



Coal India Limited
A Maharani Company
(A Govt. of India Enterprise)
Medical Department

Ref. No. CIL/C-5B/Med/2024/6036

Date: 16/02/2024

To,

Chief Executive Officer,

Sreedhareeyam Ayurvedic Eye Hospital & Research Centre (P) Ltd.

IX/218, Nellikattu Mana,

Kizhakombu PO, Koothattukulam,

Ernakulam, Kerala.

PIN-686662

Sub: Empanelment of Hospital

Dear Sir,

In reference to your offer on the above mentioned subject, this is for your kind information that competent authority has been pleased to approve your offer for providing treatment facility to existing employees of CIL with their eligible dependents who are duly referred from CIL/Subsidiary Company, Retired Executives & Non-Executives & their spouse with following terms and conditions:

- I. Empanelment will be applicable to Coal India Limited Kolkata, BCCL (HQ, Dhanbad), CCL (HQ, Ranchi), ECL (HQ, Sanctoria), NCL (HQ, Singrauli), MCL (HQ, Sambalpur), SECL, (HQ, Bilaspur), WCL (HQ, Nagpur), CMPDIL (HQ, Ranchi), NEC (HQ, Marghretta Assam) and IICM, Ranchi with immediate effect.
- II. **Name of Hospital/Hospitals with address:**

Sreedhareeyam Ayurvedic Eye
Hospital & Research Centre (P) Ltd.
IX/218, Nellikattu Mana,
Kizhakombu PO, Koothattukulam,
Ernakulam, Kerala.
PIN-686662

Accepted for Ayurvedic Eye
Hospital facilities Only.

- III. **Specialties acceptable for treatment:**
Accepted for Ayurvedic Eye Hospital facilities offered by hospital (Both IPD & OPD)
- IV. **Treatment charges:**
Rates to be charged as applicable and approved from time to time by Central Government Health Scheme (CGHS) for specific cities or hospital own rates whichever is less. For hospital located in the cities where CGHS rates are not applicable and approved, the basis of rates for these hospitals will be the CGHS rates as applicable to the Capital of the State where hospital is located or hospital own rates whichever is less.



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However, in case no CGHS approved rates are available in that State Capital, the CGHS rate as applicable to Kolkata or hospital own rates whichever is less, will be applicable.

V. Payment Terms:

1. For existing employees and their dependents

- a. Cashless/ Full credit facility should be extended by the hospital as per instructions of CMS, I/c of respective subsidiary, CMO, I/c, NEC (Assam)/ I/c Medical, CMPDIL/ ED, IICM or his authorized representative as the case may be.
- b. In case of emergency, employee or eligible dependent should be treated after production of ID Card and/ or referral letter from the Medical Department of the respective company and to deposit it to the hospital authority for cashless/ full credit facility.
- c. In case of cold cases (non-emergency) treatment should be given with a proper referral letter from the Medical Department of the respective company for cashless/ full credit facility.
- d. The payment, for cashless/ full credit facility, will be made within 30 days after receipt of hospital bills, in three copies, by respective Subsidiary company/ CIL/ NEC/ CMPDIL/ IICM.
- e. OPD facilities available in your hospital including investigations should be provided to the existing employee and eligible dependents at CGHS rates only.

2. For Retired Employees and their spouse (CPRMSE & CPRMS-NE)

Retired executives and their spouses have been provided with photo Medical Card issued by Executive Establishment of CIL or subsidiaries. Retired non-executives and their spouses have been provided with photo Medical Card issued by Personal Department of CIL or its subsidiary companies. Such card fully reflects the name of company/establishment where person concerned has opted for availing post-retirement medical benefits.

On the basis of production and verification of Photo Medical Identity Card the empaneled hospitals should extend 100% cashless/ on full credit treatment to the retired employees and their spouses for both indoor and OPD facilities.

At the time of discharge from hospital, the empaneled hospitals will have to provide medicine as per the Discharge Ticket as per CGHS.

