



भारतीय विमानपत्तन प्राधिकरण
AIRPORTS AUTHORITY OF INDIA

No. AAI/DN/HRM/Hospital Empanelment/2024/

Dated: 27/03/2024

Chief Medical Superintendent
Himalayan Hospital
Swami Ram Nagar
Jolly Grant
Dehradun – 248 016 (U.K)

Sub: Extension of Validity of Empanelment of Hospital – reg.

Sir

Please refer to this office letter No. एएआई/डीएन/मासंप्र/हॉस्पिटल ईम्पेनलमेंट/25/2024/226 dated 12.02.2024 and consent letter No. HH/CMS/461-B/2024 dated 14/03/2024 of **Chief Medical Superintendent, Himalayan Hospital, Dehradun.**

2. In this context, we are pleased to inform that the Competent Authority has approved the Extension of Validity of Empanelment of your prestigious Hospital at Dehradun for further **period of 02 years i.e. 01.04.2024 to 31.03.2026** for treatment of officials of **AAI/CISF** and their dependents on **latest CGHS Rates or actual whichever is less.**

3. The extension has been approved as indicated above. The rates payable for various charges **will be as per latest CGHS Rates or actual whichever is less**, as agreed upon with Airports Authority of India, Dehradun by the hospital along with the application for empanelment and no revision will be applicable during the tenure of the contract.

4. It may kindly be noted that the cost of Nursing charges, telephone, laundry bills, food for the relatives, does not form the part of entitlement. All the employees have to bear the expenditure and at no stage this will be reimbursed to the employees if projected in the bills. Hospital itself has to collect these charges from employees.

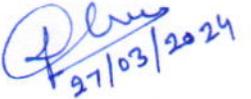
5. The Certificate of Chief Commissioner of Income Tax under Section 17(2)(ii)(b) and 197(i) of Income Tax Act 1961 regarding exemption of medical benefits from perquisites to be submitted to undersigned, if expired its validity.

6. The credit facility is to be provided by the Hospital for medical treatment in respect of AAI employees and their dependents. All the employees and their dependents seeking indoor medical facility are to be issued with the Authority letter for hospital by AAI, Dehradun on receipt of intimation from employees for taking treatment.

7. The empanelment of the hospital will be in force subject to the conditions mentioned in MOU, is to be signed by the Hospital with Airports Authority of India, Dehradun (copy of the same is enclosed for ready reference). Please forward the signed copy of MOU to the undersigned on Rs.100/- Non-Judicial Stamp Paper.

Thanking you,

Yours faithfully,


27/03/2024

(RANBEER SINGH)

ASSTT. MANAGER (HR)

For AIRPORT DIRECTOR, DEHRADUN

Encls: As above

Copy to:

1. GM (HR) NR, RHQ, New Delhi
2. AGM (Fin), AAI, Dehradun Airport
3. OSD to APD, AAI, Dehradun Airport
4. Office Copy

विमानपत्तन निदेशक, देहरादून हवाई अड्डा, देहरादून – 248 140, दूरभाष: 0135-2412052, फ़ैक्स: 2410358
Airport Director, Dehradun Airport, Dehradun – 248 140, Phone: 0135-2412052, Fax: 2410358

AGREEMENT FOR EMPANELMENT OF HOSPITAL BETWEEN

AIRPORTS AUTHORITY OF INDIA

AND

HIMALAYAN HOSPITAL

Swami Ram Nagar, Jolly Grant, Dehradun

(Name & Address of the Hospital)

This Agreement is made on the _____ Day of _____, 2024 between the Airports Authority of India having its Corporate Office at Rajiv Gandhi Bhawan, Safdarjung Airport through its Dehradun Airport, Dehradun (hereinafter called AAI, 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

M/s Himalayan Hospital, Swami Ram Nagar, Jolly Grant, Dehradun (Name & Address of the Hospital)

WHEREAS, M/s Himalayan Hospital (name of the Hospital) give the following treatment/diagnostic facilities to the AAI / CISF Beneficiaries in the Hospital.

1. DEFINITION & INTERPRETATIONS

- 1.1 The following terms and expressions shall have the following meanings 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 Holder / Dependent Member" shall mean a person having a AAI Medical Card.
 - 1.1.4 "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.
 - 1.1.5 "Empanelment" shall mean the Hospital empanelled by the AAI for a particular period for providing indoor treatment facilities and procedures etc. to the AAI beneficiaries at the rates agreed by the AAI.

1.1.6 "Hospital" shall mean the M/s Himalayan Hospital (Name of the Hospital) while performing under this Agreement providing medical investigation, treatment and the healthcare of human beings.

1.1.7 "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 AAI beneficiaries after following certain procedure of inquiry.

