯತ್ಯಾಸಗಳು ಇಲ್ಲದಿರುವ ಬಗ್ಗೆ ದಿಟವಾಗಿ ದರರು ದೃಢೀಕರಿಸಿಕೊಳ್ಳುವುದು, ಭಾರೀ ವ್ಯತ್ಯಾಸಗಳಿದ್ದಲ್ಲಿ ದರ ಸಂದಾನಗಳನ್ನು ಮಾಡುವುದು.
- ಕರ್ನಾಟಕ ಆರ್ಥಿಕ ಸಂಹಿತೆ ಮತ್ತು ಮ್ಯಾನುಯಲ್ ಆಫ್ ಕಂಟ್ರಾಕ್ಟಿಂಗ್ ಎಕ್ಸ್‌ಪೆಂಜಿಟರ್‌ಗಳಲ್ಲಿ ನಿಗದಿಗೊಳಿಸಿರುವ ನಿಯಮಾವಳಿಗಳ ಪ್ರಕಾರ ಹಾಗೂ ಸರ್ಕಾರದಿಂದ ಅಗಿಂದವಾಗಿಯೇ ಹೊರಡಿಸುವ ನಿಯಮಗಳನ್ನು ಪಾಲಿಸುವುದು.
- ಆಯವ್ಯಯ ಅನುದಾನ ಲಭ್ಯವಿಲ್ಲದ ಅಥವಾ ಆಯವ್ಯಯ ಅನುದಾನವನ್ನು ನಿರೀಕ್ಷಿಸಿ ಯಾವುದೇ ಖರೀದಿಗಳು ಮಾಡಬಾರದು. ಹಾಗೆ ಮಾಡಿದರೆ ಸಂಬಂಧಿಸಿದ ಅಸ್ವತ್ತೆಯ : ಸಂಸ್ಥೆಯ : ಕಛೇರಿಯ : ಮುಖ್ಯಸ್ಥರು ಹಾಗೂ ಹಣ ಸಲೆಯವ ಹಾಗೂ ಬಟವಾಡೆ ಅಧಿಕಾರಿಗಳೇ ನೇರವಾಗಿ ಜವಾಬ್ದಾರರಾಗುತ್ತಾರೆ.
- ಅಸ್ವತ್ತೆಯ / ಸಂಸ್ಥೆಯ ಕೆಲಸ ಕಾರ್ಯಗಳು ಕುಂಠಿತವಾಗದಂತೆ ಸರಿಯಾದ ರೀತಿಯಲ್ಲಿ ಬಿಡುಗಡೆಯಾದ ಆಯವ್ಯಯ ಅನುದಾನವನ್ನು ಸರಿಹೊಂದಿಸಿಕೊಂಡು ಸದುಪಯೋಗಿಸಿಕೊಳ್ಳುವುದು. ಯಾವುದೇ ಉಪಶೀರ್ಷಿಕೆಯಲ್ಲಿನ ಅನುದಾನ ಹೆಚ್ಚುವರಿಯಾಗಿದ್ದಲ್ಲಿ ಕೂಡಲೇ ಈ ಸಂಕಲನಕ್ಕೆ ಹಿಂತಿರುಗಿಸುವುದು.

H. J. Ananthu
ನಿರ್ದೇಶಕರು, 15/11/22

ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳು
ಇವರಿಗೆ

ಪ್ರತಿಯನ್ನು:

- ಮುಖ್ಯ ಲೆಕ್ಕಾಪತ್ರಾಧಿಕಾರಿಗಳು ಹಾಗೂ ಆರ್ಥಿಕ ಸಲಹೆಗಾರರು ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳ ನಿರ್ದೇಶನಾಲಯ, ಬೆಂಗಳೂರು.
- ಉಪ ನಿರ್ದೇಶಕರು (ಆಶೀತ-ಮಾಅ) ಇವರ ಮಾಹಿತಿಗಾಗಿ ಹಾಗೂ ಸದರಿ ಅನುದಾನದ ವೆಚ್ಚದ ಬಗ್ಗೆ ನಿಗವಹಿಸಿ ಪ್ರತಿ ತಿಂಗಳ ವೆಚ್ಚದ ವಿವರಗಳನ್ನು ಪಡೆದುಕೊಳ್ಳುವುದು.
- ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಅಧಿಕಾರಿಗಳು ----- ಇವರಿಗೆ ಸದರಿ ಅನುದಾನವನ್ನು ಸರ್ಕಾರಿ ಆದೇಶದನ್ವಯ ಉಸ್ತುವರಿ ಸಮೀತಿಯನ್ನು ರಚಿಸಿ ಸೂಕ್ತ ಕ್ರಿಯಾ ಯೋಜನೆ ರೂಪಿಸಿ ಸಕ್ರಮ ಪ್ರಾಧಿಕಾರದ ಅನುಮೋದನೆ ಪಡೆದು ಕಾರ್ಯಕ್ರಮ ಅನುಷ್ಠಾನಗೊಳಿಸುವುದು.
- ಜಂಟಿ ನಿರ್ದೇಶಕರು ಡಾ. ಹುನೂರು ಖಜಾನೆ, ಬೆಂಗಳೂರು ಮತ್ತು ಜಿಲ್ಲಾ ಖಜಾನೆಗಳು -----
- ಉಪ ನಿರ್ದೇಶಕರು, ನೆಟ್‌ವರ್ಕ್ ಮ್ಯಾನೇಜ್‌ಮೆಂಟ್ ಸೆಂಟರ್, ರೇಸ್ ಕೋರ್ಸ್ ರಸ್ತೆ, ಬೆಂಗಳೂರು.
- ಕಛೇರಿ ಪ್ರತಿ



BDC005: DDO Fund Release and Expenditure Report

Financial Year : 2022-23

Admin Department : HEALTH AND FAMILY WELFARE DEPARTMENT

Directorate : DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES
221900 DISTRICT HEALTH AND FAMILY WELFARE OFFICER, DISTRICT HEALTH AND FAMILY WELFARE
DDO Designation : OFFICE, BELGAUM

No.	Directorate	Budgetline	Fund Received By DDO	Fund Released By DDO	Fund Pending By DDO	Fund Pipeline By DDO	Actual Expenditure	Balance
					69,073.00	95,828.00	1,34,949.00	4,41,171.00
1	DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES	2210-01-110-1-22-051-V	5,76,120.00	0.00	0.00	0.00	4,16,000.00	2,01,000.00
2	DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES	2210-03-104-0-02-015-V	6,17,000.00	0.00	0.00	0.00	27,000.00	33,000.00
3	DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES	2210-03-104-0-02-059-V	60,000.00	0.00	0.00	0.00	1,60,000.00	60,000.00
4	DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES	2210-03-104-0-02-071-V	2,20,000.00	0.00	0.00	0.00	17,500.00	50,000.00
5	DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES	2210-03-104-0-02-195-V	67,500.00	0.00	0.00	0.00	45,000.00	20,000.00
6	DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES	2210-03-104-0-02-200-V	65,000.00	0.00	0.00	0.00	0.00	1,500.00
7	DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES	2210-03-104-0-02-222-V	1,500.00	0.00	0.00	0.00	27,300.00	99,780.00
8	DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES	2210-03-104-0-02-234-V	1,27,080.00	0.00	0.00	0.00	70,610.00	4,390.00
9	DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES	2210-06-001-0-01-041-V	75,000.00	0.00	1,55,860.00	0.00	0.00	60,000.00
10	DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES	2210-06-001-0-01-051-V	60,000.00	0.00	0.00	58,156.00	1,47,500.00	77,500.00
11	DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES	2210-06-001-0-01-195-V	2,25,000.00	0.00	0.00	0.00	0.00	35,000.00
12	DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES	2210-06-001-0-01-221-V	35,000.00	0.00	0.00	0.00	57,261.00	17,02,739.00
13	DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES	2210-80-800-0-18-059-V	17,60,000.00	0.00	0.00	54,000.00	4,23,000.00	2,95,665.00
14	DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES	2210-06-112-0-06-059-V	7,18,665.00	0.00	0.00	0.00	0.00	20,000.00
15	DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES	2210-06-001-0-01-180-V	20,000.00	0.00	0.00	0.00	8,53,16,000.00	1,09,70,000.00
16	DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES	2210-00-103-0-11-324-V	5,62,88,000.00	0.00	0.00	0.00	3,54,63,377.00	2,68,56,459.00
17	DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES	2210-01-110-1-22-034-V	6,23,19,836.00	0.00	1,58,955.00	51,05,244.00		

Total No of Records : 17

All amounts are in ₹
All the dates are in DD/MM/YYYY format



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Government of Karnataka

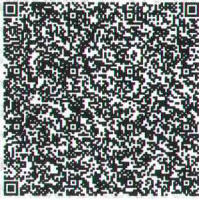
Rs. 200

e-Stamp

Certificate No. : IN-KA27021539488583V
 Certificate Issued Date : 14-Jul-2023 03:40 PM
 Account Reference : NONACC (FI)/ kaksfcl08/ MAHANTESH NAGAR/ KA-BL
 Unique Doc. Reference : SUBIN-KAKAKSFCL0831076149335622V
 Purchased by : THE PRINCIPAL K L E VK IDC BELAGAVI
 Description of Document : Article 4 Affidavit
 Description : AFFIDAVIT
 Consideration Price (Rs.) : 0
 (Zero)
 First Party : COMMISSIONERATE H F W AND A SER G O K BANGALORE
 Second Party : THE PRINCIPAL K L E VK IDC BELAGAVI
 Stamp Duty Paid By : THE PRINCIPAL K L E VK IDC BELAGAVI
 Stamp Duty Amount(Rs.) : 200
 (Two Hundred only)

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(Signature)
AUTHORISED SIGNATORY
 Patson Multi-Purpose Souhar
 Sahakari Niyamit, Belagavi.
 Mahantesh Nagar, Branch.



Please write or type below this line

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding made on the 20th day of July 2023. As per Government Order No: AKUKA 114 CGM 2014, Dated: 30.03.2015,

Page 1 of 7

(Signature)
PRINCIPAL

K. L. E. V. K. Institute of Dental Sciences
Belagavi, BELAGAVI-590010.

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shclstamp.com' or using e-Stamp Mobile App or Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

BETWEEN: Government of Karnataka represented by The Commissioner, Department of Health and Family Welfare Services, Arogya Soudha, Magadi Road, Bangalore- 560023 (here in after referred to as '**The First Party**'). (Which expression shall unless it be repugnant to the context or meaning there of be deemed to mean and include their successors, executors, permitted assigns and administrators) of the first part **AND: KLE Vishwanath Katti Institute of Dental Sciences, Belagavi** (herein referred to as '**The Second Party**') whose address is **Nehru Nagar, Belagavi-590010** (Which expression shall unless repugnant to be context or meaning there of be deemed to mean and include their successors, executors, administrators and permitted assigns) of the other part.

WHEREAS Commissioner, Health and Family Welfare Services, Government of Karnataka (GoK), is the Competent Authority at State level to implement various Programmes and Schemes of the Health & Family Welfare Services and shall implement the Oral Health State Policy to provide complete/Partial Dentures to the needy citizens (45 years and above) who are below poverty line and the policy shall be herein called as "**Danta Bhagya Yojane**".

WHEREAS KLE Vishwanath Katti Institute of Dental Sciences, located at Nehru Nagar, Belagavi established in the year 1985 has professional, academic and technical proficiency in implementing the scheme "**Danta Bhagya Yojane**" and henceforth has agreed to provide the technical support and treatment for providing the complete dentures to the needy since 45 years and above citizens who are below poverty line.

AND WHEREAS Commissioner, Health and Family Welfare Services, Government of Karnataka, and **KLE Vishwanath Katti Institute of Dental Sciences, Belagavi** recognize the necessity to synergize and mutually co-operate to provide removable complete/Partial Dentures to the needy citizens who are below poverty line in Karnataka and thereby to effectively implement the scheme of "**Danta Bhagya Yojane**" as part of the Oral Health Policy. **NOW THEREFORE**, this MoU: hereby bestows the covenants in terms of certain roles and responsibilities for the parties for the smooth functioning of the "**Danta Bhagya Yojane**" and other schemes of Oral Health Policy as and when announced by the First Party.

Rule and Responsibilities of first party

1. Eligibility criteria for identifying the beneficiaries, referring to the nearby facility shall be made.



PRINCIPAL

**KLE V.K. Institute of Dental Sciences
Nehru Nagar, BELAGAVI-590010**

2. 1st party Department shall pay an amount flat Rs. 2000 (Rupees two thousands only) per complete denture and Rs 1000 (Rupees One thousands only) per Partial denture to the Dental College and Dental Units under Government Hospitals. (Mean and include their successors, executors, administrators and permitted assigns of the first part.). Which includes the cost of treatment plan, manpower, materials, technical services, and other incidental expenses.
3. 1st party Department shall provide the format for referral slips and monthly reports to all the concerned Institutions.
4. The 1st party assigns or Dental Health Officer working at any State-run Government Health Centre/Government Hospital shall ONLY authorize the beneficiaries to avail the benefits of the scheme after scrutinizing the necessary documents.
5. The 1st party, assigns shall make payments to the Colleges shall be made into their bank accounts on a monthly basis after submitting their monthly report and invoice through treasury.
6. The 1st party Department shall train the ANM's/ASHA's/paramedical personnel to identify diagnose and refer the beneficiaries to the referring Dental Surgeons.

Rule and Responsibilities of second party

1. 2nd party Dental College shall conduct dental outreach camps in association with concerned District Dental Nodal Officers and District Health authorities to select the beneficiaries.
2. 2nd party Dental College shall not charge any kind of additional fees such as OPD card charges or registration fees, etc. The scheme does not include the cost of drugs, medications and other incidental expenses related to the complete/Partial dentures.
3. 2nd party shall Complete/Partial dentures shall be made using standard treatment procedures and materials.
4. The 2nd party Dental College shall not deny or delay treatment for the eligible beneficiaries of this scheme. However, the beneficiaries can be allotted appointment on first-cum-first serve basis and preferably on fixed days of the month to avoid undue delay of treatment.
5. The 2nd party Dental College shall treat the beneficiaries of this scheme as its own patient and take all necessary measures such as informed consent.
6. The 2nd party Dental College shall submit their monthly reports to the District Health & Family Welfare Officer and Deputy Director (Oral Health Policy and Dental Health) periodically as agreed by both the parties.
7. The 2nd party must refer the Beneficiaries of this project only by Dental Health Officer working at any State-run Government Health Centre/Government Hospital.



