



EMPANELMENT OF HOSPITALS

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C/o. AVNL Corporate Office,
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**AVNL****The Force
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HOSPITALS READY TO EXTEND SERVICES ON OWN RATES WITH NEGOTIATED RATES**

Armoured Vehicles Nigam Limited (AVANI) (AVNL) is a newly created Defence Public Sector Undertaking (DPSU) incorporated under the Companies Act, 2013 on 14th August 2021 and commenced its business w.e.f 1st October 2021. Its headquarters is at Avadi (Chennai). This is a Schedule 'A' Central Public Sector Enterprise with an annual turnover of more than Rs. 4500 cr.

2. AVNL has 5 Production Unit(s) (HVF/Avadi, EFA/Avadi, OFMK/Medak, MTPF/Ambarnath and VFJ).
3. AVNL manufacture battle tanks i.e. T-72, T-90, MBT Arjun and Infantry Combat Vehicles, support vehicles (MPV, AERV etc.) and Defence mobility solutions (Stallion, LPTA etc.) for the armed forces and home land security agencies. AVNL is the market leader in Armoured/Combat Vehicles Market.
4. AVNL Corporate Office will invite the Expression of Interest, for treatment of AVNL and its Units beneficiaries and their dependents from Multi-Specialty, Super-Speciality, Single Specialty Hospitals and Diagnostic Centres ready to empanel with AVNL Units situated over jurisdiction of AVNL Units/Corporate in AVADI, Chennai, Hyderabad, Secunderabad, Jabalpur, Nagpur, Bhopal, New Delhi and Mumbai.
5. The following category of Health care Organizations/ Diagnostics Centres situated in the above mentioned cities may download the below mentioned attachments from the AVNL Website and submit duly filling all the documents with enclosure to address given below by hard copy aswell as soft copy (by e-mail):

Hospitals:

- i) Multi-Specialty, Super-Speciality and Single Specialty Hospitals recognized/ empaneled by CGHS/ECHS/ESI.
- ii) Non CGHS Multi-Specialty, Super-Speciality and Single Specialty Hospitals ready to provide services at CGHS rates.
- iii) Non CGHS Multi-Specialty, Super-Speciality and Single Specialty Hospitals with their own rates, can extend services to AVNL on negotiated rates.

Diagnostics centre

- i) Diagnostics Centres recognized and approved by State government
- ii) Diagnostics Centre, approved by Public Sector Insurance Companies
- iii) Diagnostics Centre, empaneled by Public Sector Enterprises

Note: However Preference will be given to NABH/ NABL accredited hospitals/ Labs.

1. Application form – Section I & section II
2. Annexure- A
3. Agreement at Annexure- B
4. Additional Conditions at Annexure- C

Note: The documents for the above are required to be submitted along with the EOI.

ADDRESS:

General Manager /CO & HR
CORPORATE OFFICE
ARMOURED VEHICLES NIGAM LIMITED
AVADI, CHENNAI-600 054
Phone Nos. 04426843348
Email. hr@avn.co.in

Contact Person: Shri Ranjan Kumar Bal
Cell No: 9861593109
E-mail: rkbal@ord.gov.in





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Section-I

PRESCRIBED FORMAT APPLICATION

FOR

EXPRESSION OF INTEREST (EOI) FOR ENTERING INTO TIE UP WITH CGHS, ECHS & ESI EMPANELLED HOSPITALS/READY TO EMPANEL WITH CGHS RATES/HOSPITALS OWN RATES CAN EXTEND SERVICES ON NEGOTIATED RATES/DIAGNOSTIC CENTRES IN THE JURISDICTION AVNL UNITS.

1. NAME OF THE HOSPITAL,CENTERS/ORGANIZATION/ADDRESS/TELEPHONE NUMBER/E-MAIL ID

2. EXPERIENCE OF WORKING IN THE MOU FORMAT IN PRIVATE SECTOR/GOVT SECTOR, ATTACH DETAILS

3. WE AGREE TO PROVIDE THE SERVICES TO THE AVNL BENEFICIARIES IN FOLLOWING DISCIPLINES (i.e. As per Annexure-A)

4. FOR THOSE SERVICES/INVESTIGATIONS/TREATMENT MODALITIES, WHICH ARE NOT LISTED IN THE CGHS RATE, OUR HOSPITAL WILL PROVIDE THE SERVICES ON HOSPITAL RATES % DISCOUNT, LIST OF WHICH ARE ENCLOSED.

5. WE ALSO AGREE TO PROVIDE SERVICES ON BILL SYSTEM OF PAYMENT

6. OUR HOSPITAL OFFERS TO PROVIDE FREE AMBULANCE SERVICES FOR ALL REFERRAL PATIENTS.

7. WE HEREBY ENCLOSE A LIST OF THE FACILITIES WHICH ARE AVAILABEL WITH OUR HOSPITAL AS PER ANNEXURE_____
8. WE ENCLOSE THE HUMAN RESOURCES/SPECIALIZATIONS WHICH ARE AVAILABLE. THE INFRASTRUCTURAL FACILITIES OF OUR HOSPITAL IS ENCLOSED AS PER ANNEXURE-_____





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9. WE ENCLOSE COMPLETE TARIFF CHART OF OUR HOSPITAL COMPARING WITH CGHS RATE AS PER ANNEXURE-_____
-
-
-
10. OUR HOSPITAL HAS BEEN RECOGNIZED FOR TREATMENT OF THE FOLLOWING GOVERNMENT ORGANIZATIONS/ SEMI-GOVERNMENT ORGANIZATION/ PRIVATE ORGANIZATION AS PER ANNEXURE-_____
-
-
-
10. (A) THE SPECIALTY RECOGNIZED BY CGHS/ECHS/ESI HOSPITALS TO BE DECLARED AND A COPY OF MOU WITH CGHS/ECHS/ESI (IF ALL RECOGNIZED, ALL MOUs TO BE ENCLOSED.) /READY TO EMPANEL WITH CGHS RATES/HOSPITALS OWN RATES CAN EXTEND SERVICES ON NEGOTIATED RATES/DIAGNOSTIC CENTRES
- 10 (B) THE LIST OF SPECIALITIES AVAILABLE, BUT NOT RECOGNIZED BY CGHS/ECHS/ESI, IS TO BE ENCLOSED.
11. WE HOPE OUR ORGANIZATION WILL BE CONSIDERED FOR TIE UP WITH in AVADI, CHENNAI, HYDERABAD, SECUNDERABAD, JABALPUR, NAGPUR AND, NEW DELHI, MUMBAI FOR PROVIDING SERVICES TO THE AVNL BENEFICIARIES.
-
-
-
12. WE AGREE TO A PERFORMANCE BANK GUARNATEE OF `10 LAKHS (RUPEES TEN LAKHS) IN CASE OF MULTI-SPECIALTY / CANCER HOSPITALS & RS. 2 LAKHS (RUPEES TWO LAKHS) IN CASE OF SINGLE SPECIALTY HOSPITALS, EYE CENTRES, DENTAL CLINICS, DIAGNOSTIC CENTRES, VALID FOR A PERIOD OF 30 MONTHS I.E. SIX MONTHS BEYOND EMPANELMENT PERIOD AND ENSURE EFFICIENT SERVICE AND TO SAFEGUARD AGAINST ANY DEFAULT. (PBG FOR CHARITABLE ORGANIZATION WOULD BE 50% OF ABOVE AMOUNT.
-
-
-
13. WE AGREE TO ALL THE CONDITIONS MENTIONED IN THE DRAFT MOU at Annexure "B" and ADDITIONAL CONDITIONS at Annexure "C", IN THIS E.O.I

All documents are to be signed and stamped by Authorized Signatory on all pages.