1.2 The Hospital is empanelled on **CGHS Rates**

1.2.1 "Package Rate" shall mean and include lump sum cost of inpatient treatment / day care/ diagnostic procedure for which a AAI beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time 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, (xi) Anaesthesia charges, (xii) Operation theatre charges, (xiii) Procedural charges / surgeon's fee, (xiv) Cost of surgical disposables and all sundries used during hospitalization, (xv) Cost of medicines, (xvi) Related routine and essential investigations, (xvii) Physiotherapy charges etc. and excluding expenses on telephone, tonics, cosmetics etc., (xviii) Nursing care and charges for its services.

1.2.2 The above shall be applicable to all specialities for which the hospital is empanelled either on CGHS rates or at their own rates.

1.2.3 The type of treatments & procedures etc. which are under research & development and have not been added into profile of the CGHS rates shall summarily be not allowed to pay.

1.2.4 **In case of hospital / nursing homes empanelled on CGHS rates, any item which is not covered in the CGHS rate list shall be paid on the basis of negotiated hospitals rates. The following rates/discount is applicable:**

Procedure – 15% (inclusive of all charges)

1.3 The Hospital shall charge from the AAI beneficiary as per the rates for a particular procedure / package deal as agreed by the AAI and attached as Annexure (rate list of the Hospital), which shall be an integral part of this Agreement.

1.4 **IMPLANTS/STENTS/GRAFTS**

i. The AAI beneficiaries are entitled for the implants/stents/grfts as per CGHS rates, The AAI beneficiary shall be informed about the type & cost of implant/stent to be used during surgery. In case a beneficiary demands for

specific type/brand of stent/implant then a written consent shall be taken from employee that he/she would bear the difference in cost between the actual & permitted ceiling as per CGHS rules as defined by AAI.

- ii. The Hospital shall submit a self certified undertaking that the hospital has not charged more than the rates at which the stents/implants have been procured by the hospital.
- iii. The empanelled hospital shall provide the following information about the stents used-
 - Batch Number
 - Outer pouch of the packet along with the sticker on it.
 - Copy of the relevant invoice pertaining to the procurement.

1.5 DURATION

The Agreement shall remain in force for a period of 3 years or till it is modified or revoked, whichever is earlier. The Agreement may be extended for subsequent period as required by AAI, subject to fulfillment of all the terms and conditions of this Agreement and with mutual consent.

1.6 MEDICAL AUDIT OF BILLS

- 1.6.1 The medical bills of the hospital will be audited by the AAI or any authority designated by AAI for that purpose. The Hospital shall submit the claim within 30 days of discharge of the AAI beneficiary from Hospital.
- 1.6.2 While submitting the bills, all the details/break-up charges shall be furnished e.g. charges for room rent, charges for investigations, medicines, consumables, charges for Doctor's visit, surgical/non-surgical procedures etc.
- 1.6.3 While submitting the indoor treatment claim bill, empanelled hospital shall submit a certificate with the effect that the charges of the non-payable items have not been included in the bill. Toiletries, Sanitary napkins, Talcum powders, mouth fresheners, sanitizers, thermometers, telephone charges, diet charges in favour of attendant and ambulance charges are the non-payable items.
- 1.6.4 All medical bills shall be duly signed with date & stamped by the attending consultant incharge & the Medical Superintendent (or any other designated administrative authority) before submission to AAI.

1.7 TREATMENT IN EMERGENCY

- 1.7.1 In emergency the hospital will not refuse admission or demand an advance payment from the beneficiary or his family member and will provide credit facilities to the patient whether the patient is serving employee or a retired

employee availing AAI medical facilities, on production of a valid AAI medical card. The Hospital will intimate to designated officer or AAI about such patient admitted in emergency by the next working day with the details of the disease, duration of stay, proposed treatment & approximate expenditure involved on treatment duly certified by the Medical Superintendent on the basis of the same the AAI will issue the authorization letter.