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PRINCIPAL

**Dr. V.K. Institute of Dental Sciences
Nehru Nagar, BELAGAVI-590010.**

8. The 2nd party Dental College shall work as per the action plan provided by the Deputy Director, Oral Health Policy & Dental Health, Health & Family Welfare Services.


The parties agree as follows:

1. **Term:** The Project implementation will commence on signing of MOU. The term of this Memorandum of Understanding is for a period of Five years and may be renewed unless terminated within the terms of this agreement under clause 15 and further subject to satisfactory performance and decision of the GoK.
2. **Financial provisions and management of funds:** All the payments for project activities will be paid directly to the Second party/Dental College upon timely Submission of their monthly reports to the District Health & Family Welfare Officer and Deputy Director (Oral Health Policy and Dental Health) periodically as agreed by both the parties. The payments to the Colleges shall be made into their bank accounts on a monthly basis after submitting their monthly report and invoice through treasury.
3. The Second Party shall not make any changes without prior approval from the 1st party and Government of Karnataka. Changes in the line item shall not alter the main purpose of the project and shall be done only to ensure smooth implementation of the agreed project goal.
4. **Publicity:** The second party must take all necessary steps to publicize the fact that the Health and Family Welfare Department, Government of Karnataka, has financed the activities funded under this scheme be made known to 1st party. The Health and Family Welfare Department, Government of Karnataka, May acknowledge the second party for its effort and technical support in implementing the project.
5. **Assignment:** This Memorandum of Understanding and the ensuing disbursement shall not be transferred or assigned to a third party in any manner whatsoever without prior written consent from the Health & Family Welfare Department, Government of Karnataka.
6. **Independent second party relationship:** Nothing contained herein shall be construed to imply a joint venture, partnership, or employer and employee relationship between parties. Neither party shall have any right, power, or authority to create any obligation, express or implied, on behalf of the other except as defined in this Memorandum of Understanding or as mutually agreed to under the terms of Memorandum of Understanding. The employees or agents of one party shall not be deemed or construed to be the employees or agents of the other party for any purpose whatsoever.

PRINCIPAL
KLE V.K. Institute of Dental Sciences
Nehru Nagar, BELAGAVI-590010


PRINCIPAL
KLE V.K. Institute of Dental Sciences
Nehru Nagar, BELAGAVI-590010

7. **Modifications, Amendments or waivers:** No modifications or amendments to this Memorandum of Understanding nor the waiver of any provision shall be valid unless presented in writing and signed by duly authorized representatives of both the parties, within 30 days of such necessity.
8. **Applicable laws- Legal disputes:** This Memorandum of Understanding shall be interpreted by, and construed in accordance with the laws of the Republic of India. All disputes, differences or questions between the parties with respect to any matter arising out of or relating to, but not limited to, the existence, validity, construction, performance and termination of this agreement which the parties cannot amicably settle shall be finally settled before Principal Secretary, Health & Family Welfare, GoK.
9. **Modification:** Both the parties may modify this MoU based on a mutual understanding. Such understanding shall always be in writing, signed by both the parties.
10. **Relationship:** Nothing in this MoU shall constitute, create or give effect or recognize a joint venture, partnership or principal/agent relationship between the parties or a business entity of any kind. Neither party shall have the express or implied right or authority to assume or create any obligations on behalf of or in the name of the other party or to bind the other party to any other contract, agreement or undertaking with any third party.
11. **Confidentiality:** The second party shall treat as confidential, during as well as after, the performance of any work under this Memorandum of Understanding, any information, including any personal information defined by the Health & Family Welfare Department, Government of Karnataka, to which the Second Party becomes privy as a result of acting under this Memorandum of Understanding. The Second Party shall not disclose any such information to any other person or party which is not participating in this Memorandum of Understanding in a form that could reasonably be expected to identify the person, including individuals, to whom such information relates.
12. **Pre Termination:** This Memorandum of Understanding may be terminated, in whole or in part, only by 1st party at any time upon 30 (Thirty) days prior written notice of termination to the 2nd party.
13. Upon pre termination of work performed before the date of termination, each party shall be fully and forever released and discharged from any legal and all obligations, covenants or liabilities of whatsoever kind or nature in law or equity or otherwise arising out of or in connection with the Memorandum of Understanding by and between the parties.



PRINCIPAL

KLE V.K. Institute of Dental Sciences
Mohru Nagar, BELAGAVI-590010.

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14. **Notices:** All notices and demands under this Memorandum of Understanding shall be made in writing and shall be communicated by e-mail or conventional mail to the mail address of the receiving party.

15. **Liabilities:** Each party shall be solely responsible for all claims or damages of its own in connection with this MoU unless such claims and damages arise as a result of the misconduct, fault, negligence of any of the parties or breach of any of the terms and conditions of this MoU.

19 **Intellectual Property Rights:** It is expressly agreed that first party shall have sole ownership rights over all intellectual property of work and materials developed during the term of this MoU. The second party will be appropriately acknowledged by the first party for the work performed by them as per the Terms & Condition of MoU.

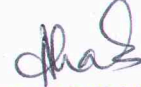
20 **IN WITNESS WHEREOF,** the parties have executed this Memorandum of Understanding.

(Seal & Signature preceded by hand-written "read and approved")


Commissioner,

Health, Family Welfare Services,
Government of Karnataka.

4 First party



PRINCIPAL

KLE V.K. Institute of Dental Sciences
KLE Vishwanath Katti Institute of
Dental Sciences, Belagavi

Second party

Bangalore 560023

Date: _____

Witness for:

1.



ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ
ಅಧಿಕಾರಿಗಳು, ಬೆಳಗಾವಿ

2. Anand Kumar. G. Patil



Professor and Head

Department of Prosthodontics

KLE V.K. Institute of Dental Sciences

Belagavi



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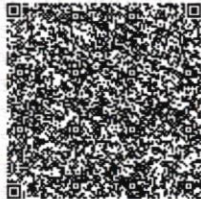
Government of Karnataka

Rs. 200

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Certificate No. : IN-KA03634324067692U
Certificate Issued Date : 03-Dec-2022 11:57 AM
Account Reference : NONACC (BK)/ kakscub08/ BELGAUM2/ KA-BL
Unique Doc. Reference : SUBIN-KAKAKSCUB0809999943609151U
Purchased by : PRINCIPAL KLE VKIDS BELAGAVI
Description of Document : Article 37 Note or Memorandum
Description : M O U
Consideration Price (Rs.) : 0
 (Zero)
First Party : PRINCIPAL KLE VKIDS BELAGAVI
Second Party : DIRECTOR REGIONAL CENTRE ECHS BENGALURU
Stamp Duty Paid By : PRINCIPAL KLE VKIDS BELAGAVI
Stamp Duty Amount(Rs.) : 200
 (Two Hundred only)

सत्यमेव जयते



Issued by
 The Belgaum District Revenue
 Employees Co-operative Bank
 Ltd., Belgaum

 Authorised Signatory

RS. 200

03-DEC-2022 11:57 AM

Please write or type below this line

MEMORANDUM OF AGREEMENT

An agreement made and entered into on this 30 DEC 2022 between the President of India, acting through Director, Regional Centre ECHS, Bangalore (Station), for Ex Servicemen Contributory Health Scheme, (hereinafter called "ECHS" which expression, unless excluded by or repugnant to the subject or context, shall include its successors-in-office and assigns) of the **First Part**

AND

Dr. Alka Kale, Principal W/o Dr. Dinesh Kale owner or the authorized signatory of **KLE Vishwanath Katti Institute of Dental Sciences (A Unit of KLE Deemed University), JN Medical College, Nehru Nagar, Belgaum-590010** (hereinafter called ("Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre, Exclusive Eye Centre, Nursing Home, Hospices, Rehab Centre, Physiotherapy Centre, etc) which expression unless excluded by or repugnant to the subject or context, shall mean to include its legal representative, successors and permitted assigns) of the **Second Part**.

Director
 ECHS Regional Centre
 Bangalore
 560 01

PRINCIPAL

**KLE V.K. Institute of Dental Sciences
 Nehru Nagar, BELAGAVI-590010.**

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified on the website www.ecdcs.gov.in or using e-Stamp Mobile App. If any discrepancy is found, it is invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

WHEREAS **KLE Vishwanath Katti Institute of Dental Sciences (A Unit of KLE Deemed University), JN Medical College, Nehru Nagar, Belgaum-590010** (name of corporate body/firm/trust/owner of medical facility), had applied for Empanelment under ECHS for treatment of the members of ECHS and their dependent beneficiaries, and ECHS proposes to extend empanelment **KLE Vishwanath Katti Institute of Dental Sciences (A Unit of KLE Deemed University), JN Medical College, Nehru Nagar, Belgaum-590010** name of Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre, Exclusive Eye Centre, Nursing home, Hospices, Rehab Centre, Physiotherapy Centre, etc) for treatment of ECHS members and their dependent beneficiaries for the treatment / diagnostic facilities as given in the **Annexure II of Appendix A** to Government Sanction Letter : **MOD/GOI letter No. 22D (14)/07/US WE/D(Res) dated 18 Sep 2006 and Central Org ECHS letter No B/49771/AG/ECHS/Emp/Gen(i) dt 07 Dec 2018.**

The said MoA shall be effective/ in operation with effect from **30 DECEMBER 2022**

NOW, THEREFORE, IT IS HEREBY AGREED between the Parties as follows:-

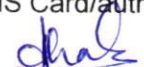
1. **List of Appendices and Annexures.** Under mentioned Appendices and Annexures shall deemed to be an integral part of this Agreement:-

- (a) **Appendix – A** Admissions, treatment and rates in empanelled hospitals
- (b) **Appendix – B.** Procedure for taking action against medical facilities empanelled with ECHS.
- (c) **Appendix – C.** Agreement with respect to the Online Bill Processing.
- (d) **Appendix – D.** Format for Feedback on Empanelled Medical Facilities.
- (d) **Annexure – I.** List of Polyclinics which are authorized to issue the referral form.
- (e) **Annexure – II.** Attested photocopy of the relevant Annexure to the Government Sanction Letter for Empanelment giving out the facilities for which the hospital / diagnostic / imaging facility is empanelled for.
- (f) **Annexure – III.** Rate List (CGHS /Negotiated rates provided less than CGHS rates/ECHS rates).

2. **Definitions and Interpretations.** The following terms and expressions shall have the following meanings for purposes of this Agreement:-

- (a) **"Agreement"** shall mean this Agreement and all Schedules, supplements, appendices, appendages and modifications thereof made in accordance with the terms of this Agreement.
- (b) **"Medical Facility"** shall mean Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre, Exclusive Eye Centre, Nursing home, Hospices, Rehab Centre, Physiotherapy Centre etc under this agreement providing medical investigation, treatment and the health care for ECHS beneficiaries.
- (c) **"Benefit"** shall mean the extent or degree of service the beneficiaries are entitled to receive as per the policies/rulings issued by Central Org ECHS/Govt of India (MoD).
- (d) **"Bill Processing Agency"** (BPA) means the agency appointed by ECHS for processing of **Bills/ Data** of all ECHS beneficiaries attending the empanelled Private medical facilities.
- (e) **"Card"** shall mean the ECHS Card / authorization document issued by ECHS authority.
- (f) **"Card Holder"** shall mean an entitled person having a ECHS Card/authorization document.

Principal
ECHS Regional Office
Bangalore
10th Floor, 8th Main Road,
Babbar, Bangalore - 560 011


PRINCIPAL
KLE V.K. Institute of Dental Sciences
Nehru Nagar, RFI AGAVI-590010

(g) "ECHS Beneficiary" shall mean a person who is eligible for coverage of ECHS and holds a valid ECHS card/authorization document for the benefit.

-3-

(h) "Coverage" shall mean the financial limit under ECHS scheme for treatment of ECHS beneficiaries. Scheme being capless and cashless, no charges will be levied on ECHS beneficiary by Empanelled medical facility even in emergency, when ECHS beneficiary gets admitted/treated for a particular specialty which is not empanelled.

(j) "Diagnostic Center" shall mean the (Name of the Diagnostic Center) performing tests/Investigations.

(k) "Imaging Centre" shall mean the (Name of the Imaging Centre) performing X-ray, CT Scan, MRI, USG, etc.

(l) "Emergency." Emergency shall mean any condition or symptom resulting from any cause, arising suddenly and if not treated at the early convenience, be detrimental to the health of the patient or will jeopardize the life of the patient.

(m) "Empanelment" shall mean the hospitals, exclusive eye Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre, Exclusive Eye Centre, Nursing home, Hospices, Rehab Centre, Physiotherapy Centre, etc authorized by the ECHS for treatment/ investigation purposes for a particular period.

(n) "Dis-empanelment of Medical Facility" shall mean removal of Empanelled medical facility on account of adopting unethical practices or fraudulent means in providing medical treatment to ECHS beneficiary or not following the good industry practices of the health care for the ECHS beneficiaries or violation of MoA or being beyond the requirement of ECHS as decided by Central Org, ECHS.

(o) "Party" shall mean either the ECHS or the medical facility and "Parties" shall mean both the ECHS and the medical facility.

(p) "Health Care Organization (HCO)" shall mean the (name of the hospital) while performing under this Agreement providing medical investigation, treatment and the healthcare of human beings.

Conditions for Providing Treatment/Services

3. General Conditions. The following will be governed in general conditions:-

(a) The hospitals, exclusive eye Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre, Exclusive Eye Centre, Nursing home, Hospices, Rehab Centre, Physiotherapy Centre, etc shall be empanelled for all facilities/services available in the healthcare organization as approved by NABH/NABL/QCI and shall not be empanelled for the selected specialities/facilities.

(b) Hospital being NABH/NABL Accredited, would offer all the services within NABH/NABL Scope to ECHS beneficiaries in order to claim NABH/NABL rates, failing which, they will be entitled for Non-NABH/Non-NABL rates.