Signature _____
Authorized Signatory _____
Address _____

Phone no. _____
E-mail ID. _____
SEAL STAMP _____



**AVNL****The Force
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S. N.	Subject	Information given by Hospital	Remarks of QCI (NABH)
1.	Historical Background		
a)	Date of Establishment		
b)	Registered/Not Registered* (with State Health Authorities)		
c)	Type-Govt/Private/Corporate		
d)	Management Individual/Corporate/Trust or anyother – please specify)		
e)	Recognition by other schemes – ECHS & ESI Schemes* - indicate which schemes are you linked		
2.	Total number of beds		
3.	Nursing Care:-		
a)	Total number of Nurses		
(b)	No of para-medical staff		
4.	No. of In-house Doctors		
a)	No. of In house Specialist/Consultant		
b)	No of visiting specialist/Consultant (Names and qualifications) Attach separate sheet if necessary		
5.	Laboratory facilities available		
(a)	Pathology		
(b)	Biochemistry		
(c)	Microbiology		
6.	Supportive Services:-		
(a)	Boilers/Sterilizers		
(b)	Ambulance (Basic Life Support System Ambulances)		
(c)	Laundry		
(d)	Housekeeping		
(e)	Canteen		
(f)	Gas plant		
(g)	Waste disposal system as per prescribedrules		
(h)	Dietary		



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7.	Others (Preferably) :-	
(a)	Blood Bank	
(b)	Pharmacy	
(c)	Physiotherapy	
(d)	No of Operation Theatre	
	(i) General Surgery	
	(ii) Specialized procedures	
	(The specialized features for special OTs e.g. Joint Replacement, Cardio thoracic & Neurosurgery should be specified)	
8.	Equipment available	
	(i) Monitor defibrillators	
	(ii) Nebulizers	
	(iii) Infusion pumps	
	(iv) Pulse Oximeter	
	(v) Oxygen supply (define arrangement)	
	(vi) Suction apparatus	
	(vii) Ventilator	
	(viii) Other specify	
	INTENSIVE CARE UNIT- No of beds type ofTCH	
9.	Consultants	
a)	Total number of Consultants	
b)	Number of Consultants on Permanent Roll	
c)	Number of Visiting Consultants to facility	
	(Attach list of the consultants and qualifications and experience detailing whether consultant is on permanent roll or visiting)	
10	MRI	Yes /No
11	CT/SCAN	Yes /No
12	CARDIOLOGY	Yes /No
13	CARDIO-THORACIC SURGERY	Yes /No
14	NEURO SURGERY	Yes /No
15	JOINT REPLACEMENT SURGERY	Yes /No
16	LAPAROSCOPIC SURGERY	Yes /No
17	LITHOTRIPSY/TURP, OTHERNEPHROLOGY / UROLOGY PROCEDURES	Yes /No
18	RENAL TRANSPLANTATION, HEMODIALYSIS	Yes /No
19	LIVER TRANSPLANTATION	Yes /No
20	RADIOTHERAPY	Yes /No
21	CLINICAL PATH	Yes /No
22	BIOCHEMISTRY	Yes /No
23	MICRO BIOLOGY	Yes /No
24	OTHER (SPECIFY)	Yes /No
25	X-RAY	Yes /No
26	ULTRASOUND/DOPPLER VASCULAR ----	Yes /No
27	MAMMOGRAPHY	Yes /No
28	BLOOD BANK	Yes /No
29	PHARMACY	
	(a)	In house / Contract
	(b)	Medicines available in Hospital /procured from outside
	(c)	Billing System : Computerized /Manual



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The Dental treatments as a out-patient treatment shall be referred to identified Dental Hospitals as per the agreement entered with the Hospitals for the following procedures:

- a) Extraction of tooth
- b) Filling of tooth
- c) Extraction of wisdom tooth
- d) Scaling of tooth
- e) Scaling complete
- f) Flap excision
- g) Crown Capping
- h) Root Canal treatment anterior
- i) Root Canal treatment posterior
- j) Imaginary studies(OPG)
- k) Braces
- l) Dentures

Eye procedures when done as out-patient treatment

- i) Cataract done by ND YAG laser
- ii) Retinalpanphoto coagulation Argon laser for diabetic retinopathy

Outpatient

- 1 OPD (Consultation) Routine
- 2 Direct Retina
- 3 ROP Screening

Anterior Segment

- 1 Indian Phaco, Acryl Foldable-Naspro
- 2 ECCE Imported IOL + Trabeculectomy
- 3 SICS Imported IOL + Trabeculectomy
- 4 Trabeculectomy
- 5 DCR
- 6 DCT
- 7 Orbital surgery
- 8 Ptosis
- 9 Ptosis +Sling
- 10 Keratoplasty without IOL
- 11 Keratoplasty with IOL

Posterior Segment**Investigations**

- 1 Fundus Colour Photo (CP-Both Eyes)
- 2 Ultra Sound-B-Scan (per eye)
- 3 UBM (per eye)
- 4 FFA (per eye)
- 5 Optical Coherence Tomography (HO-OCT-Each eye)

Procedures

- 1 LIO (Laser Indirect Ophthalmoscope per eye)
- 2 Argon Laser (per Eye)
- 3 Barrage Laser (per eye)
- 4 ROP Laser (per eye)



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Sl.No	Particulars
1	Avastin (Bevacizumab)
2	Intravitreal triamcinolone (IVTA)
3	Avastin+ Intravitreal Traimionlone (AVAtin+IVTA)
4	Luecentis (ranibizumab injection)
5	Ozurdex (dexamethasone injection)
6	Posterjor Subtenon/Intravitreal Steroid Injection
7	Intracameral bevacizumab (Avastin)
1.	Vitreo Retina Surgery –standard 23 Gauge
1.	Operation theatre & Nursing charges
2	Operation theatre major patients (HIV, HBsAg+Ve)
1.	Local Anasthesia charges
2.	Monitoring Anasthesia care
3.	General Anasthesia Charges
4.	General Anasthesia charges for Pedriatic Cases
1.	Paracentesis
	Avastin Injection
	Surgeon Fees
	Theatre
	Consumables
Total	
2.	Paracentesis
	IVTA Injection
	Surgeon Fees
	Theatre
	Consumables
Total	
3.	Paracentesis
	Avastin+ IVTA Injection
	Surgeon Fees
	Theatre
	Consumables
	Post operative Investigations (RBS, CP, OCT, IOP,Glaucomea,etc.)
Total	
4.	Paracentesis
	Luecentris/Accentrix
	Surgeon Fees
	Theatre
	Consumables
	Post operative Investigations (RBS, CP, OCT, IOP,Glaucomea,etc.)



**AVNL****The Force
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5.

- Paracentesis
- Ozurdex (Dexamethasone)
- Surgeon Fees
- Theatre
- Consumbles
- Post operative Investigations (RBS, CP, OCT, IOP, Glaucoma, etc.)