- 1.7.2 In all cases of non-planned or emergency admissions, the empanelled hospital shall submit a certificate of emergency admission duly justifying the clinical needs of the patient. The certificate shall duly be signed and stamped by the attending consultant & attested by the hospital's authorized signatory.
- 1.7.3 In case of AAI beneficiary is admitted in emergency conditions on a preceding day of holiday in odd hours or on holiday that the issuance of credit letter is not possible and after giving the required treatment that attending doctor advises patient to be discharged on the same day, then hospital authority shall not retain the patient for the want of credit letter as it costs to the company. The empanelled hospital may obtain the credit letter from the AAI on next working day on production of – (1) doctor's prescription justifying the need of admission & (2) emergency letter from the hospital duly signed & stamped by the authorized signatory.
- 1.7.4 The following ailments may be treatment as emergency which is illustrative only and not exhaustive, depending on the condition of the patient:
 - i. Acute coronary Syndromes (Coronary Artery By-pass Graft/ Percutaneous, Transluminal Coronary Angioplasty) including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supra Ventricular Tachycardia, Cardiac Temponade, Acute Left Ventricular Failure / Severe Congestive Cardiac Failure, Accelerated Hypertension, Complete Heart Block and Stroke Adam attack, Acute Aortic Dissection.
 - ii. Acute Limb Ischemia, Repture of Aneurysm, Medical and Surgical shock and peripheral circulatory failure.
 - iii. Cerebro-Vascular attach-Strokes, Sudden unconsciousness, Head injury, Respiratory failure, decompensated lung disease, Cerebro-Meningeal Infections, Convulsions, Acute paralysis, Acute Visual loss.
 - iv. Acute Abdomen pain.
 - v. Road Traffic Accidents/with injuries including fall.
 - vi. Severe Hemorrhage due to any cause.
 - vii. Acute Poisoning.
 - viii. Acute Renal Failure
 - ix. Acute Abdomen pain in female including acute Obstetrical and Gynecological emergencies.
 - x. Electric shock
 - xi. Any other life threatening condition.

2. GENERAL CONDITIONS

- 2.1 The treatment to be provided by the hospital as per terms of the Authorization Letter, which is issued for the treatment of specific ailment, as intimated at the time of seeking the Authorization Letter. If there are any additional complications/development with respect to the condition of the patient, the concerned officials of the AAI Medical Administration Division is to be intimated immediately.
- 2.2. On production of a valid permission by the AAI beneficiary, the hospital shall provide credit facilities to the beneficiary or his family members include in the AAI medical card after verifying the photo in the AAI medical card. The AAI is not liable to pay in cases of impersonation or treatment of ineligible persons.
- 2.3 The hospital will not supply inadmissible/non-payable items (as described in clause 1.6.3) to the patient or their attendants. In case the concerned employee or their attendants insist for such supplies, the corresponding charges are to be settled directly with the employee concerned. AAI will not be responsible for the payment of such items to the hospital.
- 2.4 The procedure and package rates for any diagnostic investigation, surgical procedure and other medical treatment for AAI beneficiary under this Agreement shall not be increased during the validity period of this Agreement.
- 2.5 The empanelled Hospital shall provide services only for which it has been empanelled by AAI. In case a new facility/procedure/service is added after the empanelment for which the rates were not available in the rate list approved by the AAI at the time of signing of agreement, the empanelled hospital shall inform formally in writing about the newly added facility/procedure/service along with their corresponding rates & the edited printed rate list to AAI & obtain the approval of the competent authority before rendering the services to AAI beneficiary so as to avoid delay in clearing of your claim bills.
- 2.6 A self certified undertaking is to be submitted by the empanelled hospital, within 15 days of date of empanelment, that necessary upgradation/changes have been made in the hospital systems regarding terms & conditions & approved rates for indoor treatment which are applicable to AAI beneficiaries. In case, the desired certificate is not submitted, AAI reserves the right to cancel your empanelment immediately without any notice.
- 2.7 In case, the Medical Bill Auditing Authority of AAI feels to have details of the indoor case file of the patient then the Hospital shall supply all the photo copies of the records from the same within 15 days of the demand.
- 2.8 The Hospital agrees that any liability arising due to any default or negligence in providing or 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.

- 2.9 The Hospital agrees that during the In-patient of the AAI 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/Agreed rates fixed by the AAI. In case there is a situation that the hospital is not able to arrange a particular medicine, which the patient was required to buy directly, then the hospital should issue a certificate to this effect.
- 2.10 The Hospital shall appoint a Nodal Officer to interact with AAI Officer for the causes arising out of a admission & treatment provided to our beneficiaries.
- 2.11 In case of any natural disaster/epidemic, the hospital shall fully cooperate with the AAI and will convey/reveal all the required information regarding the AAI beneficiary.
- 2.12. The Hospital will not make any commercial publicity projecting the name of AAI. However, the fact of empanelment under AAI shall be displayed at appropriate place with important information for the AAI beneficiaries.
- 2.13 In case the AAI patient is referred to some other hospital after few days of indoor admission then the Hospital should submit justification for the same. Also the empanelled hospital shall specify the reasons of admitting such patients.
- 2.14 In case of introduction of any new procedure/treatment which is not covered in SOC, the hospital will take prior approval before treatment/surgery as the case may be.
- 2.15 Expensive drugs/medicines wrapper would be attached with the bill (for medicines costing greater than INR 5000/-)
- 2.16 In case the entitled room category is not available with hospital, the patient will be upgraded the next higher room category for a period till his/her entitled class room category is available. The hospital will not levy extra charges for/due to this up-gradation.