(c) The Hospital will be paid NABH/NABL rates subject to continued accreditation by NABH/NABL. If renewal of NABH/NABL Accreditation is not submitted prior to the expiry of current scope, Hospital will be paid Non NABH/Non NABL rates. Renewed NABH/NABL Scope will be ratified by MoD in the form of GL Note to enable payment at NABH/NABL rates.

(d) The hospitals, exclusive eye Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre, Exclusive Eye Centre, Nursing home, Hospices, Rehab Centre, Physiotherapy Centre, etc shall investigate/treat the ECHS beneficiary only for the condition for which they are referred with due authorization letter.


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(d) In case of unforeseen emergency of these patient during admission for approved 'procedure, provisions of emergency treatment' shall be applicable.

(e) It is agreed that ECHS beneficiaries shall be attended to on PRIORITY.

(f) ECHS has the right to monitor the treatment provided in the HCO.

4. **CGHS empanelled hospitals on empanelment with ECHS will adhere only to the ECHS empanelment norms for ECHS beneficiaries.**

5. **Authorization Letter for Treatment.** The treatment/procedure shall be performed on the basis of the authorization letter issued by the concerned ECHS Polyclinic and on the production of a valid ECHS card by the beneficiary.

6. **Investigation Prior to Admission.** All investigations regarding fitness for the surgery will be done prior to the admission for any elective procedure as a part of package.

7. **Additional Procedure/Investigation.** For any material/additional procedure/investigation other than the condition for which the patient was initially permitted, would require the permission of the competent authority except in the emergency.

8. **Procedure Where Referred Case Needs Specialized Treatment Not Available in The Hospital.** HCO shall not undertake treatment of referred cases in specialities which are not available in the hospital. But it will provide necessary treatment to stabilize the patient and transport the patient safely to nearest recognized hospital under intimation to ECHS authorities. However, in such cases the Hospital will charge as per the CGHS rates only for the treatment provided.

9. **Admissions, Treatment and Rates in Empanelled Hospitals.** Admission, treatment and rates in empanelled hospitals will be guided by the provisions mentioned in **Appendix A.**

10. **Revision of Rates.** The medical facility is not at liberty to revise the rates suo moto. The Rates fixed by the CGHS/ECHS shall continue to hold good unless revised. In case the notified rates are not acceptable to the empanelled medical facility, or for any other reason, the medical facility no longer wishes to continue on the list under ECHS, it can apply for exclusion/removal from the panel by giving 30 days notice. **However, for patients undergoing treatment in the hospital shall continue to avail the treatment till the individual is discharged.**

Emergency Admission

11. In emergency, patient shall be admitted and life & limb saving treatment will be given on production of ECHS card by the members, even in the absence of referral form. In emergency the hospital will not refuse admission or demand an advance payment from the beneficiary or his family member or a pensioner availing ECHS facilities. The refusal to provide the treatment to bonafide ECHS beneficiaries in emergency cases and other eligible categories of beneficiaries on credit basis, without valid ground, would attract disqualification for continuation of empanelment. The treatment should not be delayed even if the ECHS beneficiary is not in possession of the ECHS card which can be brought later. All emergencies will be treated on cashless basis till stabilization even if the specialty concerned for management of the case is not empanelled. The hospital will inform the **nearest Polyclinic / Online** about such emergency admission **within 02 (Two) hours** or as amended from time to time. Payments will NOT be recovered from ECHS patient in such cases. The following ailments may be treated as an **emergency which is illustrative only and not exhaustive**, depending on the condition of the patient:-


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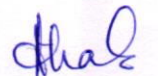
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- (a) Acute Cardiac Conditions/Syndromes including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supraventricular Tachycardia, Cardiac Tamponade. Acute Left Ventricular Failure/Severe Congestive Cardiac Failure. Accelerated hypertension, complete dissection of Aorta etc.
- (b) Vascular Catastrophies including Acute limb ischemia, Rupture of aneurysm, medical & surgical shock and peripheral circulatory failure.
- (c) Cerebro-Vascular Accidents including strokes, neurological emergencies including coma, cerebro-meningeal infections, convulsions, acute paralysis, acute visual loss.
- (d) Acute Respiratory Emergencies including Respiratory failure and de-compensated lung disease.
- (e) Acute abdomen including acute obstetrical and gynecological emergencies.
- (f) Life threatening injuries including Road traffic accidents, Head injuries, Multiple Injuries, Crush Injuries and thermal injuries etc.
- (g) Acute poisonings, Monkey/Dog and snake bite.
- (h) Acute endocrine emergencies including Diabetic Ketoacidosis.
- (j) Heat stroke and cold injuries of life threatening nature.
- (k) Acute Renal Failure.
- (l) Severe infections leading to life threatening sequelae including Septicemia, disseminated/military tuberculosis etc.
- (m) Acute Manifestation of Psychiatric disorders. [Refer Appx 'D' of Central Organisation letter No B/49778/AG/ECHS/Policy dated 13 Nov 2007.]
- (n) Dialysis treatment.
- (o) Any other condition in which delay could result in loss of life or limb. In all cases of emergency, the onus of proof lies with the Empanelled hospital.

12. **Appropriateness of Emergency.** The nature and appropriateness of the emergency is subject to verification, which may be verified, inspected or medically audited by the nominated authority including while processing of hospital bills. In case emergency is not proved, disciplinary action against the medical facility may be initiated including penal deductions.

13. **"Entitlements for Various Types of Wards"**. ECHS beneficiaries are entitled to facilities of private, semi-private or general ward as per category given below as per GoI/MoD letter No 22D(04)/2010/WE/D(Res-I) dt 29 Dec 2017 :-

SI No	Category	Ward Entitlement
(i)	Recruit to Havs & equivalent in Navy & Air Force	General
(ii)	Nb Sub/ Sub/ Sub Maj or equivalent in Navy & AF (including Hony Nb Sub/ MACP Nb Sub and Hony Lt/ Capt)	Semi Private
(iii)	All officers	Private



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Definitions of Wards are as Under:-

- (a) **Private Ward.** Private ward is defined as hospital room where single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have furnishings like wardrobe, dressing table, bed-side table, sofa set, carpet, etc. as well as a bed for attendant. The room has to be air-conditioned.
- (b) **Semi Private Ward.** Semi Private Ward is defined as a hospital room where two to three patients are accommodated and which has attached toilet facilities and necessary furnishing.
- (c) **General Ward** General ward is defined as a hall that accommodates four to ten patients.

Treatment in higher Category of accommodation than the entitled category is not permissible except if on payment to hospital by beneficiary of the difference between entitled category rates and the actually availed rates on the beneficiaries choice.

Information to Be Provided to The BPA by Hospitals

14. **Emergency Admissions.** Hospital will intimate to the BPA and to ECHS within two (02) hours of such admission and the BPA will respond with due authorization in four (04) hours. Treatment in no case would be delayed or denied because authorization by the BPA is only confirmation of the e-work flow in respect of such patient. Post discharge the hospital would upload bills and other documents as the requirements of ECHS within the time lines laid down.

15. **Referred Admissions.** Where the ECHS beneficiary visits the hosp with a proper referral and authorisation letter, the hospital will verify and submit information of admission to the BPA and to ECHS online. The BPA would respond with an authorization within four (04) hours. Post discharge the hospital would upload bills and other documents as per the requirements of ECHS within the time lines laid down.

16. **Processing of Claims/Bills By The BPA.** The BPA during the course of auditing will restrict the claims as per ECHS/CGHS/Govt of India (MoD) rules and regulations. BPA will also examine in terms of following:-

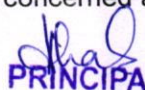
- (a) Appropriateness of treatment including screening of patients records to identify unnecessary admissions and unwarranted treatments.
- (b) Whether the planned treatment is shown as emergency treatment.
- (c) Whether the diagnostic medical or surgical procedures that were not required were conducted by hospital including unnecessary investigations.
- (d) Maintaining database of such information of ECHS beneficiaries for future use.
- (e) Whether the treatment procedures have been provided as per the approved rates and the packages.
- (f) Whether procedures performed were only those for which permission has been granted.

17. Procedure for taking action against medical facilities empanelled with ECHS will be governed vide MoD/DoESW letter No. 25(02)/2018/WE/D (Res-1) dated 10.10.2019 given in **Appendix B.**

Duties and Responsibilities of Empanelled HCO

18. It shall be the duty and responsibility of HCO at all times, to obtain, maintain and sustain the valid registration, recognition and high quality and standard of its services and health care and to have all statutory/mandatory licenses, permits or approvals of the concerned authorities under or as per the existing law.

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19. The HCO shall not assign in whole or in part, its obligations to perform under the agreement, except with the ECHS's prior written consent at its sole discretions and on such terms and conditions as deemed fit by the ECHS. Any such assignment shall not relieve the HCO from any liability or obligation under this agreement. **KLE Vishwanath Katti Institute of Dental Sciences (A Unit of KLE Deemed University), JN Medical College, Nehru Nagar, Belgaum-590010** Name of Medical facility) **NON NABH** is recognized under ECHS for treatment of the ECHS members and their dependant beneficiaries for **Services attached at Annexure II (Copy of the relevant Annexure to the Government Sanction Letter to be attached)** (subject to the conditions hereinafter mentioned) NABH hospital to get NABL rates and their integrated laboratory have to be NABL accredited. The hospitals would follow the rules and procedures as mentioned in the Policies uploaded on the ECHS Site (www.echs.gov.in) including SOP for Online Billing / Authentication / integration with other application of ECHS and amendments issued from time to time. ECHS has all rights to install any equipment/device in the premises of empanelled medical facilities for the benefit of ECHS beneficiaries. Necessary support including expenditure on infrastructure and manpower will be provided by the concerned Medical Facilities by given date without any additional lien on agreed MoA. The facility will be developed by the empanelled facility by the date and time as specified by Central Org ECHS.

21. **Notification of Nodal Officers.** Empanelled hospital shall notify three Nodal officers for ECHS beneficiaries, one of them must be holding the designation of owner/CEO, who can be contacted by ECHS beneficiaries in case of any eventuality. Any change in these Nodal officers must be intimated to the Regional Centre immediately so that the respective Polyclinics can be informed of the same. These details must also be displayed boldly at the reception of the empanelled hospital.

The name, designation, email id and mobile number of the Nodal Officers will be specified as under:-

SI	Name	Designation	Mobile No	Email ID
(a)	DR. ALKA KALE	Owner/CEO	9845240574	Principal@Kledental-bgm.edu.in,
(b)	DR. SD BALIGA	MS/Dy MS/Addl MS	9341102665	baliga1974@rediffmail.com
(c)	DR. ALKA KALE	Corporate Affairs/ Auth Signatory	9845240574	Principal @ Kledental-bgm.edu.in

22. **Annual Report.** HCO will submit an annual report regarding number of referrals received, admitted ECHS beneficiaries, bills submitted to the ECHS and payment received, details of monthly report submitted to the Additional Directors/Joint Additional Directors ECHS of concerned city. Annual audit report of the hospitals will also be submitted along with the statement. HCO shall submit all the medical records in digital format.

23. **EMR (Electronic Medical Records)/ EHR (Electronic Health Reports).** The empanelled Health Care Organization (Except Eye Hospital/Centre, Dental Clinics, Diagnostic Lab/Imaging Centers) shall have to implement Electronic Medical Records and EHR as per the standards and guidelines approved by Ministry of Health & Family Welfare within one year of its empanelment.

24. **No Commercial Publicity.** HCO will not make any commercial publicity projecting the name of ECHS. However, the fact of empanelment under ECHS shall be displayed at the premises of the empanelled Health Care Organization.

25. **Meetings.** Authorized signatory / representative of the empanelled hospital shall attend the periodic meetings held by Regional Centre required in connection with improvement of working conditions and for Redressal of Grievances. Concerned billing staff must also attend such periodic interactive sessions conducted by the Regional Centre so as to resolve the outstanding issues.

26. **Inspections.** There shall be continuous Medical Audit of the services provided by the empanelled medical facility. During the visit by authorized representative of Polyclinics/ Stn Cdrs/ Regional Centers/ Central Organization including BPA, the empanelled medical facility authorities will cooperate in carrying out the inspection. It shall be the duty and responsibility of the empanelled medical facility (Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre,

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Exclusive Eye Centre, Nursing home, Hospices, Rehab Centre, Physiotherapy Centre) at all times, to obtain, maintain and sustain the valid registration, recognition and high quality and standard of its services and healthcare and to have all statutory / mandatory licenses, permits or approvals of the concerned authorities under or as per the existing laws”.

27. **Integrity and Obligations of Empanelled Medical Facilities During Agreement Period.** The empanelled medical facility is responsible for and obliged to conduct all contracted activities in accordance with the Agreement using state-of-the-art methods and economic principles and exercising all means available to achieve the performance specified in the Agreement. The medical facility is obliged to act within its own authority and abide by the directives issued by the ECHS. The medical facility is responsible for managing the activities of its personnel and will hold itself responsible for their misdemeanors, negligence, misconduct or deficiency in services, if any.

28. **Application Form for Empanelment.** The terms and conditions stipulated in the Application for Empanelment with ECHS shall be read as part of this agreement.

29. **Agreement with respect to the Online Bill Processing & Patient Feedback.** The medical facility must abide by the instructions as given at **Appendix C** i.e. Agreement with respect to the Online Bill Processing. The Bill Processing fees will be charged as per the rates given in the above mentioned Appendix. ECHS reserves the right to revise these charges from time to time. All digitally signed bills will be uploaded on BPA's portal and the summary of final bills will be authenticated and duly signed along with Mobile Number by the primary beneficiary or any of the dependent holding a valid ECHS card. For Diagnostic labs having multiple collection centre and providing reports online, the referral issued by polyclinic will be authenticated and duly signed along with the Mobile Number by the beneficiary on the referral at the time of collection of sample. The same will be uploaded on the BPA portal. All IPD patients will be provided feedback proforma as per format given at **Appendix D**. The feedback proforma is to be obtained from the patient or any of the dependent holding a valid ECHS card. The feedback proforma is mandatorily to be attached with the bills on the BPA portal, failing which the claim will be forwarded to NMI basket. A Mobile Application for ECHS beneficiaries is also being developed which will enable beneficiaries to submit feedback through online mode which will be integrated with the BPA portal.

30. The hospital shall raise bills in the BPA portal online in respect of the treated ECHS members, within seven days of the completion of the treatment/discharge of the patient or last OPD date.