Total**Diagnostic Tests :****Eye :**

- a. Pachometry,
- b. Optical Coherence Tomography,
- c. Angiography,
- d. Electron Retinography,
- e. Ultrasound

ENT:

- a. Pure tone Audiometry,
- b. Impedance audiometry,
- c. Laryngoscopy,
- d. Nasal endoscopy,
- e. Biopsy,
- f. BERA

Obstetrics and Gynaecology:

- a. Pap smear,
- b. Coloscopy,
- c. Amniometry,
- d. Hysterosalpingography,
- e. USG

Cardiology:

- a. Stress Thallium Test
- b. Holter monitoring
- c. Myocardial perfusion scan
- d. 2D Echo
- e. TMT (Stress Test)
- f. ECG

Neurology:

- a. MRI (Plain/Contrast)
- b. MRA
- c. EEG
- d. CT Scan (any part) (Plain/contrast)

Pulmonology:

- a. PFT,
- b. Imaginary Studies

Gastroenterology:

- a. UGI Scopy with RUT /Biopsy
- b. Colonoscopy



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Following is the list of diseases/procedures covered under day care procedures wherein stay in hospitals is not required for more than 24 hours.

- i) Injection of varicose veins/ Chemotherapy/ Phototherapy/ Radiotherapy/ Injections requiring/ Observations for more than 6 hrs.
- ii) Biopsy (Small specimen & Big specimen (Internal)
- iii) Colonoscopy
- iv) D&C
- i) Multiple suturing
- ii) Haemodialysis
- iii) Excision of moles/ warts/ nails
- iv) Wound debridment /removal of foreign body
- ix) Bronchoscopy
- x) Excision biopsy/Removal of Lymph node, Ganglioma Fibrous Lipoma, Sebaceous Cyst, dermal cyst
- xi) Removal of foreign body by endoscopy/ gastroscopy
- xii) AV Fistula
- xiii) Feeding Jejunostomy/colostomy
- i) CT Guided Biopsy
- xv) Cystoscopy
- ii) Stent Removal/Implant removal
- iii) Circumcision
- iv) Urethral dilatation/catheterisation
- v) POP/Strapping
- vi) Arthroscopy-diagnostic
- vii) Radiotherapy-IMRT, IGRT, SRS, SRT/Chemotherapy/phototherapy/Scelenotherapy
- xxii) USG guided Liver Aspiration/ peritonea/ Pleural Effusion
- i) MRI Angiography
- ii) Diagnostic ERCP
- iii) Vasectomy/ Tubectomy
- iv) Coronary/ Renal Angiogram
- xxvii) Intra Articular Injection
- xxviii) Sleep Test/ Polysomnography
- xxix) Injection of Chemotherapeutic drugs/ Chemotherapy
- xxx) CT Angiogram





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ANNEXURE – A

LIST OF IDENTIFIED AND NOMINATED SPECIALITIES REQUIRED FOR TIE UP

1. Emergency treatment in Cardiology and Cardio-Thoracic Surgery.
2. Vascular Surgery.
3. Orthopedic, Nephrology, Urology with renal transplantation, Endocrinology.
4. Neuro-Surgery, Dialysis, Gastroenterology, General Surgical and medical emergencies.
5. Hemato-oncology, Pediatrics and Neonatology, NICU, Pediatric Surgery, Respiratory Medicine, Rheumatology/Trauma, Critical Care and other such conditions
6. Neurology, Respiratory Medicine, Rheumatology.
7. Treatment of diseases of eye such as vitreo-retinal /Squint/ Complex Corneal Surgeries, Eye Injuries, Oculoplastic Surgeries, Ocular Malignancies and other eye conditions treatment
8. Specialties which are required to treat in emergent conditions, which leads to loss of life or limb.
9. General purpose treatment
10. ENT
11. Obstrectics /Gynecology
12. Dental
13. Eye Treatments



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AGREEMENT

BETWEEN

MD/-IN-CHARGE CENTRAL HOSPITAL/AVNL

-----Name of the Hospital

This agreement is made on the day of 2023 between the GENERAL MANAGER/CO/HR, AVNL, AVADI, CHENNAI (Hereinafter called AVNL, which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include its successors and assigns) of the **First Part**.

AND

----- (Name of the Hospital with address) of the **Second Part**. WHEREAS, the _____ Health Services is providing comprehensive medical care facilities to AVNL beneficiaries as are decided from time to time.

AND WHEREAS, _____ proposes to provide treatment facilities and diagnostic facilities to the AVNL Medical Beneficiaries in the empanelled Hospitals, in AVADI/ CHENNAI/ HYDERABAD/ SECUNDERABAD/ SANGAREDDY/MUMBAI/JABALPUR/NAGPUR

AND WHEREAS ----- (Name of the Hospital) has agreed to give treatment/diagnostic facilities (As per Annexure-1) to the AVNL AND ITS UNITS Medical Beneficiaries in the Health Care Organization at the rates offered by CGHS.

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

Terms & Conditions for empanelment of Hospitals for Treatment & Investigations**1. DEFINITIONS & INTERPRETATIONS**

- 1.1 The following terms and expressions shall have the following meaning for purposes of this Agreement:
- 1.1.1 "Agreement" shall mean this Agreement and all Schedules, supplements, appendices, appendages and modifications thereof made in accordance with the terms of this Agreement.
- 1.1.2 "Benefit" shall mean the extent or degree of service the beneficiaries are entitled to receive as per the rules on the subject.
- 1.1.3 "Card" shall mean (I-CARD/MIC) the Photo Identity Card bearing details of the beneficiary, issued by any competent authority AVNL AND ITS UNITS HR department only. MIC shall mean 'Medical Identity Card' issued by any competent authority of AVNL AND ITS UNITS HR department, bearing the name of the AVNL AND ITS UNITS Employee or ex- Employee and their eligible family members/dependents.
- 1.1.4 "Card Holder" shall mean a person having the (I-CARD/MIC etc.) Card (a specimen of which has been shown to the hospital and a prototype has also been provided).





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- 1.1.5 “AVNL Beneficiary” shall mean any person who is eligible to comprehensive medical care by AVNL AND ITS UNITS has been issued, or whose name is included in, a Medical card issued by competent authority and has not become ineligible on any account.
- 1.1.6 “Coverage” shall mean the types of persons to be eligible as the beneficiaries subject to the terms, conditions and limitations.
- 1.1.7 “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 / limb of the patient.
- 1.1.8 “Empanelment” shall mean authorization of the hospitals, by the AVNL for treatment/investigation purposes for a particular period.
- 1.1.9 “Hospital” shall mean the ----- **(Name of the Hospital)** while performing under this Agreement providing medical investigation, treatment and the healthcare of human beings.
- 1.1.10 “De-recognition of Hospital” shall mean debarring the hospital on account of adopting unethical practices or fraudulent means in providing medical treatment to or not following the good industry practices of the health care for the AVNL beneficiaries after following certain procedure of inquiry.
- 1.1.11 “Party” shall mean either the AVNL or the Hospital and “Parties” shall mean both the AVNL and the Hospital.
- 1.1.12 “CGHS Package Rate”/Hospital Own package shall mean all inclusive- including lump sum cost of inpatient treatment /day care/diagnostic procedure for treatment under emergency from the time of admission to the time of discharge including (but not limited to) – (i) Registration charges, (ii) Admission Charges, (iii) Accommodation charges including patients diet, (iv) Operation charges,(v) Injection charges, (vi) Dressing charges, (vii) Doctor/Consultant visit charges, (viii) ICU/ICCU charges, (ix) Monitoring charges, (x) Transfusion charges and Blood processing charges, (xi) Pre Anesthetic checkup and Anesthesia charges, (xii) Operation theatre, (xiii) Procedural charges / surgeon’s fee, (xiv) Cost of surgical disposables and all sundries used during hospitalization, (xv) Cost of medicines and consumables (xvi) Related routine and essential investigations (xvii) Physiotherapy charges etc., (xviii) Nursing care charges etc. Package rates also include two postoperative consultations.
- 1.1.13 Cost of Implants / stents /grafts are reimbursable in addition to package rates as per CGHS ceiling rates /negotiated rates or æper actual, whichever is lower.
- 1.1.14 In case a beneficiary demands a specific Brand of Stent / Implant and give his / her consent in writing, the difference in cost over and above the ceiling rate may be charged from the beneficiary, which is non-reimbursable / not payable by AVNL. This component will be shown distinctly in the bill for sake of transparency.
- 1.1.15 During In-patient treatment of the AVNL 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/negotiated rates which includes the cost of all the items. However, the following items are not admissible for reimbursement / Payment by AVNL:





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- Toiletries
- Sanitary napkins
- Talcum powder
- Mouth fresheners
- Diet charges for patient attendant/s
- Telephone bills / Dietary / Nutritional Supplements
- Any other item as decided by AVNL

1.1.16 In cases 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/Negotiated rates, if there is no CGHS rate for a particular item.

1.1.17 Package rates envisage up to a maximum duration of indoor treatment as follows:

- Upto 12 days for Specialized(Super Specialties) treatment
- Upto 7 days for other Major Surgeries
- Upto 3 days for Laparoscopic Surgeries and
- 1 day for day care/Minor (OPD) surgeries

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, the additional bill amount may be allowed to the hospital, which shall be limited to accommodation charges as per entitlement, investigations charges at approved rates, doctors visit charges (not more than 2 visits per day by specialists/consultants) and cost of medicines for additional stay). The circumstances for such extended stay should be supported by relevant medical records and certified as such by hospital.

1.1.18 No additional charge on account of extended period of stay shall be allowed if that extension is assessed to have been necessitated due to Hospital Acquired infection (HAI), infection as a consequence of surgical procedure / faulty investigation procedure etc. The decision of AVNL will be final in this regard.

1.1.19 The empanelled hospital cannot charge more than CGHS approved rates or rates agreed upon with AVNL, when a AVNL beneficiary is admitted under non-emergency situation. 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 a specific brand chosen by AVNL beneficiary) shall be considered as unethical practice by the hospital and may lead to cancellation of contract.

1.1.20 AVNL has empanelled the ----- hospital for AVNL beneficiary for all the specialties for which it has been granted recognition by CGHS/NABL/NABH. It shall also refer any of its beneficiaries for a treatment/procedure/investigation which is not available in-house. at the local health institution of AVNL.

1.1.21 For any interaction with AVNL the hospital shall be interacting with the signing authority, or one of his authorized officers, of this agreement. However a superior office of the signing authority may call for any report by the hospital.

1.1.22 The applicable city specific CGHS rates are as per notification by the CGHS for that city or nearest city/Negotiated rates. The rates will be as per applicable rate i.e. any change upwards or downwards will be applicable from the date which is applicable in CGHS.

OR

Mutually agreed rates with AVNL (in case of Government of India / Public Sector Undertaking hospitals or Non CGHS hospitals).




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Hospital will write prescription in generic name & provide medicines for upto seven days period. This is subject to following conditions:-

- i. Only essential medicines in generic form for continuity of treatment will be issued by the hospital.
- ii. No nutritional supplements, tonic, cough syrup, vitamins; injections will be issued by the hospital. These are not allowed
- iii. No non drug items/ equipments / appliances will be issued
- iv. Total cost of such medicines issued by the hospital must not exceed Rs. 2000/- in any case

2. DURATION OF AGREEMENT

The Agreement shall remain in force for a period of 2 years from -----to ----- or till it is modified or revoked, whichever is earlier. The Agreement may be extended annually subject to fulfillment of all the terms and conditions of this Agreement and with mutual consent of both parties.

Note: In case the hospital is derecognized by CGHS or the recognition is not extended for any reason then, unless and until specifically allowed by AVNL, the AVNL empanelment under this agreement shall also be withdrawn.

Patients already admitted to the hospital during currency of MOU, will however, be continued to be provided treatment, which shall be paid by AVNL as per this MOU.

3. CONDITIONS FOR PROVIDING TREATMENT/SERVICES

A. GENERAL CONDITIONS

The Hospitals shall be empanelled for all facilities/Services available in the health care organization as approved by CGHS/Non CGHS Hospitals and shall not be empanelled for selected specialties/facilities.

The Hospital shall investigate / treat the AVNL beneficiaries only for the emergency condition for which the patient has reported to them. Likewise the AVNL beneficiaries referred by the AVNL hospital shall be treated / investigated only for the condition referred. No undue / unnecessary investigation shall be done by the hospital.

It is agreed that AVNL beneficiaries shall be attended to on priority. AVNL has the right to monitor the treatment provided in the Private Hospital.

B. ADDITIONAL PROCEDURES/INVESTIGATIONS

The Hospital has been empanelled for treatment / investigation of the AVNL beneficiaries. For any material / additional procedure / investigation other than the emergency condition for which the authorization was initially given, would require the permission of the competent authority.

Likewise if AVNL refers a patient, the treatment given should be confined to the condition for which the patient has been referred by the AVNL.

C. PROCEDURE WHERE AVNL BENEFICIARY REPORTING IN EMERGENCY NEEDS TREATMENT IN A SPECIALITY(S) WHICH ARE NOT AVAILABLE IN THE HOSPITAL.

The Hospital shall not undertake treatment of cases, reporting to them, in specialties 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 AVNL authorities. However in such cases the Hospital will charge as per the CGHS rates/agreed rates only for the treatment provided.





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D. CHANGES IN INFRASTRUCTURE/STAFF TO BE NOTIFIED TO AVNL

The Hospital shall immediately communicate to AVNL about any change in the infrastructure /Shifting of premises of the hospital. The empanelment will be temporarily withheld in case of shifting of the hospital facility to any other location without prior permission of AVNL.

E. ANNUAL REPORT

The Hospital will submit an annual report regarding number of admitted AVNL beneficiaries, bills submitted to the AVNL and payment received. Similar report for the referred patients treated by the hospital may also be submitted. Annual audit report of the hospitals will also be submitted along with the statement. The Hospital shall submit all the medical records in digital format.

F. MEETINGS

Authorized signatory / representative of the empanelled hospital shall attend the periodic meetings held by AVNL required in connection with improvement of working conditions and for redressal of grievances.

G. INSPECTIONS

During the visit by AVNL officials, the empanelled hospital's authorities will co-operate in carrying out the inspection.

H. NO COMMERCIAL PUBLICITY

The Hospital will not make any commercial publicity projecting the name of AVNL. However, the fact of empanelment under AVNL shall be displayed at the premises of the empanelled hospital indicating that the charges will be as per CGHS approved rates.