Please note that:



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- Provision must be there for separate Corporate Desk for CIL patients/retired employees so that they may be given due priority and subsequent assistance during their treatment over there.
 - Payment will be made strictly on CGHS rates or hospital rates of the concerned empaneled hospitals whichever is less.
 - If the final bills are not as per above, appropriate deductions may be made in the bills before making payment to the concerned empaneled hospital.
 - If detected that the bills issued by the empaneled hospitals are not as per MoU, process for de-panelment will be initiated if it is done more than once.
 - Devices, such as stents, implants, pace maker, ICD, if used over and above the respective rate of CGHS on patient's insistence, difference of rate between actual and CGHS rate should be recovered from the patient concerned and billing to CIL or its subsidiary should be as per CGHS rate. A voluntary declaration from the patient for such excess payment should be enclosed with the bill.
3. Payment will be made in form of A/c Payee cheque/draft/e-payment/ RTGS/NEFT.
 4. No payment on account of cosmetics. Phone call etc. will be made by CIL/its subsidiaries. The same is to be paid by patient himself.
 5. In case of credit facility, at the time of discharge of patient, the bill is to be countersigned by the patient or employee concerned.
- VI. In the event of any revision of the applicable CGHS rates, same should be immediately intimated to Chief of Medical Services CIL, Chief of Medical Services of Subsidiaries, CMO NEC/CMPDIL and ED, IICM from your end.
- VII. Any change in NABH Accreditation/NABL Accreditation, Super Specialty Hospital status pertaining to CGHS should be immediately be intimated to Executive Director (Medical Services), Chief of Medical Services of subsidiaries, CMO NEC/CMPDIL and ED, IICM from your end.
- VIII. The treatment rates will automatically be revised along with revised CGHS rates as implemented by Central Government from time to time; this contract is limited to specific validity period of one year from the date of issue that is till 15th February 2025 and shall have to be renewed thereafter.
- IX. The Chief of Medical Services (CMS) of different subsidiaries of CIL may visit your hospital premises and submit their comments/views to CIL if required.
- X. It is expected that as a good will gesture you will be ready to share your expertise for various Medical Education Programme/Training sessions for medical executives and Para medical Staff of CIL/its subsidiaries.
- XI. **Special Instructions:**



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- a. The treatment should be restricted to the referred ailment. In no case the treatment for any non-referred ailment be provided. However, in case of extreme emergency/life saving measure treatment for non-referred ailment may be undertaken under due intimation/approval of concerned CMS I/c of subsidiary. Under any circumstances duly referred patient may not be referred to any other hospital without prior intimation/approval of CMS, I/c of respective subsidiary.
- b. The estimate charges submitted for treatment of duly referred patient must be detailed with following:
 - i. The rates indicated for any procedure (including package rates) must be prefixed with Sl. No. of CGHS mentioned in applicable CGHS rate list.
 - ii. The procedures/treatment modalities not covered under CGHS should be mentioned separately with detailed break-up of charges.
 - iii. Certification that "The rates are charged as per applicable CGHS rates; Hospital own rates whichever is less".
- c. The final bill submitted for patient covered under this agreement, must bear the following details:
 - i. The rates charged for any procedure (including package rates) must be prefixed with Sl. No. of CGHS mentioned in applicable CGHS rates list.
 - ii. Rates charged for procedures/treatment modalities not covered under CGHS should be mentioned separately with detailed break-up of charges.
 - iii. Certificate that "The rates are charged as per applicable CGHS rates/Hospital own rates whichever is less".
- d. On scrutiny of the estimate/final bills, if it is found that the rates have been charged more than the applicable rates (CGHS)/Hospital rates whichever is less) then the excess amount has to be returned to the concerned person/subsidiary as the case may be by the hospital. If the hospital fails to do so, then the same amount will be deducted from subsequently bills of hospital.
- e. The contract has been finalized based on mutual agreement and understanding. Any false information submitted in your offer, poor feedback from patients, deterioration in quality of treatment and charging more than applicable rates



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may amount to breach of mutual trust and make the hospital liable for de-panellment.

f. The instructions as detailed at b.. c. & d. above may kindly be conveyed to your billing section specifically.

XII. You are requested to kindly acknowledge receipt of this empanelment letter.

Yours faithfully,

Paul
16/2/2024

(Dr. Samita Paul Banerjee)
(HOD) **Samita Paul Banerjee**
Coal India Medical
Coal India Limited
New Town, Rajarhat
Kolkata-700156

Copy to:

1. Director (P&IR), CIL, Kolkata
2. Director (P), BCCL, CCL, CMPDIL, ECL, MCL, NCL, SECL, WCL
3. Director (F), BCCL, CCL, CMPDIL, ECL, MCL, NCL, SECL, WCL
4. ED (IICM), Ranchi
5. GM, NEC, Marghareta, Assam
6. CMS (I/c), CCL, MCL, NCL, SECL, WCL,
7. CMO I/c NEC, BCCL, ECL
8. Dy. CMO I/c CMPDIL