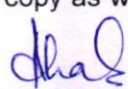
31. **TDS.** Tax deduction at source as per Section 194J of the Income Tax Act, 1961 for Technical (Medical Expense) and professional Services fee for bills submitted for payment, shall be deducted after processing for reimbursement. Any other instructions issued by Govt authorities are binding.

32. **Changes in Infrastructure / Staff To Be Notified To ECHS.** The medical facility shall immediately communicate to Regional Centre about **any closure of empanelled facility/renovation of infrastructure/shifting of premises**. The empanelment will be temporarily withheld in case of shifting of the facility to any other location. The new establishment of the same Hospital shall attract a fresh certification from QCI/NABH/NABL etc. for consideration of continuation of empanelment.

33. **Retention of Payment.** The ECHS shall have a lien and also reserves the right to retain and set off against any sum which may, from time to time be due to and payable to the hospital hereunder, any claim which the ECHS may have against the hospital under this or any other agreement. Retention of payment for audit liabilities/beneficiary liabilities or any other liability will be done by ECHS. In case dues against the empanelled facility is higher than the credit facility, empanelled facility will ensure payment.

34. **Audit by ECHS.** The hospital shall provide access to the financial and medical records for assessment and review by medical and financial auditors of the ECHS, as and when required and the decision of ECHS on necessity or requirement shall be final. Any third party / internal organization hired / ordered by ECHS authorities to carry out surprise inspection / audit of the facility will be provided access to Medical as well as financial records by the empanelled hospitals. All medical documents / records / bills pertaining to the ECHS beneficiary will be retained in hard copy as well as soft copy till finalization of audit

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by CAG / CDA. No record shall be destroyed without obtaining written confirmation from Central Organization ECHS.

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35. **Performance Bank Guarantee(PBG).** Healthcare organization that are recommended for empanelment after the initial assessment shall also have to furnish a Performance Bank Guarantee valid for a period of 30 months, i.e six months beyond empanelment period to ensure efficient service and to safeguard against any default. Following PBG will be applicable:-

(a) **CGHS covered cities/area**

(i) Hospitals - ₹ 10.00 Lakhs

(ii) Eye/Dental/Physio centres, Diagnostic/ Imaging Labs- ₹ 2.0 Lakhs

(b) **Non-CGHS covered cities/area/other cities/Nepal; the following graded PBG system would be followed**

(i) Hospitals - ₹ 2.0 Lakhs

(ii) Eye/Dental/Physio Centres, Diagnostic/ Imaging Labs - ₹ 0.5 Lakhs

(PBG for Charitable Hospitals/Organizations would be 50% of above amount)

Auth: C Org ECHS Letter No. B/49771/AG/ECHS/Emp dated 18 Jun 2021

36. **Forfeiture of PBG.** Action to be taken against hospitals regarding Forfeiture of PBG is indicated in Appendix B.

37. The Performance Bank Guarantee shall be forfeited and the ECHS shall have the right to de-recognize the medical facility as the case may be. Such action could be initiated on the basis of a complaint, input from other sources, medical audit or inspections carried out by ECHS teams at random. The decision of the Ministry of Defense, Department of ESW in this regard shall be final.

38. **Indemnity.** The empanelled medical facility shall at all times, indemnify and keep indemnified ECHS / the Government against all actions, suits, claims and demands brought or made against it in respect of anything done or purported to be done by the medical facility in execution of or in connection with the services under this Agreement and against any loss or damage to ECHS/the Government in consequence to any action or suit being brought against the ECHS / the Government, alongwith (or otherwise), medical facility as a Party for anything done or purported to be done in the course of the execution of this Agreement. The medical facility will at all times abide by the job safety measures and other statutory requirements prevalent in India and will keep free and indemnify the ECHS from all demands or responsibilities arising from accidents or loss of life, the cause or result of which is the medical facility negligence or misconduct. The medical facility will pay all indemnities arising from such incidents without any extra cost to ECHS and will not hold the ECHS responsible or obligated. ECHS / the Government may at its discretion and shall always be entirely at the cost of the medical facility defend such suit, either jointly with the medical facility enter or singly in case the latter chooses not to defend the case.

39. **Dissolution of Partnership.** Should the medical facility get wound up or partnership is dissolved, the ECHS shall have the right to terminate the Agreement. The termination of Agreement shall not relieve the medical facility or their heirs and legal representatives from the liability in respect of the services provided by the medical facility during the period when the Agreement was in force. The medical facility shall notify the Regional Centre of any material change in their status and their shareholdings or that of any Guarantor of the in particular where such change would have an impact on the performance of obligation under this Agreement.

40. **Modification to Agreement.** This agreement may be modified or altered only after written confirmation from Central Org ECHS.

41. **Termination of Agreement.** The Regional Centre will obtain written concurrence of the Central Organisation, ECHS before taking the any decision of terminating the Agreement. The ECHS may, without prejudice to any other remedy for breach of Agreement, by written notice of default sent to the medical facility terminate the Agreement in whole or part without assigning any reason after giving 30 days notice:-

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(a) **Termination For Default.**

(i) If the empanelled medical facility fails to provide any or all of the services for which it has been empanelled within the period(s) specified in the Agreement or within any extension thereof if granted by the ECHS pursuant to Condition of Agreement.

(ii) If the medical facility in the judgment of the ECHS has engaged in corrupt or fraudulent practices in competing for or in executing the Agreement.

(iii) **Bribe or Malpractice.** In the event of any bribes, commission, gifts or advantage being given, promised or offered by or on behalf of the medical facility or any of them for their agent or anyone else on their behalf to any member, the family of any member or representative of the ECHS in relation to the obtaining or execution of this or any other Agreement with the ECHS, then the ECHS shall, notwithstanding any criminal liability which the medical facility may incur, cancel and/or terminate this Agreement and/or any other agreement entered into by the ECHS holding the medical facility liable for any loss or damages resulting from any such cancellation. Any question or dispute as to the commission of any offence under this clause shall be decided by the ECHS in such manner and in such evidence of information as it shall think fit and sufficient and its decision shall be final, conclusive and binding upon the medical facility.

(iv) In case of any wrong doings as specified in Memorandum of Agreement by one medical facility of a particular group, ECHS reserves the right to remove all empanelled medical facility of that particular group from its empanelled list of medical facility.

(v) If the medical facility fails to perform any other obligation(s) under the Agreement.

(b) **Dis-Empanelment.** Appropriate action, including removal from ECHS empanelment and / or termination of this Agreement, may be initiated on the basis of a complaint, medical audit or inspections carried out by ECHS teams / appointed BPA (Bill Processing Agency).

(c) **Notice for Termination of Agreement.** The Agreement may be terminated by either party serving 30 days notice in writing, upon the other party and the notice given by the ECHS shall be valid if given and signed by the competent authority on behalf of the ECHS.

(d) **Authority to Issue Notice.** Subject as otherwise, provided in this contract, all notices may be given or taken by the ECHS or by any officer for the time being entrusted with functions of ECHS.

(e) **Delivery of Notices.** All notice and reference hereunder shall be deemed to have been duly served and given to the medical facility if delivered to the medical facility or their authorized agent or sent by registered post/speed post to the address of the hospital stated hereinbefore and to the ECHS if delivered to the Director, Regional Centre ECHS or sent by registered post/speed post or left at his office during office hours on any working days. Any notice given by one party to the other pursuant to this Agreement shall be sent to other party in writing by registered post to the other Party's address as below (in case of change in address, the same will be informed immediately to the other Party). The confirmation for this effect/ delivery notice be given on email or any other digital means of communications will also be held valid:-

Address of Medical Facility	Address of the Regional Centre
KLE Vishwanath Katti Institute of Dental Sciences (A Unit of KLE Deemed University), JN Medical College, Nehru Nagar, Belgaum-590010	RC ECHS Bangalore C/o Air Force Station Jalahalli Jalahalli West Bangalore-560015

Director
ECHS Regional Centre
Bangalore
C/o AF Station Jalahalli
Bangalore - 560 015

[Signature]
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42. **Arbitration.** Any dispute or difference whatsoever arising between the parties to this agreement out of our relating to the construction, meaning, scope, operation or effect of this agreement or the validity of the breach thereof shall be resolved between the empanelled facility and the Regional Centre with mutual deliberation. If any of the party in not satisfied, the matter will be referred to Central Org ECHS for arbitration by mutual deliberation. Even after this, if the issue remains unresolved, it will be referred to an arbitrator to be appointed by mutual consent of both parties herein. If the parties cannot agree on appointment of the Arbitrator within a period of one month from notification by one party to the other of existence of such dispute, then the Arbitrator shall be nominated by the Secretary, Department of Legal Affairs, Ministry of Law and Justice. The provisions of the arbitration and conciliation Act, 1996 will be applicable and the award made hereunder shall be final and binding upon the parties hereto, subject to legal remedies available under the law. Such differences shall be deemed to be a submission to arbitration under the Indian Arbitration and Conciliations Act. 1996, or of any modifications, Rules or reenactments thereof. The Arbitration proceedings will be held at New Delhi. Non adherence of this process will be considered adequate for termination of contract after 30 days notice.

43. **Administrative Cost.** The administrative cost of the documentation and creation of all infrastructure including manpower & hardware resources and bandwidth as well as recurring and all other expenses required by the medical facility for the purpose of this Agreement shall be borne by the medical facility.

44. **Retention of Agreement.** The Original copy of this Agreement shall be kept at the office of Director, Regional Center ECHS, Bangalore and a true copy shall be retained in the office of the medical facility. One extra copy to be provided at CO ECHS. Once diglocker concept is implemented, the docs can be kept in digilocker as well.

45. **Duration of Agreement.** This Agreement shall remain in force for a period of 02 years from 30 DEC 2022 to 20 NOV 2023, extendable on mutual agreement depending upon under mentioned conditions (whichever is the earliest):-

- (a) Two years or
- (b) Till the Performance Bank Guarantee is valid or
- (c) In case of CGHS Empanelled medical facilities, the date till empanelment with CGHS is valid. In case of CGHS Empanelled medical facilities, such medical facilities will inform the Regional Centre whenever their CGHS Empanelment expires and that they will automatically apply for renewal of CGHS Empanelment.
- (d) Till central/ State Govt does not suspend/terminate the facilities for conduct of medical business.

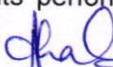
46. The empanelled facility will give copy of all diagnostic tests results, incl MRI/X-Ray/USG etc along with treatment rendered besides discharge summary and summary of bills to the beneficiary for further management of patient without any extra cost.

Miscellaneous

47. In addition to the above the following miscellaneous aspects will be applicable:-

- (a) The healthcare organization agrees that any liability arising due to any default or negligence will not represent or hold itself as agent of the ECHS.
- (b) ECHS will not be responsible in any way for any negligence or misconduct of the healthcare organization and its employees for any accident, injury or damage sustained or suffered by any ECHS beneficiary or any third party resulting from or by any operation conducted by and on behalf of the hospital or in the course of doing its performance of the medical services shall be borne

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exclusively by the hospital who shall alone be responsible for the defect and or deficiencies and rendering such services.

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(c) Hospitals, exclusive eye Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre, Exclusive Eye Centre, Nursing home, Hospices, Rehab Centre, Physiotherapy Centre, etc shall notify to the ECHS of any material change in the status where such change would have an impact on the performance of obligation under this Agreement.

(d) This Agreement can be modify or altered only on written Agreement signed by both the parties.

(e) Should the hospitals, exclusive eye Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre, Exclusive Eye Centre, Nursing home, Hospices, Rehab Centre, Physiotherapy Centre, etc get wound up or partnership is dissolve, ECHS shall have the right to terminate the Agreement. The termination of agreement shall not relive the hospital or their heirs and legal representatives from the liability in respect of the services provided by the Healthcare organization during the period when the Agreement was in force.

In witness whereof, Director, Regional Centre ECHS, Bangalore for and on behalf of the President of India and the above named medical facility have hereunto set their respective hands and seal the date and year first above written.



Signature of Director, Regional Centre ECHS
the President of India
(With stamp of Name & Designation)

(S. S. Varma)
Director
ECHS Regional Centre
Bangalore
C/o 410 AF Stn Jahallah
Bangalore - 560 015



Signature of Authorized Signatory of the for behalf of
and in Hosp (With stamp of name & Designation)

PRINCIPAL
KLE V.K. Institute of Dental Sciences
Nehru Nagar, BELAGAVI-590010.