4. TREATMENT IN EMERGENCY

The following ailments may be treated as emergency which is illustrative only and not exhaustive, depending on the condition of the patient and if any charges done by CGHS will apply for AVNLs too:

- Acute Coronary Syndromes (Coronary Artery Bypass Acute graft /Percutaneous, Transluminal Coronary Angioplasty) including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supraventricular Tachycardia, Cardiac Tamponade, Acute Left Ventricular Failure/ Severe Congestive Cardiac Failure, Accelerated Hypertension, Complete Heart Block and stroke, Acute Aortic Dissection.
- Acute Limb Ischemia, Rupture of Aneurysm, Medical and Surgical Shock and Peripheral Circulatory failure.
- Cerebro-Vascular attack-Stroke, sudden unconsciousness, Head injury, Respiratory failure, decompensated lung disease, Cerebro-Meningeal Infections, Convulsions, Acute Paralysis, Acute Visual loss.
- Acute abdomen pain
- Road Traffic Accidents /with injuries including fall
- Severe Hemorrhage due to any cause.
- Acute poisoning
- Acute Renal Failure





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- Acute Abdomen pain in female including acute Obstetrical and Gynecological emergencies.
- Electric Shock. Any other life threatening condition.

In emergency the hospital will not refuse admission or demand an advance payment from the AVNL beneficiary or his family member and will provide credit facilities to the patient whether the patient is a serving employee of AVNL or a dependent, on production of a valid AVNL Medical Identity Card (AMID etc.). The refusal to provide the treatment to bonafide AVNL beneficiaries in emergency cases on credit basis, without valid ground, would attract disqualification for continuation of empanelment.

The Hospital will intimate all instances of AVNL beneficiaries admitted as emergencies without prior permission to the AVNL authorities through mutually accepted means to AVNL authorities at the earliest and within 24 hours and AVNL will revert within next 24 hours, otherwise it will be treated as deemed approved. The empanelled hospital will clearly mention/ certify the emergency condition as per MOU.

If AVNL finds that patient is not suffering from emergency, in such case the hospital bill upto the stage of such determination will be paid by AVNL directly to the hospital. However, the patient can continue to avail treatment at the empanelled hospital, if so desired by paying CGHS rates or hospital rates whichever is less on the patients cost thereafter.

5. ENTITLEMENTS FOR VARIOUS TYPES OF WARDS

AVNL beneficiaries are entitled to facilities of private, semi private or general ward depending on their pay drawn in pay band/pension. These entitlements are amended from time to time and the latest order in this regards needs to be followed. The entitlement at present is as follows:-

Hospitals	Pre-absorption Pay levels	AVNL Grades	Room category
Hospitals other than Super speciality	L-1 to L-6	W/A-1 to W/A-9/SG	Shared Room
	L-6 or higher to L-11	E-0 to E-4	Single Room/ Private ward
	L-12 and above	E-5 and above	AC Single Room/ Private ward
Super speciality Hospitals	L-1 to L-2(>6 < 9 years)	W/A-1 to W/A-4	General Ward
	Level-2(> 9 years- L-6 & higher)	W/A-5 to W/A-9/SG	Shared Room/ Semi private ward
	L-6 to L-8	E-0 to E-2	Shared Room/ semi private ward
	L-10 to L-11	E-3 to E-4	Single Room/ Private Ward
	L-12 and above	E-5 and Above	AC Single Room/ Private ward



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Sl No.	Corresponding basic pay drawn by the officer in 7 th CPC per month	Entitlement
1	Upto Rs.47,600/-	General Ward
2	Rs. 47,601/- to Rs. 63,100/-	Semi Private ward
3	Rs.63,101/- and above	Private ward

The card will have the entitlement of the patient endorsed. For the patients referred by AVNL the entitlement of ward shall be endorsed on the referral letter itself.

- Private ward/Single Room is defined as a 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, bedside table, sofa set, carpet, etc. as well as bed for attendant. The room has to be air-conditioned.
- Semi Private Ward/shared room is defined as a hospital room where two to three patients are accommodated and which has attached toilet facilities and necessary furnishings.
- 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 for payment by AVNL or reimbursable. If the patient or his/her attendant opts for a higher class than admissible under extent rules mentioned above (para5) as modified from time to time, the difference in cost of treatment including room charges, procedure and treatment cost, investigations etc would have to be borne by patients representative. A written declaration to the effect should be taken before such change is carried out and it can be collected from the patient or his/her representative directly by the hospital. This should be indicated distinctly in the bill raised in the interest of transparency.

6. APPROVED RATES TO BE CHARGED

- The empanelled hospital shall charge from the AVNL beneficiary as per the rates for a particular procedure/ package deal as prescribed by the CGHS or mutually accepted rates by AVNLs where rates are not available for CGHS or in case of Government of India undertaking hospitals or mutually accepted rates where no CGHS hospital exist and attached as Annexure (rate list), which shall be an integral part of this Agreement. 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 package rate will be calculated as specified in the tender document. No additional charge on account of extended period of stay shall be allowed if, that extension is due to infection as a consequence of surgical procedure or due to any improper procedure and is not justified. The decision of AVNL will be final in this regard.
- The procedure and package rates for any diagnostic investigation, surgical procedure and other medical treatment for AVNL beneficiary under this Agreement shall be as per the latest CGHS rate applicable for the city of _____ during the validity period of this Agreement. The empanelled hospital agrees that during the inpatient treatment of the AVNL beneficiary, the Hospital will not ask the beneficiary or his attendant to purchase separately the medicines / sundries/ equipment or accessories from outside and will provide the treatment within the package deal rate, fixed by the CGHS/negotiated rates which includes the cost of all the items. Appropriate action, including removal from AVNL empanelment and / or termination this Agreement, may be initiated on the basis of a complaint, medical audit or inspections carried out by AVNL teams. The hospital shall agree to charge CGHS rates to AVNL Employees /dependents on production of valid I-Card / Documentary proof, even though treatment is not sought as AVNL beneficiary.



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7. MODE OF PAYMENT FOR TREATMENT OF BENEFICIARIES

There shall be three classes of patients:

- i. AVNL Beneficiaries referred by AVNL Hospitals to the empanelled hospital.
- ii. AVNL Beneficiaries reporting to hospital directly in emergency
- iii. AVNL beneficiary directly reporting to empanelled hospital without any emergency or referral letter and paying on their own for OPD/IPD/Investigations for which empanelled hospital shall charge CGHS rate or hospital rate, whichever is less.

AVNL beneficiaries coming under Serial No.7 (I) will be attending the hospital with referral letter from AVNLs, the bill should be submitted to the office of the concerned AVNL hospital with whom they have the MoU.

AVNL beneficiaries coming under Serial No.7 (II) above- **emergency as in para 4** treatment / procedures, the services shall be undertaken and provided on credit. No payment shall be sought from them and information sent to AVNL hospital through mutually agreed means and authorization be sought from the concerned AVNL hospital with whom they have MoU with. Situation may arise where AVNL hospital, after scrutinizing admission report submitted by empanelled hospital, find that the patient is not suffering from an emergency. In such cases, the hospital bills upto the stage of such determination (**para 4**) shall be paid by AVNL directly to Hospital. However, the patient can continue to avail treatment at the empanelled hospital, if so desired, paying CGHS rates or hospital rates, whichever is less on the patient's cost, thereafter.

For AVNL patients coming under Serial No. 7(III) above, empanelled hospital has to collect payment from the AVNL patient directly at the rate as decided already. That is empanelled hospitals will provide the necessary treatment in OPD or otherwise to AVNL beneficiary at the CGHS approved rates or hospital rates, whichever is less for the treatment in non-referral and non-emergency case at AVNL Medical beneficiary's own cost.

8. NOTIFICATION OF NODAL OFFICERS

Empanelled hospital shall notify concerned AVNL hospital authority about admission of AVNL beneficiaries in emergency clarifying the nature of emergency as pointed out in para 4. Empanelled hospital will mark a counter for AVNL beneficiary and also display the name and contact no of person dealing with AVNLs for that empanelled hospital as being done for CGHS beneficiary. Concerned AVNL hospital will appoint two senior doctors for acting as administrative nodal officer for empanelled hospital and for AVNL beneficiaries.

9. INFORMATION TO BE PROVIDED BY HOSPITALS OF EMERGENCY ADMISSIONS

The Hospital will intimate all instances AVNL beneficiaries admitted as emergencies without prior permission to the AVNL authorities through mutually accepted means at the earliest and within 24 hours and AVNL will revert within next 24 hours, otherwise it will be treated as deemed approved. The empanelled hospital will clearly mention/certify the emergency condition as per MoU.





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If AVNL finds that patient as not suffering from emergency, in such a case the hospital bill upto the stage of such determination will be paid by AVNL directly to the hospital. However, the patient can continue to avail treatment at the empanelled hospital, if so desired by paying CGHS rates or hospital rates, whichever is less on the patient's own cost thereafter.

Treatment in no case would be delayed or denied for the reason that authorization by AVNL is not forthcoming.

10. SUBMISSION OF BILLS

Empanelled hospital shall submit the physical bill to the concerned CMS/MD office for processing of bills. However, no claims of empanelled hospitals after a period of six months from the date of completion of treatment/date of discharge of AVNL beneficiaries shall be accepted by the AVNL authority.

11. PROCESSING OF CLAIMS

The Hospital shall be expected to upload the bill, on the website, for a particular episode within 7 days of the discharge of the patient.

AVNL hospital shall put up a scrutinized statement of the bill within 15 days of submission of the bill by the hospital, as per the extant rules, raising objections if any, if the hospital has anything to state on the scrutinized statement then it will do so within 02 days, otherwise it will be presumed that hospital agrees with the scrutinized statement.

After approval MD/CMS/CMO office shall submit the bill to associate Accounts Department (within 15 working days of clearing of last query). Account Department will pass the bills and make the payment to the hospital within 15 working days.

Note:- The patient may be from some AVNL unit other than the agreement signing unit but the bill shall be paid by the AVNL Unit which had empanelled the hospital, without making any reference or debit etc. to the AVNL Unit to which beneficiary may belong.

AVNL reserves the right to make recoveries, if any, from future bills of hospital as the case may be. AVNL hospital will examine the bill in terms of:

- (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) Whether the treatment procedures have been provided as per the approved rates and the packages.
- (e) Whether procedures performed were only those for which permission had been granted or the patient was referred.
- (f) Empanelled hospital will provide established & approved treatment protocol to AVNL beneficiaries. Therapies which are not approved or experimental in nature are not permitted.



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12. MEDICAL AUDIT OF BILLS

There shall be a continuous Medical Audit of the services provided by the empanelled Private Hospital by AVNL or its nominated agency.

13. DUTIES AND RESPONSIBILITIES OF EMPANELLED HOSPITAL

It shall be the duty and responsibility of the empanelled Hospital 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.

14. NON ASSIGNMENT

The empanelled Hospital shall not assign, in whole or in part, its obligations to perform under the agreement, except with the AVNL's prior written consent at its sole discretions and on such terms and conditions as deemed fit by the AVNL. Any such assignment shall not relieve the Hospital from any liability or obligation under this agreement.

15. EMPANELLED HOSPITAL'S INTEGRITY AND OBLIGATIONS DURING AGREEMENT PERIOD

The empanelled Hospital 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 Hospital is obliged to act within its own authority and abide by the directives issued by the AVNL. The Hospital 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.

16. PERFORMANCE BANK GUARANTEE (PBG)

Health Care Organizations that are recommended for empanelment after the initial assessment shall also have to furnish a performance Bank Guarantee (Hospitals / Cancer units Rs.10.00 lac, Single Specialty Hospitals – 2.00 lac, Eye Centres- Rs. 2.00 lac, Dental Clinics- Rs.2.00 lac, Diagnostic Centres-Rs. 2.00 lac) valid for a period of 30 months i.e. six month beyond empanelment period to ensure efficient service and to safeguard against any default. (PBG for charitable Organizations would be 50% of above amount). If they have given the same to one AVNL then they need not give to other AVNL since if one hospital is empanelled with a particular AVNL then it is deemed empanelled by other AVNL too and other AVNLs can simply sign the MoU with them in same term and conditions for beneficiaries from their AVNLs.

17. FORFEITURE OF PERFORMANCE BANK GUARANTEE AND REMOVAL FROM LIST OF EMPANELLED ORGANIZATIONS

In case of any violation of the provisions of the MoU by the hospital empanelled under AVNL such as:

1. Refusal of service.
2. Undertaking unnecessary procedures.
3. Prescribing unnecessary drugs/tests.
4. Over billing.



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5. Reduction in staff / infrastructure / equipment etc after the hospital / has been empanelled.
6. Non submission of the report, habitual late submission of incorrect data in the report.
7. Refusal of credit to eligible beneficiaries and direct charging from them.
8. If not recommended by NABH/NABL /QCI at any stage.
9. Discrimination against AVNL beneficiaries vis-à-vis general patients.
10. De-empanelment by CGHS /ECHS/ESI

The amount of Performance Bank Guarantee will be forfeited and the AVNL shall have the right to de-recognize the hospital as the case may be. Such action could be initiated on the basis of a complaint, medical audit or inspections carried out by AVNL teams at random. The decision of the AVNL will be final.

18. LIQUIDATED DAMAGES

- The Hospital shall provide the services as per the requirements specified by the AVNL in terms of the provisions of this Agreement. In case of initial violation of the provisions of the Agreement by the Hospital such as refusal of service or direct charging from the AVNL beneficiaries (and referred patients) or defective service and negligence, the amount equivalent to 15% of the amount of Performance Bank Guarantee will be charged as agreed Liquidated Damages by the AVNL, however, the total amount of the Performance Bank Guarantee will be maintained intact being a revolving Guarantee.
- In case of repeated defaults by the Hospital the total amount of Performance Bank Guarantee will be forfeited and action will be taken for removing the Hospital from the empanelment of AVNL as well as termination of this Agreement.
- For over-billing and unnecessary procedures, the extra amount so charged will be deducted from the pending /future bills of the Hospital and the AVNL shall have the right to issue a written warning to the hospital not to do so in future. The recurrence, if any, will lead to De-recognition from AVNL.

19. TERMINATION FOR DEFAULT

The AVNL may, without prejudice to any other remedy for breach or Agreement, by written notice of default sent to the Hospital terminate the Agreement in whole or part.

- 19.1 If the empanelled Hospital 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 AVNL pursuant to Condition of Agreement or if the Health Care Organization fails to perform any other obligation(s) under the Agreement.
- 19.2 If the Hospital in the judgment of the AVNL has engaged in corrupt or fraudulent practices in competing for or in executing the Agreement.
- 19.3 In case of any wrong doings specified in Memorandum of Agreement by one hospital AVNL reserves the right to remove all empanelled hospitals of that particular group from its empanelled list of Hospitals.