Witness of the signature of Director, RC
(With stamp of Name & Designation)

(Ramji Singh)
Nb Sub Ck (SD)
Office Supdt
ECHS Regional Centre
Bangalore

Witness to the signatory of the Hospital
(With stamp of Name & Designation)

Dr. VINUTA HAMPIHOLI
ECHS Co-ordinator
KLEVK Institute of Dental Sciences
BELAGAVI



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LIST OF POLYCLINICS UNDER THE REGIONAL CENTRE BANGALORE

The following Polyclinics are authorized to issue referrals directly to the Empanelled Medical Facilities (Due to change in command & control matrix, grouping of Polyclinics under a Regional Center, ECHS may change and therefore the facility will remain open only to those Polyclinics which are under concerned Regional Centre unless otherwise specified):-

- (i) ECHS Polyclinic, Bangalore (U)
- (ii) ECHS Polyclinic, Tumkur
- (iii) ECHS Polyclinic, Yelahanka
- (iv) ECHS Polyclinic, Shimoga
- (v) ECHS Polyclinic, Mangalore,
- (vi) ECHS Polyclinic, MEG & Centre
- (vii) ECHS Polyclinic, Madikeri
- (viii) ECHS Polyclinic, Virajpet
- ✓ (ix) ECHS Polyclinic, Belgaum
- (x) ECHS Polyclinic, Dharwad
- (xi) ECHS Polyclinic, Bijapur
- (xii) ECHS Polyclinic, Hassan
- (xiii) ECHS Polyclinic, Mysore
- (xiv) ECHS Polyclinic, Kolar
- (xv) ECHS Polyclinic, Bidar



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ADMISSION AND TREATMENT IN EMPANELLED HOSPITALS

1. **ECHS Polyclinics Initiating Referrals.** Medical facility shall investigate / treat the ECHS beneficiaries only for the condition(s) for which they are referred with due referral form issued from either of the polyclinics as per **Annexure-I** attached. The referred cases would be issued referral form duly signed by Medical Officer and Officer-in-Charge of Polyclinic under his seal and signature bearing name also (in the online M/S System signature of MO may not be there on the referral form. However, OIC Polyclinic signature/stamp has to be present on referral form). The referrals generated online over the ECHS mobile application / customized application of ECHS for referrals shall be integrated into the hospitals HIS and referrals will be activated after authentication of the beneficiary through the authentication system deployed in the medical facility premises.
2. HCO will provide the facilities as per Government Sanction Letter attached at **Annexure II**.
3. HCO will establish the following set up:-
 - (a) The HCO will set up a help-desk for beneficiaries within 07 days of signing of this agreement. This help-desk must be situated in the facility of the HCO in such a way that it is easily visible, easily accessible to the beneficiaries.
 - (b) The help desk will be equipped with all the necessary hardware and software as well as internet connectivity as required by BPA to establish the identity of the ECHS beneficiary. Specifications of necessary hardware and software have been provided in Appx 'B'.
 - (c) The help desk shall be manned by an Arogya Mitra (AM) for facilitating the beneficiary in accessing the benefits. Arogya Mitra will need to be hired by the HCO at their own cost and they should get them trained before starting the operations. The guidelines for engagement of Arogya Mitras are as follows:-
 - (i) Receive beneficiary at the HCO.
 - (ii) Guide Beneficiary regarding ECHS and process to be followed in the HCO for taking the treatment.
 - (iii) Carryout the process of Beneficiary identification for such persons who are beneficiaries of ECHS.
 - (iv) Take photograph of the beneficiary.
 - (v) Carryout the Aadhaar based identifications for such beneficiaries who are carrying Aadhaar.
 - (vi) If the person is not carrying Aadhaar, carryout the identification through other defined government issued ID.
 - (vii) Scan the identification documents as per the guidelines and upload through the software.
 - (viii) Send the result of beneficiary identification process to Polyclinic for approval.
 - (ix) After getting confirmation from polyclinic refer the patient to doctor for consultation.
 - (x) On advice of the doctor admit the patient in the HCO.
 - (xi) Enter all the relevant details of package and other information as provided by the doctor on the ECHS software.

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(xii) At the time of discharge enter all the relevant details and discharge summary in the ECHS software.

4. If one or more treatment procedures form part of a major treatment procedure, package charges would be made against the major procedures and only half of approved charges quoted for other procedures would be added to the package charges of the first major procedure.

5. Empanelled facility will prescribe generic medicines. Branded medicines may be prescribed when no generic is available or absolutely essential.

6. An empanelled facility whose rates for a procedure/test/facility are lower than the approved rates shall charge the beneficiaries as per actual. If the beneficiary willingly prefers a medical facility which is in excess of approved/ package deal rates, the excess charges would be borne by the beneficiaries.

7. Any legal liability arising out of services availed by ECHS beneficiary shall be dealt with by the empanelled facilities who shall alone be responsible. ECHS will not have any legal liability in such cases.

8. **Further Referral to Other Hosps.** The hospital would not refer the ECHS cases further to other institute, and if it does so, it will be at their own arrangements and ECHS would not be responsible to the other institute for any liability. Payment for such outsourced services will be made by the empanelled hospital and charges at CGHS rates will be applicable. The expenditure of such institutes will be paid by the empanelled facility and will not be recovered from the patients. Payment in such cases would also be restricted to CGHS/AIIMS/ECHS approved rates only as the case may be.

9. **Refusal to Treat ECHS Patients.** The hospital would not refuse for treatment/procedures/ investigation to referred cases on flimsy ground. The refusal to provide the treatment to bonafide ECHS Beneficiaries in emergency cases and other eligible categories of beneficiaries on credit basis, without any valid ground, would attract disciplinary action including disqualification for continuation of empanelment. In case of non availability of bed, the empanelled facility will transfer the patient to some other facility as selected by the patient with its own transport arrangement. In addition, following will also be adhered to:-

(a) The Hospital would itself obtain prior approval required for those procedures, implants and tests not listed in CGHS rate list and for extended hospitalization, and will not ask ESM or his/her representative for this purpose.

(b) The hospital would prescribe Generic Medicine as far as possible and desist from intending to write and prescribed branded medicines.

(b) The hospital would provide treatment to ECHS members referred from all the polyclinics under AOR of the Regional Centre.

10. **Documentation during Admission Responsibility of Hospital.** Any documentation required during the admission of the patient, for example obtaining sanction for unlisted procedures, permission for extended admission, implants etc will be carried out by hospital itself and patient or his/her attendants would not be made to obtain these on behalf of the hospital. The hospital can send these documents through online / mobile application / e-mail / fax for obtaining in-principle approval followed by hard copy to be sent to concerned polyclinic/ authority. The treatment should not stop / delayed for want of such approvals/sanctions. The hospital should justify the procedure/treatment carried out in such cases. In case of operationalisation of digital process, as and when implemented, physical copies may not be required. However, decision of ECHS authority will be final.

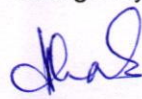
ECHS Package Rate

11. **"Package Rate"** As issued by CGHS/ECHS/AIIMS rates shall mean all inclusive – including lump sum cost of inpatient treatment/day care/diagnostic procedure for which a ECHS beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to):-

(a) Registration Charges.

(b) Admission Charges.

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- (c) Accommodation charges including patient diet.
- (d) Operation charges.
- (e) Injection Charges.
- (f) Dressing Charges.
- (g) Doctor/Consultant visit charges.
- (h) ICU/ICCU charges
- (j) Monitoring Charges.
- (k) Transfusion and Blood processing charges.
- (l) Pre-Anesthetic Checkup and Anesthesia Charges.
- (m) Operation Theater Charges.
- (n) Procedural Charges/ Surgeon's fee.
- (o) Cost of surgical disposables and all sundries used during hospitalization.
- (p) Cost of medicines and consumables.
- (q) Related routine and essential investigation.
- (r) Physiotherapy charges etc.
- (s) Nursing Care charges etc.

12. Package rate also includes two pre operative consultations and two post operative consultations.

13. Cost of implants/stents/grfts is reimbursable in addition to package rates as per CGHS ceiling rates or as per actual, whichever is lower. In case a beneficiary demands a specific Brand of Stent/Implant and gives his consent in writing, the difference in cost over and above the ceiling rate may be charged from the beneficiary, which is non-reimbursable.

14. **Implants and Medicines**. The medical facility will enclose pouches/stickers/warranty certificate from supplier in case of implants/stents where to be paid in addition to package rate. No medicines will be charged more than MRP. MRP of medicines/ consumables will be checked/ compared with rates quoted in CIMS/MIMS/NPPA/standard online drug website by BPA and ECHS authorities. All Medicines/Equipment costing more than 5000/- (Rupees five thousand) per unit will be supported by certificate from the medical facility that these have been charged at the rate less than or equal to MRP. Discount on medicines and consumables should be provided, if approved by Govt.

15. During in-patient treatment of the ECHS beneficiary, the hospital will not ask the beneficiary or his/her attendant to purchase separately the medicines/sundries/equipment or accessories from outside and will provide the treatment within the package rate, fixed by the CGHS which includes the cost of all the items. However, the following items are not admissible for reimbursement:-

- (a) Toiletries.
- (b) Sanitary Napkins.
- (c) Talcum Powder.
- (d) Mouth Fresheners.

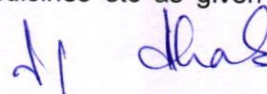

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16. In case of conservative treatment/where there is no CGHS package rate, calculation of admissible amount would be done item wise as per CGHS rates or as per AIIMS rates, if there is no CGHS rate for a particular item.
17. The services would be extended on billing system to referred cases for agreed upon period. Charges would be levied for a particular procedure / package deal as prescribed by the CGHS as per rates approved by ECHS (**Annexure III attached**). **Under no circumstances will rates be exceeded. Where CGHS rates are not available AIIMS rates / (TATA MEMORIAL HOSPITAL rates for Oncology Cases) will be applicable.** If no rates are available then particular hospital rates will be applicable. The rates notified by CGHS shall also be available on web site of Ministry of Health & F.W. at <http://msotransparent.nic.in/cghsnew/index.asp>. The rate being charged will not be more than what is being charged for same procedure from other (non-ECHS) patients or Organizations'. The rates fixed by Govt. regulator will be binding.
18. No additional charge on account of extended period of stay shall be allowed if that extension is due to infection on the consequences of surgical procedure/faulty investigation procedure etc.
19. Package rates envisage up to maximum duration of indoor treatment as follows:-
- Up to 12 days for Specialized (Super Specialties) treatment.
 - Up to 07 days for other Major Surgeries.
 - Up to 03 days for Laparoscopic surgeries/elective Angioplasty/normal deliveries and 01 day for day care/Minor (OPD) surgeries.
20. However, if the beneficiary has to stay in the hospital for his/her recovery for a period more than the period covered in package rate, in exceptional cases, supported by relevant medical records and certified as such by hospital, the additional reimbursement may be allowed, which shall be limited to accommodation charges as per entitlement, investigations charges at approved rates, doctors visit charges (not more than 2 visit per day per visit by specialists/consultants) and cost of medicines for additional stay.
21. The empanelled health care Organization cannot charge more than CGHS approved rates when a patient is admitted with valid ECHS Card with prior permission or under emergency. In case of any instance of overcharging the overcharged amount over and above CGHS rate (except inadmissible items and difference paid due to implant/stent of specific brand chosen by CGHS beneficiary) shall be paid to the beneficiary and shall be recovered from the pending bills of the hospitals.
22. If any empanelled health care Organization charges from ECHS beneficiary for any expenses incurred over and above the package rates vis-à-vis medicine, consumables, sundry equipment and accessories etc, which are purchased from external sources, based on specific authorization of treating doctor/staff of the concerned hospital and if they are not falling under the list of non-admissible items, reimbursement shall be made to the beneficiary and the amount shall be recovered from the pending bills of hospitals.
23. **Allopathic System of Medicines.** The rates will be applicable for allopathic system of medicine only.
24. **Monitoring of Treatment.** ECHS has the right to monitor by all possible means the treatment provided in (the Private Hospitals, exclusive eye hospitals/centres, exclusive dental clinics/labs, Diagnostic Laboratories/ Imaging centres, etc) a medical facility.
25. **No Purchase of Medicines by ECHS Beneficiaries.** During treatment/ investigation/ procedures of the ECHS beneficiaries, the empanelled medical facility shall not ask the members to purchase separately the medicines, blood & blood products from outside but bear the cost on its own, as the scheme being capless and cashless for the ECHS beneficiary and package deal rate fixed includes the cost of drugs, surgical instruments and other medicines etc as given in the SOP for online billing and amendments issued from time to time.

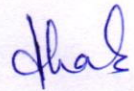
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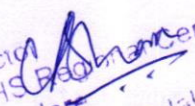
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26. **Second Procedure – Minor Procedure.** If one or more treatment procedures form part of a major treatment procedure, package charges would be made against the major procedures and only half of approved charges quoted for the other procedures would be added to the package charges of the first major procedure. In case procedure is carried of in/on paired limb/organ, full payment for both will be made.

27. The revised rates and policies governing the CGHS rates being notified by Govt of India, Ministry of Health and Family Welfare and Ministry of defence from time to time will be incorporated by default.



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Appendix 'B'

(Refers to paragraph 17 of
Memorandum of Agreement)

Procedure for taking action against medical facilities empanelled with ECHS and delegation of powers thereof to MD, ECHS

1. The provisions regarding actions to be taken against private empanelled medical facilities in case of unsatisfactory performance / unethical practices/ medical negligence / violations of provisions of MoA are contained in the following orders of MoD :-

- (a) Para 7 and para 13 of MoD letter No 22B (04)/2010/US (WE)/D (Res) dated 18.02.2011.
- (b) MoD letter No 22D (04)/2011/US/(WE)/D (Res) dated 22.07.2011.

2. In continuation of the provisions contained in the above mentioned letters of MoD , the procedures for taking action against private empanelled medical facilities by CO ECHS and Ministry of Defence (MoD), Deptt of EX-servicemen Welfare (DoESW) and delegation of powers in this regard shall be as indicated in the following paragraphs

3. Cases of violation of conditions of MOA are categorized as Level I, Level II and Level III as under. It is clarified that the list is illustrative and not exhaustive.

- (a) **Level I** – Violations would include committing the following actions on the first occasion :-
 - (i) Refusal of service.
 - (ii) Discrimination against ECHS beneficiaries vis-à-vis others.
 - (iii) Refusal of treatment on credit to eligible beneficiaries and charging directly from them.
 - (iv) Non authentication of ECHS beneficiaries through system as laid down by ECHS from time to time.
- (b) **Level II** - Violations would include the following offences :-
 - (i) Reduction in staff/ infrastructural/ equipment after empanelment with ECHS.
 - (ii) Undertaking unnecessary procedures.
 - (iii) Prescribing unnecessary drugs/tests.
 - (iv) Overbilling.
 - (v) Non submission of the report, habitual late submission or submission or submission of incorrect data in the report.
 - (vi) Repetition of Level I violations despite issue of warning to the HCO by CO ECHS.
- (c) **Level III** - Violations would include repetition of Level I and Level II violations despite imposition of financial penalties and the following offences :-
 - (i) Not providing access to the financial and medical records to ECHS authorized persons during visit to the hospital / medical facility.
 - (ii) Criminal offences by staff of the hospital against any beneficiary or dependent, like rape, molestation etc.

Procedure for handling complaints.

5. While dealing with complaints, instructions of Central Vigilance Commission (CVC) on action on complaints shall be kept in mind. On receipt of a complaint whether directly or from MoD/DoESW against an empanelled hospital or as a part of surprise check, MD, ECHS shall seek preliminary inquiry report from the Director of Concerned Regional Centre. The inquiry shall be conducted by an Officer nominated by the Director of Concerned Regional Centre as authorized by MD, ECHS within a period of one month.