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20. INDEMNITY

The empanelled Hospital shall at all times , indemnify and keep indemnified AVNL / 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 Health Care Organization in execution of or in connection with the services under this Agreement and against any loss or damage to AVNL / the Government in consequence to any action or suit being brought against the AVNL/ the Government, along with (or otherwise), Health Care Organization as a Party for anything done or purported to be done in the course of the execution of this Agreement. The Health Care Organization will at all times abide by the job safety measures and other statutory requirements prevalent in India and will keep free and indemnify the AVNL from all demands or responsibilities arising from accidents or loss of life, the cause or result of which is the Hospital negligence or misconduct.

The Hospital will pay all indemnities arising from such incidents without any extra cost to AVNL and will not hold the AVNL responsible or obligated. AVNL / the Government may at its discretion and shall always be entirely at the cost of the Health Care Organization defend such suit, either jointly with the Health Care Organization enter or singly in case the latter chooses not to defend the case.

21. ARBITRATION

If any dispute or difference of any kind whatsoever (the decision whereof is not herein otherwise provided for) shall arise between the AVNL and the Hospital, upon or in relation to or in connection with or arising out of the Agreement, shall be referred to for arbitration by the CMD/CMO of the Unit who will give written award of his decision to the parties. The decision of CMD/CMO will be final and binding. The provisions of the Arbitration and Conciliation Act, 1996 shall apply to the arbitration proceedings. The venue of the arbitration proceedings shall be at the city of CMD/CMO office.

22. MISCELLANEOUS

22.1 Nothing under this Agreement shall be construed as establishing or creating between the Parties any relationship of Master and Servant or Principal and Agent between AVNL and the Hospital. The Health Care Organization shall work on perform their duties under this Agreement or otherwise.

22.2 The Hospital agrees that any liability arising due to any default or negligence in not represent or hold itself out as agent of the AVNL.

22.3 The AVNL will not be responsible in any way for any negligence or misconduct of the Hospital and its employees for any accident, injury or damage sustained or suffered by any AVNL 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 exclusively by the hospital who shall alone be responsible for the defect and/ or deficiencies in rendering such services.

22.4 The Hospital shall notify the Government 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.



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22.5 This Agreement can be modified or altered only on written Agreement signed by both the parties.

22.6 Should the Hospital get wound up or partnership is dissolved, the AVNL shall have the right to terminate the Agreement. The termination of Agreement shall not relieve the hospital or their heirs and legal representatives from the liability in respect of the services provided by the Hospital during the period when the Agreement was in force.

22.7 The Hospital shall bear all expenses incidental to the preparation and stamping of this agreement.

23. OTHER SERVICES TO BE PROVIDED

The empanelled Hospital will, on the request of AVNL, agree to provide training to AVNL medical, Para-medical and nursing staff.

24. EXIT FROM THE PANEL

The Rates fixed by the CGHS for the city of Bangalore-2014 NON-NABH (name of the city) shall continue to hold good unless revised by CGHS. In case the notified rates are not acceptable to the empanelled health care Organizations, or for any other reason, the health care Organization no longer wishes to continue on the list under AVNL, it can apply for exclusion from the panel by giving one month notice. Patients already admitted shall continue to be treated as per agreed rates between the two parties.

25. NOTICES

25.1 Any notice given by one party to the other pursuant to this Agreement shall be sent to other party in writing by registered post or by facsimile and confirmed by original copy by post to the other party's address as below.

AVNL /-IN-CHARGE.....

Hospital with address:.....

25.2 A notice shall be effective when served or on the notice's effective date, whichever is later. Registered communication shall be deemed to have been served even if it returned with remarks like refused, left premises locked etc..

26. Mutual conditions agreed upon a.....b.....

27. AVNL conditions

27.1 AVNL Medical beneficiaries (serving/ dependents) under emergency condition can get admission in any AVNL empanelled hospital without any prior referral. The empanelled hospital should not insist on referral from AVNL hospitals or demand advance in emergency conditions and the hospital will provide cashless/credit medical facilities to patients



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- 27.2 The emergency conditions are defined in Memorandum of Understanding between CGHS empanelled hospital and Government of India (CGHS Authorities) or as amended by CGHS from time to time and same will be applicable in Indian AVNL.
- 27.3 The valid I-CARD/ MIC issued will be treated as identification as AVNL Medical Beneficiary. AVNLs have to make sure that these cards are accepted in the empanelled hospital under the jurisdiction/empanelment.
- 27.4 Situation may arise where AVNL hospital, after scrutinizing admission report submitted by empanelled hospital, finds that the patient is not suffering from an emergency. In such cases, the hospital bills upto the stage of such determination shall be paid by AVNL directly to Hospital. However the patient can continue to avail treatment at the empanelled hospital, if so desired, by paying CGHS rates or hospital rates, whichever is less on the patient's cost, thereafter.
- 27.5 The nature and appropriateness of the emergency is subject to verification, which may be verified, inspected or medically audited by the nominated authority on random basis at its own discretion.
- 27.6 The hospital will intimate all instances of patient's admitted as emergencies (without prior permission) to the AVNL authorities, at the earliest and within 24 hours and AVNL will revert with next 24 hours, otherwise it will be treated as deemed approval. The empanelled hospital will clearly mention/ certify the emergency condition as per MOU.
- 27.7 AVNL Hospital as well as empanelled hospital will share the contract number and email address for communication for this purpose and will ensure to put on the website of AVNLs as well as of the hospital. The documents and approvals will be shared on the email to save the time and difficulties faced by the patients. The empanelled hospital will not insist to patients to get the approval of referral/ extension from AVNL Hospital. Same will be coordinated and approved on the contact number and email by the empanelled hospital and AVNL Hospital.
- 27.8 AVNL Hospital shall refer to the empanelled hospital for appropriate duration as per the package. In case of additional stay for treatment, same procedure will be followed as per para 27.6 & 27.7 above.
- 27.9 Also, the empanelled hospitals will provide the necessary treatment in OPD or otherwise to valid AVNL Medical Beneficiary at the CGHS approved rates or hospital rates, whichever is less for the treatment on non-referral and non-emergency case at AVNL Medical Beneficiary's cost.





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27.10 The refusal to provide treatment to bonafied AVNL medical beneficiaries in emergency cases without valid ground would attract disqualification for continuation of empanelment.

IN WITNESSES WHEREOF the parties have caused this Agreement to be signed and executed on the day month and the year first above mentioned.

Signed by AVNL
Representative
For and on behalf of AVNL

In the Presence
of (Witnesses)

- 1.
- 2.

Signed by
For and on behalf of (Hospital)
Duly authorized vide Resolution No.....dated.....
Of (Name of Hospital)

In the presence
of (Witnesses)

- 1.
- 2.