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6. If the complaint is found to be prima facie true but it is felt that the complaint is not conclusively proven on the basis of documents/statements and further detailed enquiry is required, then MD, ECHS shall order a detailed inquiry by an Officer of the RC other than the Officer who conducted the preliminary inquiry. If required MD, ECHS may constitute, / request appropriate authority to constitute a Board of Officer for this purpose which shall not include the Officer who conducted the preliminary inquiry. The inquiry Officer/Board shall issue detailed Show Cause Notice should clearly spell out the allegations and the conclusions of the preliminary inquiry together with the grounds on which such conclusions were reached. The inquiry Officer/Board shall make such inquiry as it deems fit. The Board shall also take statements of all the parties concerned. Finally the inquiry Officer/Board shall submit its findings along with all the documents, show cause notice, reply to show cause notice, statements made by the parties etc to Director Regional Centre. On receipt of this report, the Director, Regional Centre concerned shall submit the inquiry report along with his views/recommendations with detailed reasons to MD, ECHS.

7. Where the case is considered fit for issue of warning only or the complaint is proven in preliminary enquiry on the basis of documents/statements, detailed inquiry may be dispensed with by MD, ECHS.

8. MD, ECHS shall take the following course of action depending on the gravity of the lapse as indicated in para 4 above.

- (i) In case of violations of level I nature, Director Regional Centre will issue a warning to the empanelled medical facility. Repetition of Level I violations will be treated as Level II violations.
- (ii) If the violation is considered Level II in nature and proven in the enquiry with documentary evidences and/or statements, MD ECHS shall impose suitable financial penalty from the amount of PBG and / or impose 'Stop Referral' upto three months upon the medical facility concerned and submit the complete details of the case within seven working days to MoD/DoESW for information. However, the total amount of PBG shall be maintained by the hospital being a revolving guarantee.
- (iii) If the lapse is of Level III nature, and proven in the enquiry with documentary evidences and /or statements, MD ECHS shall issue an order for forfeiture of total amount of PBG and / or issue an order of stop referral for a period of three months against the medical facility concerned and submit the complete details of the case within seven working days to MoD/ DoESW for information.
- (iv) Where, as per provision of para 11 of this letter, the case is fit for dis-empanelment, and the case is proven in an enquiry, the order for "Stop Referral" shall be issued by MD, ECHS "until further orders". In this case complete details of the case shall be submitted by MD, ECHS to MoD/ DoESW indicating the reasons and justification for issue of stop referral within 7 working days and proposal for disempanelment will be submitted to MoD/ DoESW within 30 working days.
- (v) For overbilling and unnecessary procedure, the extra amount so charged shall also be deducted from the pending/future bills of the medical facility.
- (vi) For offence listed in Para 4 (c) (ii) i.e. criminal offences by staff of a medical facility against any ECHS beneficiary, where FIR has been lodged by the concerned ECHS beneficiary, MD ECHS shall issue stop referral orders against that medical facility which shall remain in force till final outcome of the police investigations. Based on the final outcome of the police investigations, the case shall be processed further by MD, ECHS for either revocation of the stop referral or for dis-empanelment.

9. In all cases mentioned at Para 6 (i) to (vi) above, MD ECHS shall record detailed reasons in writing for taking/ recommending to MoD/DoESW action against the empanelled medical facility.

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Appeal Against Imposition of financial penalties and Stop Referral

10 The affected medical facility shall have the right to appeal to MoD/DoESW against imposition of financial penalties from the PBG and in case of issue of stop referrals by MD, ECHS. The last para of order of MD, ECHS shall clearly, state "You may if you so desire, prefer an appeal against this decision in writing to MoD/DoESW by post or by email". MoD/DoESW shall consider the appeal and upon examination pass such orders as it deems fit.

Dis-empanelment

11. In the following cases MD ECHS shall send to MoD/DoESW a detailed proposal for dis-empanelment of medical facility within 30 working days of issue of Stop Referral orders against empanelled medical facility.

- (a) Where the medical facility has committed fraudulent activities.
 - (b) Where, there is proven case of major/serious negligence in treatment leading to loss of life / limb or grave damage to the health of the ECHS patients.
 - (c) Where there is repetition of violations of the provisions of MOA despite issue of written warnings to the management of the medical facility and subsequent imposition of financial penalties.
 - (d) If a medical facility is, at any point of time, found unfit for empanelment with ECHS by NABH/NABL/QCI.
12. Once dis-empanelled, the medical facility shall be debarred from fresh empanelment for a period of 5 years from the date of order of disempanelment. However if there is 100% change of ownership of the medical facility, the 5 year moratorium shall not be applicable to it and will be eligible to apply for fresh empanelment immediate after change of ownership. The moratorium shall remain in force even if there is part (less than 100%) change in ownership.

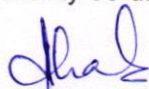
Revocation of Stop Referral.

13. In cases, which are not covered under para 11 above and where MD ECHS has issued orders for STOP Referral against any medical facility for a period of three months, MD ECHS shall write (by email and by post) to the management of the medical facility within seven working days from the date of order of Stop Referral and offer them an opportunity to make improvement / take corrective measures and submit their reply within 30 days from the date of sending e-mail. In case the medical facility seeks more time to produce evidence of having taken corrective measures and the reasons for seeking additional time (which would be limited to 10 days) are considered reasonable, the same shall be granted by MD ECHS. If it is found that corrective measures have been taken by the medical facility, MD ECHS may revoke the Stop Referral within 30 days from the receipt of reply from the medical facility, such revocation shall be intimated to the MoD/DoESW with detailed justification of the decision taken within seven working days from the date of revocation. If the medical facility does not take the required corrective measures or does not give any reply within 30/40 days, MD ECHS shall send a case for dis-empanelment of the said medical facility to MoD/DoESW within 30 days from the last date of submission of reply by the medical facility. In such cases, the Stop Referral be extended by MD ECHS till "further orders".

Extension of MOA

14. Extension of MOA requires the medical facility to submit signed MOA with requisite documents to concerned RC well before the date of expiry of MOA for signature by Director, Regional Centre. The MOA of such an empanelled medical facility shall be renewed by Director Regional Centre concerned before the date of its expiry provided the papers being in order and no arbitration case has been filed by the medical facility against ECHS/MoD which is pending in arbitration court as on the due date of renewal of MOA, and no court cases has been filed by a medical facility prior to the due date of renewal. In such cases, extension of MOA shall not be done until a final decision has been taken by MoD/DoESW. In all such cases MD, ECHS shall also intimate the decision of not renewing the MOA along with reasons thereof to the medical facility concerned within seven working days after expiry of due date of renewal, Director Regional Centre will issue a notice to the medical facility 30 days after expiry of MOA to submit renewal documents.

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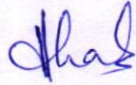
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Nehru Nagar, BELAGAVI-590010.

If, the medical facility does not respond to the notice of Director, Regional Centre, even 60 days after expiry of the MOA, MD ECHS will recommend disempanelment of the medical facility to MoD/DoESW.

15. As per the provision of MoD letter 22D(04)/2011/US (WE)/D (Res) dated 22 Jul 2011, MOA / contract of empanelled hospitals can be suspended / terminated only with the approval of MoD/DoESW. Hence, issue of notice for termination of MOAs to empanelled medical facilities by giving 30 days notice and subsequent action of termination of the MOA of any empanelled hospital can be done by MD ECHS only after obtaining prior approval of MoD/DoESW.

16. This issues with the concurrence of MoD (Fin/Pen) vide their 32(20)/2018/FIN/PEN dated 18.9.2019.



PRINCIPAL
KLE V.K. Institute of Dental Sciences
Nehru Nagar, BELAGAVI-590010.

Director
ECHS Regional Centre
Bangalore
Clo 410 A, 1st Jahangir
Bangalore 590010

PRINCIPAL

KLE V.K. Institute of Dental Sciences
Nehru Nagar, BELAGAVI-590010

**AGREEMENT FOR AUTHENTICATION OF BENEFICIARIES
AND ONLINE BILL PROCESSING**

The parties shall abide by the following undertakings for the purpose of bill processing:-

1. **Hospital Admission Intimation.** Hospital will intimate to the BPA and to ECHS within two (02) hours of emergency / referred admission and the BPA will respond with due authorisation in four (04) hours. Subsequently the empanelled hospital will intimate BPA with the **complete details of the patient, proposed line of treatment, proposed duration of treatment with Clinical History within 48 hours / 5 working days of admission** (since it might take time to establish line of treatment). Waiver upto 30 days can be given by Director Regional Centre on justification. Beyond 30 days no waiver will be accorded. This intimation will be authorized by the concerned authority (Nearest Polyclinic in case of Emergency Admission). Treatment in no case would be delayed or denied because of pending authorization by the BPA as it is only confirmation of the e-workflow in respect of such patient.
 2. **Uploading of Claim within Seven Working Days.** After the patient is discharged (or date of last visit to hospital in case of OPD), the hospital will upload the claim on the BPA web based application alongwith the related documents (as given in the list of documents to be attached on the BPA web based application) within 07 working days after the date of discharge or from the date of last OPD. Waiver for intimation upto 30 days and uploading upto 60 days can be obtained from Regional Centre. Post this duration, Hospital can upload the claim provided 30% of the application/projected amount to be recovered/deducted from the approved amount. In case of regular dialysis, chemotherapy or radiation therapy, the claims should be uploaded monthly (at the end of the month) for the treatment provided during the month. The claims uploaded will be digitally signed and any other instructions on the said subject will be binding.
 3. **Documents for Claims.** All supporting documents of the claim to be submitted at respective Regional Center ECHS within 60 days. On order from ECHS, all documents shall be uploaded in **digital format duly digitally signed** along with the authentication slip generated from the authentication system online into the BPA portal. The final bill will be signed along with the mobile number by the primary beneficiary or any of the dependent holding valid ECHS card. All documents shall be uploaded along with the claim. Diagnostic labs shall obtain such signatures in the manner prescribed above on the referral form. Mobile number of the patient/NOK also be noted on the referral form. Duration and modalities for handling physical copies of the bills will be in conformity with instructions as issued by Central Org ECHS from time to time.
 4. **List of Documents Required for Claims Processing.** The bills would be scrutinized by the BPA and ECHS authorities and would contain documents as mentioned in the SOP for online billing and on BPA Site (Others Notifications Notice Type Documents Checklist) Authentication slip (generated by KIOSK) duly endorsed with the photograph of the beneficiary to be uploaded.
 5. **Need More Information - Replies to Queries.** Hospital must reply to the query (NMI) raised by BPA / Regional Centre / Central Org on the bills within the **timelines as given below or as amended by ECHS**. In case the NMI is not replied within the stipulated time period, the **claims would be processed on available documents** and the amount deducted for non-submission of reply will not be under the purview of either the „Review Request by Hospital“ or “Arbitration Clause”.
- (a) **NMI raised by Verifier – 90 days.**
 - (b) **NMI raised by BPA – 60 days.**
 - (c) **NMI raised by Regional Centre / Central Org – 30 days.**

PRINCIPAL

**KLE V.K. Institute of Dental Sciences
Nehru Nagar, BELAGAVI**

Director
ECHS Regional Centre
Bangalore
Ch. NO. 45 Stn. Jahall
Bangalore - 560 015

6. **Review Request by Hospitals.** The hospital must also monitor the claims that have been authorized for payment by the BPA Validator and submit their justifications on the observations/deductions during the "Review Request by Hospitals Window" so as to avoid any requirement of arbitration at a later stage or agree to the amount recommended for approval by the BPA/JD (HS). Absence of any remarks or justification will be automatically considered as hospital has no points to offer for the deductions made by the BPA/ JD (HS). This review request window is available to the hospitals for **96 hours** once JD (HS) has authorized the claim approval by CFA and is excluded from the TAT for processing of claims.

7. **Medical Reports Format.** The hospital shall submit all the medical reports in digital form as well as in physical form or as instructed by CO ECHS from time to time.

8. **Time Action Taken (TAT) – Counting of Days.** The hospital agrees that the actual processing shall start when physical copies of the bills submitted by the hospitals to the concerned Regional Centre, ECHS and are verified by BPA verifiers on behalf of ECHS and counting of days shall start from such date for the purpose of deduction of discount payable by hospitals to ECHS. In case of query raised on the bills the TAT for the purpose of Discount shall start from the date of reply to last query. In case of digital billing when implemented, it will start from the date when digitally signed computed documents are submitted. TAT will exclude the days earmarked for arbitration.

9. **Audit by BPA.** The BPA will audit the medical claims of the ECHS Beneficiaries in respect of the treatment taken by them in the Empanelled Hospital and make recommendations for onward payment to ECHS in a time bound manner as follows:-

Audited by	Time Allotted	Remarks
BPA Scrutinizer	90 days	The claim is received at verifier. If the claim is correct, it will move to BPA validator and if any query is raised at verifier stage (NMI), it will move to NMI Basket. If the NMI is replied within 90 calendar days from the date of submission of claim online, the claim moves to BPA validator for normal processing.
BPA Validator	60 days	The claim is received at validator stage. If the claim is correct, it will move to JD (HS) and if any query is raised at validator stage (NMI), it will move to NMI Basket. If the NMI is replied within 60 calendar days from the date of query raised by validator, the claim moves to JD (HS) for normal processing, and if not, claim will shift to JD(HS) for processing whatever information is available.

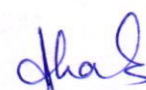
10. Hospital to take care to reply to the query raised by BPA on the bills within a reasonable time of not more than 30 days failing which the claim will automatically be forwarded to the next stage.

11. **Personnel for Processing of Claims.** Hospitals must have minimum two persons dedicated for uploading, monitoring and processing of claims. Hospitals should ensure that in case of change in this claim processing staff, the new staff is trained at Regional Centre for smooth, efficient and early settlement of claims. The claimed amount will be limited to CGHS approved rates.

12. **Hardware & Manpower Required for Processing of Claims.** The hospital will have the following hardware & Manpower for uploading and processing of claims (Though it may not be exclusive to ECHS) :-

- Authentication system to be obtained from Smart Card Making Agency contracted by ECHS.
- Authentication software – to integrate with Smart Card.
- Desktop PCs for uploading of claims:-

SI No.	No. of Beds	Minimum PCs required
(i)	Upto 50	One Terminal
(ii)	50 to 100	Two Terminals
(iii)	Above 100	Three Terminals & increments thereof at the scale of one terminal for each multiple of 50 beds.


PRINCIPAL
 KLE V.K. Institute of Dental Sciences
 Nehru Nagar, BELAGAVI-590010.

Director
 ECHS Regional Centre
 Bangalore
 C/o 4/0 AF Siff Jalana
 Bangalore - 560 015

(d) Manpower requirement for uploading of claims with minimum qualification of DOEACC 'O' Level or equivalent:-

Sl No.	No. of Beds	Manpower required
(i)	Upto 50	Two IT qualified operators for process of claims.
(ii)	50 to 100	Four IT qualified operators for process of claims.
(iii)	Above 100	Six IT qualified operators for process of claims & increments thereof in multiple of 50 beds.

(e) **Document Scanner** Color/Grayscale/B&W, 200 DPI, Flatbed /Document feeder, Multiple Page Size, Duplex.

(f) **Dedicated internet Leased Line** of atleast 8 Mbps or more or can explore MPLS services with higher bandwidth.

(g) Integration of Hospital HIS with BPA Software & Smart Card Software.

13. **BPA Fee.**

(a) **Medical Facility Claims.** The processing fee as on date is 2% of the claimed amount and service tax thereon subject to a minimum of Rs 12.50 and a maximum of Rs 750/- which shall be recovered from the amount due to the empanelled facility. The same shall be reviewed from time to time on the Govt orders and shall be recovered from medical facility as per applicable rates.

(b) **Individual Claims.** The BPA fee remains same as per the medical facility claim however; in case of individual reimbursement claim BPA fee shall be paid by ECHS.

14. **Discount.** The Hospital shall agree for deduction of 2% of admissible amount if payments are made with 10 working days from the date of verification of physical bills by the Verifier to the BPA or reply to the last query or digitally signed bills received by the validator whichever is later. The discount will be admissible on the approved amount.

15. **Updation of Policies.** The Hospital must keep itself updated about the policies promulgated for treatment of ECHS beneficiaries and reimbursement of claims including the rates as issued or updated from time to time. Ignorance of policies may affect the claimed amount. The latest policies will be updated on ECHS website – <http://www.echs.gov.in>. The empanelled facility should maintain copy of all such documents.

16. **No Direct Interaction with BPA.** The Hospital should not interact directly with the BPA, however, will forward all his issues / queries to the Regional Centre, which shall be bound to resolve such issues either itself or by forwarding it to concerned authorities including BPA.

17. **FIFO.** The claims would strictly be processed on **First – in – First – out (FIFO)** basis and this rule would not be defined by the Regional Centre and neither the Hospital should try to exert any kind of influence to bypass this rule. Central Org ECHS can modify the same in the interest of the organization.

18. **Opting For Higher Standard.** ECHS member opting for advanced surgery/procedure/accommodation etc can be charged the difference of amount than entitle after obtaining proper consent certificate.

19. W.e.f 01 Apr 2019, payment of ECHS bills will be done by CDA Nagpur, Hence PAN & TAN details to be furnished by Hospital.



PRINCIPAL
KLE V.K. Institute of Dental Sciences
Nehru Nagar, BELAGAVI-590010.

Director
ECHS Regional Centre
Bangalore
C/o 10 AF Stn Jahallah
Bangalore - 560 015

ANNEXURE- I
(Refer to Para 1 of MOA)

EMPANELMENT UNDER ECHS

SERVICES APPROVED BY

Authority: MOD/GOI letter No. 22D (14)/07/US WE/D(Res) dated 18 Sep 2006 and Central Org ECHS letter No B/49771/AG/ECHS/Emp/Gen (i) dt 07 Dec 18.

SI No.	Name of Hospital/Diagnostic Centre/Dental Clinic	Services proposed for recognition
1	KLE Vishwanath Katti Institute of Dental Sciences, (A unit of KLE Academy of Deemed University), JN Medical College, Nehru Nagar, Belgaum- 590010 NON NABH	General Services: Dental including Oral surgery, Prosthodontia and Periodontia Others:- Oral Medicine and Radiology, Oral and Maxillafascial Surgery, Oral Pathology and Microbiology, Prosthodontia, Periodontia, Orthodontics and Pedodontics.



[Handwritten Signature]

(Signature of Authorised Signatory of Hospital)

PRINCIPAL

KLE V.K. Institute of Dental Sciences
Nehru Nagar, BELAGAVI-590010.

[Handwritten Signature]

(Signature of Director, Regional Centre ECHS)

(CB valma)
GP Capt
Director
ECHS Regional Centre-
Bangalore
C/o 410 AF Stn Jahalah
Bannalore - 560 01*

KLE V.K. Institute of Dental Sciences
Nehru Nagar, BELAGAVI-590010

[Handwritten Signature]

FORMAT FOR FEEDBACK ON EMPANELLED MEDICAL FACILITIES
(NAME OF MEDICAL FACILITY)

Sl No.	Rating Aspects	Rating from 1 to 10
(a)	Quality of Treatment	
	(i) Availability of Specialist	
	(ii) Bed Availability as per entitlement	
	(iii) Degree of Relief	
(b)	Health of Hospital	
	(i) Hygiene, Sanitation	
	(ii) Behavior/Professionalism of Doctors and Staff	
	Overall Satisfaction	

SCALE OF RATING

Numerical Grading	Rating
1 to 3	Poor
4 to 5	Average
6 to 7	Good
8 to 10	Excellent

FINAL RATING (Please Tick)

Rating	
Poor	
Average	
Good	
Excellent	

Note: - Specific Comments (if any)

Signature of ECHS beneficiaries/NOK _____

Mobile/Tele No/Email _____

Director
ECHS Regional Centre
Bangalore
Stn Jalahalli
Bangalore - 560 016



PRINCIPAL
KLE V.K. Institute of Dental Sciences
Nehru Nagar, BELAGAVI-590010.



GOVERNMENT KARNATAKA

KARNATAKA STATE MEDICINAL PLANTS AUTHORITY

'VANAVIKAS' Building, 4th Floor, 18th Cross, Malleshwaram, Bengaluru-560003

Email : ceokampa@gmail.com Ph. 080 2346 4089

No: TCH-3/NMPB/CR-06/2021-22

Date: 20.04.2022

To

The Principal,
Shri BMK Ayurveda Mahavidyalaya,
(KLE University), Shahapur
Belagavi - 590003

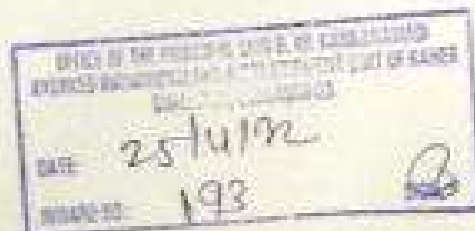
Sir,

Sub: Conducting Second Division Level Consultative Workshop at Belagavi Division to Review and synergize the activities of stakeholders in medicinal plants sector in Karnataka ... Reg.

- Ref: 1. Your office letter No. BMK/2022-23/D-38 dated: 07.04.2022
2. This office Later No. TCH-03/NMPB/CR-06/2021-22 dated: 28.03.2022

Thank you for showing interest to host Second Division Level Consultative Workshop at Belagavi Division to **Review and synergize the activities of stakeholders in medicinal plants sector in Karnataka** at KLE, Belagavi. Karnataka State Medicinal Plants Authority is happy to get associate with BMK Ayurveda Mahavidyalaya Belagavi for conducting the same. We received your letter No. BMK/2022-23/D-38 dated: 07.04.2022 regarding budget estimation and programme schedule.

Karnataka State Medicinal Plants Authority is giving principal approval for conducting Second Division Level Consultative Workshop at Belagavi. You have proposed a budget of Rs. 1.10 Lakha, the revised approved budget is as mentioned below.



Inter University Centre for Yogic Sciences
Bengaluru
Camp office : IUAC, New Delhi

Ref: IUCYS/SAO/2022/

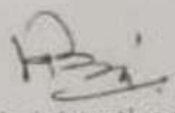
26th May, 2022

Office Order

Sanction of competent authority is hereby accorded for payment upto Rs.59,000/- (Rupees Fifty Nine Thousand only) to Shri. B M Kankanawadi Ayurved Mahavidyalaya, Belagavi, Karnataka for meeting the expenses in organising Inter National Yoga day on 21/06/2022 to commemorate 8th Inter National Yoga day on 21st June, 2022.

After organizing the event and on receipt of Utilization Certification / Statement of Expenditure (UC/SE), we shall transfer through on-line payment of Honorarium/other expenses to the University Bank Account for settlement of actual expenses along with following details:

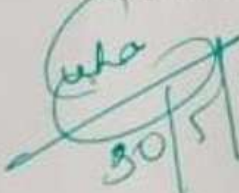
- 1 Programme schedule
- 2 Snaps of important Event
- 3 Audio/video Recordings/Photographs in pen drive
- 4 Details of participants attended the programme with their mobile no. And email ids
- 5 Short Report of the Event
- 6 Feedback of Participants


(Senior Administrative Officer)

For Inter University Centre for Yogic Sciences, Bengaluru.

Senior Officer - Administrative Dept
Inter University Centre for Administrative Office
Inter University Centre for
Inter University Centre for
Inter University Centre for
Inter University Centre for

To
Principal
Shri. B M Kankanawadi Ayurved Mahavidyalaya,
Belagavi, Karnataka.


30/5/2022



AYURVED HOSPITAL & MEDICAL RESEARCH CENTRE

Teaching Hospital of Shri B. M. Kankanawadi Ayurved Mahavidyalaya
(A Constituent Unit of KLE University, Belgaum)
Shahapur, Belgaum - 590 003, Karnataka, India.

Ref. KLEAH/843/2010-2011

9/2/2011

To,

The Registrar,
K.L.E. University
Nehru Nagar,
Belgaum.

Sub: Free ward food donations Scheme-reg.

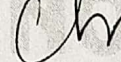
Sir,

I wish to inform you that, our KLE Ayurveda Hospital is supplying free food to free wards. Therefore, we are planning to collect donations (**Annadana Scheme**) from outsiders on the occasion of various ceremonies. In this regard, we kindly request you to open an account with bank in the name of "**Registrar for KLE Ayurveda Hospital – Annadana Scheme**"


This is for your kind information and needful action.

Thanking you,

Yours truly,



Medical Director
K.L.E. University
Ayurveda Hospital, Belgaum.

o/c 
09/02/11



KLE UNIVERSITY

KLE
UNIVERSITY
EMPOWERING PROFESSIONALS

(Formerly known as KLE Academy of Higher Education & Research, Belgaum)
[Declared as Deemed-to-be-University u/s 3 of the UGC Act, 1956 vide Government of India Notification No.F 9-19/2000-II 3(A)]

'Accredited 'A' Grade by NAAC

Office of the Registrar, KLE University,

JNMC Campus, Nehru Nagar, Belgaum-590 010, Karnataka State, India

☎: 0831-2472777/2493779 FAX: 0831-2493777 Web: <http://www.kleuniversity.edu.in> E-mail: Info@kleuniversity.edu.in

Ref. No. KLEU/11-12/D-120-123.

5th April, 2011

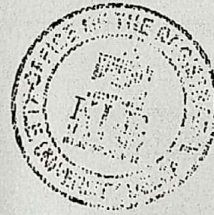
ORDER

Sub : Invitation of donations from the Philanthropists.

Ref : Your letter No. KLEUAH/1015/2010-2011, dated: 22/03/2011

With reference to the above, I am directed to inform that you that you have been permitted to invite and receive donations from the philanthropists **only by DD/cheque** for the free food being served to the patients admitted to the free ward of the Ayurved Hospital & Medical Research Centre, Belgaum.

A list of the donations received from the Philanthropists be sent to the University for reference from time to time.



(Prof. (Dr.) P.F.KOTUR)
Dr Registrar

To,

The Principal,
Shri B.M. Kankanwadi Ayurved Mahavidyalaya,
Shahapur,
Belgaum.

CC to:

- 1) The PA to Hon. Chancellor, KLE University, Belgaum.
- 2) The Spl. Officer to Hon. Vice-Chancellor, KLE University, Belgaum.
- 3) The Finance Officer, KLE University, Belgaum.

OFFICE OF THE PRINCIPAL KLEU SHRI
B.M.K. AYURVEDA MAHAVIDYALAYA,
BELGAUM.

08 APR 2011

Inward No. 43 Sign.

OS
for implementation
Ch
6/4/11



KLE UNIVERSITY

(Formerly known as KLE Academy of Higher Education & Research, Belgaum)
(Declared as Deemed-to-be-University in S of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U 3(A))

Accredited 'A' Grade by NAAC

Office of the Registrar, KLE University

JNMC Campus, Nehru Nagar, Belgaum-590 010, Karnataka State, India

☎: 0831-2472777/2493779 FAX: 0831-2493777 Web: <http://www.kleuniversity.edu.in> E-mail: info@kleuniversity.edu.in

Ref: KLEU/Accts/11-12/D- 7150 - 7151

11th August 2011

To:

The President
Belgaum Zilla Rani Channamma
Mahila Sakarai Niyamit Bank
Belgaum.

Sub: Opening of accounts of our constituent units.

Dear Sir,

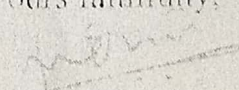
With reference to the above subject, we request you to open the accounts in your bank branch detailed as below.

Sl. No.	Name of the Account	Name of the Account	Authorized person to operate the Accounts
B) At Shahapur branch			
1	A/c. No. 853	Registrar KLE University for VKIDS Dental Clinic	Prof. (Dr.) P.F. Kotur Registrar KLE University Belgaum
2	A/c. No. 848	Registrar KLE University for Ayurveda Hospital Anadhana Scheme	Prof. (Dr.) P.F. Kotur Registrar KLE University Belgaum

Please do the needful in the matter and oblige.

Thanking you.

Yours faithfully,


Prof (Dr.) P.F. Kotur

Cc to:

1. The Finance Officer, K.L.E. University, Belgaum.

The Bank will open for transactions

On week days from 10-30 a.m. to 4-00 p.m.

On Saturday 10-30 a.m. to 1-00 p.m.

Lunch Hours 2-00 p.m. to 2-30 p.m.