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1. Should be CGHS/ECHS/ ESI empanelled Hospital/Non CGHS Hospitals/Hospitals ready to extend services on negotiated rates located AVADI/ CHENNAI / HYDERABAD / SECUNDERABAD/ SANGAREDDY/JABALPUR/NAGPUR/MUMBAI/NEW DELHI jurisdiction, of AVNL.
2. Should provide medical care in identified specialties (Annexure –A) round the clock (24 x 7).
3. Provision of early registration, examination and admission of AVNL patients referred by AVNL Units , AVADI/CHENNAI/HYDERABAD/SECUNDERABAD/SANGAREDDY/JABALPUR/NAGPUR/MUMBAI/NEW DELHI.
4. For emergency cases, admissions is to be done immediately.
5. Adequate medical attention is to be provided for serious patients.
6. The Hospital(s) recognized should display prominently in the website/ notice board etc.indicating specialties for which they recognized for tie up with AVNL Units at AAVADI/CHENNAI/HYDERABAD/SECUNDERABAD/SANGAREDDY/JABALPUR/NAGPUR/MUMBAI/NEW DELHI so that AVNL beneficiaries are well aware of the availability of such hospitals for referral.
7. The AVNL beneficiaries will be referred to a particular CGHS/ECHS/ESI empanelled hospitals as his/her preference/choice.
8. The rates to be charged by CGHS/ECHS/ESI empanelled hospitals should be as per CGHS prescribed rates/Non CGHS Hospitals/Hospitals ready to extend services on negotiated rates for the city of (_____ / nearest city, based on the classification of the Hospitals or the Hospital tariff, whichever is lower and for those items/procedures/investigations which are not covered under CGHS Rate list, the hospital should offer some discounts for the same on their hospital rates as also free ambulance services to the AVNLs.
9. The tie up arrangements will be for a period of two years till it is empanelled under CGHS/ECHS/ESI, / Non CGHS Hospitals/Hospitals ready to extend services on negotiated rates whichever is earlier.
10. It is accepted to treat _____ Hospital, as an empanelled hospital to provide medical advice and treatment including investigations, drugs, surgeries etc. to the AVNL employees and their dependent family members in view of the better facilities and conveniences provided in the said hospital.
11. The AVNL employees and their dependent family members referred to _____ hospital are eligible for being admitted to the category of bed as mentioned in the authorization letter of AVNL Units at AAVADI / CHENNAI / HYDERABAD / SECUNDERABAD / SANGAREDDY / JABALPUR / NAGPUR/MUMBAI/NEW DELHI to Hospital.
12. Patients will be referred to the empanelled hospital with a referral letter.



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13. Patient should submit the medical health book identity card or his department identity card at the time of admission containing the patient's photograph, signature/LTI.
14. The bill should conform to the rate structure mutually agreed.
16. The empanelled Hospital must send the bills in duplicate directly to AVNL Units at AAVADI/CHENNAI/HYDERABAD/SECUNDERABAD/SANGAREDDY/JABALPUR/NAGPUR/MUMBAI/NEW DELHI. The bills should be submitted for arranging payment once in a month.
17. The MOU is valid for **two years** until the validity of CGHS/ECHS/ESI empanelment /Non CGHS Hospitals/Hospitals ready to extend services on negotiated rates and should be sent for renewal well in advance before the expiry date. In case of procedures to be conducted package rates as agreed to will be apply.
18. Payment of the bills shall be made after due scrutiny and certification by AVNL Units at AAVADI/CHENNAI/HYDERABAD/SECUNDERABAD/SANGAREDDY/JABALPUR/NAGPUR/MUMBAI/NEW DELHI within one month from the date of receipt of the bill by NEFT (electronic payment) to the hospital by Finance Manager of AVNL UNITS.
19. The schedule of rates shall form an integral part of this agreement. The rates mentioned in the schedule are inclusive of all taxes, including the service tax, duties, charges or levies which may be assessed, imposed or levied in connection with the MOU.
20. The empanelled Hospital shall treat the patients referred by AVNLs in a courteous manner and accordingly the good business practices and shall extend priority admission facilities wherever possible to the AVNL employees referred by AVNL Hospital.
21. The empanelled Hospital will have their facility covered by proper indemnity policy including error, omission and professional indemnity and agrees to keep such policies in force during the term of MOU.
22. Visit by AVNL Officials and check the indoor papers, treatment being given to the patients referred by them shall be allowed by the empanelled Hospitals.
23. The AVNL shall reserves the right to discuss the treatment plan with the treating doctor.
24. The empanelled hospital shall oversee that best medical treatment facility is extended to the AVNL beneficiaries referred by them.
25. Access to billing and medical record and indoor papers of the patients referred to them will be allowed to AVNLs as and when necessary for with the prior appointment.
26. It is necessary to take a photocopy of the identity card of the AVNL employee referred for treatment to be submitted later with the bill and to keep as a proof of the patient's treatment.
27. At the time of discharge, discharge card / original intimation, all original prescriptions and pharmacy records are to be forwarded to concerned AVNL Hospitals, with the bill. Photo copies may be given to the patients on request at their own expenses.
28. The bills are to be sent in duplicate by the hospital giving full details of treatment availed, investigations done and drugs supplied along with the serial number, type of the service and rate which are mentioned in the rate list to the patient along with the signature of the treating doctor for the treatment done and drugs prescribed.
29. Whereas the parties hereby agrees to modify the terms and conditions of the MOU if required in





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- future with mutual consent.
30. There shall be no refusal of services, once the patient is referred to by AVNLs for treatment.
 31. In case of **any** court cases due to negligence / deficiency of service, penalty and cost of litigation if any, awarded / ordered by any Hon'ble Court / forums shall be borne by the service provider.
 32. There shall be no refusal of services, once a patient is referred to by AVNL for treatment.
 33. If any dispute, difference or question shall arise between the AVNL administration and the service provider as to the respective rights, duties and obligations of the parties hereto or as to the services or interpretations of any of the terms and conditions of the agreement as to its applications (except as to any matter the decision on which expressly provided for in this agreement and also except as to any matter regarding which the service provider has given "No claim certificate" then same shall be referred to AVNL Units at AVADI/ CHENNAI/ HYDERABAD/ SECUNDERABAD/ SANGAREDDY/ JABALPUR/ NAGPUR/MUMBAI/NEW DELHI, who shall give his decision within 60 days or 30 days from the date of reference. If AVNL Units at AAVADI/CHENNAI/HYDERABAD/SECUNDERABAD/SANGAREDDY/ JABALPUR/NAGPUR/MUMBAI/NEW DELHI fails to make a decision within 60 days, or if the service provider is aggrieved by such decision, after 60 days but within 120 days of making reference to Chief Medical Director, the service provider shall demand in writing that the disputes or differences to be referred to arbitration of sole Arbitrator who shall be Gazetted Officer of the AVNL nominated by the General Manager, AVNL Units at AAVADI/CHENNAI/HYDERABAD/SECUNDERABAD/SANGAREDDY/ JABALPUR/NAGPUR/MUMBAI/NEW DELHI, in that behalf. Where the arbitral award is for the payment of money, no interest shall be payable on which or any part of the money for any period till the date on which award is made. Subject to aforesaid provisions, Arbitration and Conciliation Act 1996 and the rules there under and any statutory modifications thereof shall apply to the arbitration proceedings under this clause. Penalty clause for safe guarding in case of failure of service, partly unsatisfied services have to be taken care. "Subject to said arbitration clause in the agreement the jurisdiction of Courts of AVNL Units at AAVADI/CHENNAI/HYDERABAD/SECUNDERABAD/SANGAREDDY/JABALPUR/NAGPUR/MUMBAI/NEW DELHI shall only be applicable.
 34. In case of any court cases due to negligence/ deficiency of service, penalty and cost of litigation if any, awarded / ordered by any Hon'ble Courts / forums shall be borne by the service provider.