Extn. Counter :

- 1) B. M. K. Ayurved College, Shahapur,
Belgaum. Ph. 2404212

Our Branches & Extn. Counter

H.O. : Main Branch :

Lingraj College Road, Belgaum. Ph. 2460015

Savadatti Branch :

S. V. Bellubbi College Campus, Near Bus
Stand, Savadatti. Ph. 958330-224264

Dental College Branch :

K.L.E. Dental College, Campus, Nehru Nagar,
Belgaum. Ph. 2474986

BELGAUM ZILLA RANI CHANNAMMA MAHILA SAHAKARI BANK NIYAMIT, BELGAUM.

**B.M.K.A.M. Extn. Counter
Shahapur, Belgaum.**

Name REGISTRAR KLEU FOR KLE AYURVEDA HOSPITAL

Full Address _____

A/c. No. "ANNADANA SCHEME" BMKAM SHAHAPUR,
BELGAUM

41 / 848

Accountant

Manager

Bank Note :

- 1) All entries in the Pass Book will be made by the Bank officials and Constituents should not erase or correct any entry therein.
- 2) The Pass Book shall always be presented at the Bank Office whenever money is deposited or withdrawn.

ದಿನಾಂಕ DATE	ವಿವರ PARTICULARS	ಚೆಕ್ ಸಂಖ್ಯೆ CHEQUE NO.	ಜಮಾ AMOUNT DEPOSITED ರೂ. Rs.	ಹಿಂಪಡೆದ ಹಣ AMOUNT WITHDRAWN ರೂ. Rs.	ಶೇಷ BALANCE ರೂ. Rs.	ಇನಿಶಿಯಲ್ಸ್ INITIALS
1	2	3	4	5	6	7
	Balance Brought Forward of 23/848				1,36,133.00 Cr	
20/03/2019	BY CASH		500.00 ✓		1,37,633.00 Cr	
30/03/2019	Savings Int.		169.00 ✓		1,39,802.00 Cr	
20/04/2019	BY CASH		1,020.00 ✓		1,40,822.00 Cr	
24/04/2019	BY CASH		450.00 ✓		1,41,272.00 Cr	
03/05/2019	BY CASH		60.00 ✓		1,41,332.00 Cr	
30/05/2019	BY CASH		29,000.00 ✓		1,70,332.00 Cr	
04/06/2019	BY CASH		13.00 ✓		1,70,345.00 Cr	
25/06/2019	BY CASH		75,000.00 ✓		2,45,345.00 Cr	
09/07/2019	BY CASH		400.00 ✓		2,45,745.00 Cr	
09/08/2019	BY CASH		80.00 ✓		2,45,825.00 Cr	
30/09/2019	Savings Int.		3,279.00 ✓		2,49,104.00 Cr	
31/10/2019	BY CASH		600.00 ✓		2,49,704.00 Cr	
26/11/2019	BY CASH		4,500.00		2,54,204.00 Cr	



सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No. : IN-KA66701315428863S
Certificate Issued Date : 23-Jun-2020 12:54 PM
Account Reference : NONACC (BK)/ kaksclub08/ BELGAUM2/ KA-BL
Unique Doc. Reference : SUBIN-KAKAKSCUB0838205910434717S
Purchased by : KAHER VENUDHWANI C R S 90 4 F M
Description of Document : Article 12 Bond
Description : AGREEMENT
Consideration Price (Rs.) : 0
(Zero)
First Party : KAHER VENUDHWANI C R S 90 4 F M
Second Party : COMMISSIONER RURAL DRINKING WATER SANITATION DEPT
Stamp Duty Paid By : KAHER VENUDHWANI C R S 90 4 F M
Stamp Duty Amount(Rs.) : 100
(One Hundred only)

सत्यमेव जयते

Issued by
The Belgaum District Revenue
Employees Co-operative Bank
Ltd., Belgaum

Authorized Signatory



Please write or type below this line

AGREEMENT

Agreement No: RDW&SD/25/WSSO/IEC/2019-20 Dated: 01-05-2020

This agreement made on the 29th day of May 2020(with effect from 1st day of May 2020), between Commissioner, Rural Drinking Water & Sanitation Department (RDWSD), having its office at Cauvery Bhavan, E Block, KHB Complex, 2ndFloor, Kempegowda Road, Bangalore - 560009 (hereinafter called "the Client") of one part and KAHER VENUDHWANI 90.4 FM Community Radio Service (CRS), (Hereinafter called "Service Agency") of the other part having its office at KAHER JNMC Campus Nehru Nagar Belagavi-590010.

For VENUDHWANI

Station Director

Statutory Alert:

1. The authenticity of this Stamp Certificate should be verified at "www.shoilestamp.com". Any discrepancy in the details on this Certificate and as available on the website renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

Whereas the Client is desiring that KAHER, Venudhwani CRS 90.4 FM [Name of CRS], to provide Community Radio Service for various components as indicated in Annexure 1 of this Agreement (Hereinafter called "**the Service**") and in this regard, the Client has empanelled the Service Agencies as per the Expression of Interest (EOI) invited dated 26/09/2019 to provide services through Community Radio.

NOW THIS AGREEMENT WITNESSETH as follows:

1. In this Agreement, words and expression, its meaning and interpretation, and the relation between the Parties shall be governed by the Applicable Law.
2. In consideration of the payments to be made by the Client to the Service Agency as hereinafter mentioned, the Service Agency hereby covenants the Client to provide Community Radio Service as per the Terms of Reference and submit the bill on monthly basis after due certification.
3. The Client hereby covenants to pay the Service Agency in consideration of the services and remedying the defects wherein the Payment as may become payable under the provisions of the Agreement at the time and in the manner prescribed in this Agreement.

The following documents shall be deemed to form and be read and construed as part of this Agreement, viz:

- a. Expression on Interest (EOI)
- b. Terms of Reference (TOR)
- c. Minutes of Meetings
- d. Proposal of the Service Agencies
- e. Letter of Award
- f. Service agency acceptance letter

1. Objectives:

- 1.1 To broadcast the Jingles, Interviews, Phone in Programmes, Documentary/Case study/experience sharing/inspiration talk, Instruction/Tips/Teaching Aid, Special/Departmental announcements *etc.*, (hereinafter referred as "**Programmes**") related as per the instructions of the Client on various topics related to the Department including importance of drinking water, sanitation, Open Defecation Free (ODF), water management and water conservation, hygiene *etc.*, and not limiting to the above.
- 1.2 To reach out to rural areas (last mile) by conducting street plays, house to house programmes, *etc.*, such that maximum information dissemination is happening at the rural areas in Kannada and other vernacular languages.
- 1.3 To bring in behavioural change among the rural public with active grass root level engagement of Community Radio Service.
- 1.4 To broadcast good practices and programmes conducted by Implementation Support Agencies (ISAs) in respective district/s.

2. Scope of Community Radio Service Agency:

The empanelled Service Agency shall perform below activities:

- 2.1 Make logistics arrangements for conducting the Programmes *etc.*,
- 2.2 Pre and post programmes follow-up with the potential listeners to track the effectiveness of the broadcasted programmes.

- 2.3 Prepare the contents of the programme in vernacular language and get it approved from the Client before broadcast.
- 2.4 Documentation of the Programmes- sample Video with Time stamp and Audio
- 2.5 Certification (as indicted in SI no 2 of deliverables) of broadcasting with sample video recording of relayed Programmes.
- 2.6 Train the staff members of CRS in carrying out the Programmes.

3. Duration of the Empanelment:

The Client proposes to empanel the Service Agency for a period of Three (3) years, subject to annual review. The initial appointment shall be for a period of One year; however, at the discretion of the Client, the empanelment may be extended on yearly basis subject to review of performance by the contract review committee.

4. The contract review committee:

The contract review committee shall be constituted under the Chairmanship of Commissioner, RDWSD. The committee consists of following members:

1. Commissioner, RDW&SD.
2. Director-WSSO, RDW&SD.
3. IEC Expert.
4. Chief Engineer RDW&SD.

5. Possession of Rights:

- 5.1 The content and concept developed is the exclusive property of RDWSD. In case, the Content is developed by the Service Agency as per the Terms of Reference and Agreement, the same will be submitted to RDWSD and shall be the exclusive property of RDWSD.
- 5.2 The Service Agency shall broadcast only the approved program as per the directions given by the client. In case the Service Agency intends to broadcast the programme or any of the components over the agreed 20% of the broadcast time then it may do so after seeking approval from Client at no additional cost.
- 5.3 The Service Agency shall not show/submit any of content developed by the Client in any other place or any competition or in any programme till the same is approved by the RDWSD for public dissemination/viewing/listening.
- 5.4 The Service Agency shall not disclose or share any information related to RDWSD projects or program without prior approval of the RDWSD.
- 5.5 The electronic media gadgets (CD/DVD/pen drive) used shall be handed over to RDWSD at the end of every assignment.

6. Deliverables:

Broadcasting should be done in Kannada and any other vernacular language of that area where the rural people can understand as per their dialect. The payments shall be done based on the deliverables and after satisfactory completion of broadcasting of the programme as per the rates indicated in Annexure 1 of this Agreement and submission of the bills according to the Broadcasting. The details of the deliverables described as below:

For VENUDHWANI

Station Director

Sl. No	Deliverables
Monthly	
1.	Submission of details of programme broadcasted in CD/DVD/Pen Drive. Along with the scheduled dates of broadcasting for each programme and the timings. The submission shall be supported by Photos and other supporting documents with time stamp, for both broadcast and the listeners.
2.	Certification of the programme that has been broadcasted during the billing month by either of the following professionals. <ul style="list-style-type: none"> • CEO- ZP or • EO-TP or • PDO - Gram Panchayat (Gram Panchayat covered by the Service Agency) And District IEC Consultant by RDWSD
Quarterly or Half Yearly*	
3.	Submission of comprehensive report after completion of all Programmes followed by presentation before the Authority or Authorities Representatives. <ul style="list-style-type: none"> • Details of benefits/interventions/suggestions by community radio service. - Quarterly • Total outreach and the feedback from the listeners on programmes in terms of action taken, changes seen in the behaviour etc. (The format for this shall be provided by the CRS and finalized by RDWSD and shared) – Half yearly • While carrying out the outreach and feedback from the listeners, CRS shall video record and submit the same in CD/DVD/pen drive. – Half yearly
4.	Submission of suitable suggestions on regular basis for effective conduct of Programme for broadcasting.

* The Quarterly or Half yearly report shall be submitted along with the Monthly report and if the same is not submitted then the payment for the respective month shall not be made.

7. Payments Terms:

No advance payment shall be made by the Client under any circumstances. Payment shall be released after satisfactory completion and acceptance of the entire job every month subject to proper documentation and certification as indicated in section 6. The payment will be made within 15 (Fifteen) days from the date of receipt of Tax Invoice duly supported by receipted challan.

The monthly payment shall be based on the rates indicated in Annexure 1 for the programmes broadcasted excluding GST or the maximum monthly payment for the CRS shall be ₹ 89,600/- (Rupees Eighty-Nine Thousand and Six Hundred Only) excluding GST whichever is lower.

8. Penalty Clauses:

8.1 The Service Agency will take all measures to ensure timely and accurate delivery of content based on Client brief and consultation. These will also go through clearly defined approval processes. However, in case of any misrepresentation of facts / imagery on a repeated basis, Service Agency will be penalised at **4 times the Component fee** indicated in Annexure 1 and the total penalty amount should not exceed more than one-month payment. If it exceeds, it

shall be considered as default and Client shall terminate this Agreement.

8.2 The Service Agency will deliver as per the agreed monthly deliverable plan. However, in case some of the agreed deliverables have not been met in the defined timelines for reasons other than non-receipt of information/content or timely approval from Client or Force Majeure, Service Agency will be penalised at 50% of the non-delivered Programme fee as indicated in Annexure 1.

9. Dispute Settlement:

Differences/dispute/grievances shall be settled by dispute resolution authority in accordance with the following Procedure:

- a. The dispute resolution authority is under the chairmanship of Principal Secretary, RDPR. The disputes or differences shall be referred to dispute resolution authority. The dispute resolution authority shall settle the differences/dispute/grievances within 60 days from the receipt of the same.
- b. The dispute resolution authority proceedings shall be held in Bengaluru and the language of the proceedings and that of all documents and communications between the parties shall be in English.
- c. The performance under the contract shall continue during the dispute resolution proceedings and payments due to the Service Agency by the Client shall not be withheld, unless they are the subject matter of the dispute.
- d. Decision of the dispute resolution Authority shall be final and binding on both the parties.

10. Force Majeure

For the purposes of this Agreement, "Force Majeure" means an event which is beyond the reasonable control of a Party, and which makes a Party's performance of its obligations under the Agreement impossible or so impractical as to be considered impossible under the circumstances. The event of Force Majeure will be decided by Client based on the proposal of occurrence of Force Majeure from the Service Agency.

The failure of a Party to fulfil any of its obligations under the Agreement shall not be considered to be a breach of, or default as such inability arises from an event of Force Majeure, provided that the Party affected by such an event (a) has taken all reasonable precautions, due care and reasonable alternative measures in order to carry out the terms and conditions of this Agreement, and (b) has informed the other Party as soon as possible about the occurrence of such an event.

11. Termination:

Either party may terminate this Agreement by giving one month [30 days] prior notice in writing to the other party of its intention to do so. Notwithstanding anything contained in this agreement, it shall be open to the RDWSD at any time during the period of the agreement or during the extended period by giving to the Service Agency one month notice or by giving an amount equal to the last invoice of the Service Agency in lieu of one month's notice.

Note:

- Service Agency must share any scripts, jingles, creative ideas, instructions with the IEC section of RDWSD before broadcasting for formal approval.
- The Service Agency without the approval on the content and consent to broadcast by RDWSD, shall not broadcast any of the program.

- Care must be taken that the message with respect to water, sanitation, and waste management *etc.*, are passed on without making any derogatory comments.
- Intellectual property rights of the content will be with the department
- Rates fixed for the programmes will be as per Annexure 1 to this Agreement.
- The agency should submit reports as per the deliverables. The report shall be submitting on or before 10th of every month.
- Content broadcasted should not have negative implications to the Client.


Witness signature

1.

Commissioner,
Rural Drinking Water & Sanitation Department,
Bengaluru

2.


(Veereshkumar.S.N)


Station Director
KLE Academy of Higher Education and Research,
Venudhwani CRS 90.4 FM
Belagavi