3. DUTIES AN DRESPONSIBILITIES OF HOSPITALS

It shall be the duty and responsibility of the 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 of the land.

4. TERMINATION FOR DEFAULT

- 4.1 The AAI may, without prejudice to any other remedy for breach of Agreement, by written notice of default sent the Hospital terminating the Agreement whole of part.

- a. If the Hospital fails to provide any or all of the services for which it has been recognized within the period(s) specified in the Agreement or within any extension thereof if granted by the AAI pursuant to Condition of Agreement or
 - b. If the Hospital fails to perform any other obligation(s) under the Agreement.
 - c. If the Hospital in the judgment of the AAI has engaged in corrupt or fraudulent practice in competing for or in executing the Agreement.
- 4.2 If the Hospital found to be involved in or associated with any unethical, illegal or unlawful activities, the Agreement will be summarily suspended by AAI without any notice and thereafter may terminate the Agreement, after giving a show cause notice and considering its reply if any, received within 10 days of the receipt of show cause notice.
- 4.3 In case of any violation of the provisions of the Agreement by the Hospital such as (but not limited to), refusal of service, refusal of credit facilities to eligible beneficiaries, undertaking unnecessary procedures, prescribing unnecessary drugs/tests, deficient or defective service, over billing and negligence in treatment, the AAI shall have right to de-recognize the Hospital as the case may be.
- 4.4 Should the hospital get wound up, partnership is dissolved or taken up by some other hospital/authority, the AAI 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.
- 4.5 In case of any dispute arisen within the purview of this MOU, the decision of Competent Authority of AAI shall be final.
- 4.6 The jurisdiction of any dispute shall be at Dehradun.

5. PROCESS

- 5.1 The AAI Employees/Retried employees and their dependents will be admitted in your hospital on the basis of Authorization Letter issued by our office in each case.
- 5.2 The Hospital shall provide facilities to AAI for On-line admissions and Discharge processes.
- 5.3 Normally, the Authorization Letter for admission of employees is issued within 24 hours against receipt of Admission Letter from hospital. The admission letter from hospital shall contain the required details such as patient's details, name of disease(s), proposed treatment, duration of stay, estimated cost of treatment, cost of the proposed implants & processes etc. duly certified by the Consultant In-charge before same is forwarded to Department of Admission.

5.4 However, in case of emergency the patient may take treatment directly in your hospital on the basis of the Medical Card issued by the AAI and the office is to be informed accordingly within next working day.

5.5 The Hospital will nominate one Coordinating/Nodal Officer to liaise with the AAI.

6. CONTENTS OF DISCHARGE SUMMARY FORMAT

While submitting the indoor claims to AAI, the discharge summary must contain the following:

- 6.1 Patient's Name
- 6.2 Telephone No./Mobile No.
- 6.3 IPD No.
- 6.4 Admission No.
- 6.5 Treating consultants Name, contact number & department / specialty
- 6.6 Date of Admission with Time
- 6.7 Date of Discharge with Time
- 6.8 MLC No./FIR No. (wherever applicable)
- 6.9 Provisional Diagnosis at the time of Admission
- 6.10 Final Diagnosis at the time of Discharge
- 6.11 ICD-10 code(s) for Final diagnosis (wherever applicable)
- 6.12 Presenting Complaints with Duration and Reason for Admission
- 6.13 Summary of Presenting Illness
- 6.14 Key findings, on physical examination at the time of admission
- 6.15 History of alcoholism, tobacco or substance abuse, if any
- 6.16 Significant Past Medical and Surgical History, if any
- 6.17 Family History if significant/relevant to diagnosis or treatment
- 6.18 Summary of key investigation during Hospitalization (refer clause 7.4)
- 6.19 Discussion on clinical course of the patient during the Hospital stay (refer Clause 7.5)
- 6.20 Advice on Discharge (refer Clause 7.6)
- 6.21 Name & Signature of treating Consultant/Authorized Team Doctor
- 6.22 Name & Signature of Patient / Attendant

7. KEY FEATURES IN DISCHARGE SUMMARY

- 7.1 The patient's name should be the official name as appearing in the Authorization Letter/ Medical Card and the attendants should be made aware that it cannot be changed subsequently, because in some cases the attendants give the nick names which are different from documented names. As a matter of abundant precaution, all personal information should be shown to the patient/attendant and validated with their signature.
- 7.2 Where applicable, copy of MLC/FIR needs to be attached
- 7.3 Summary of key investigations should appear chronologically, consolidated for each type of investigation. If any investigation does not seem to be a logical requirement for the main disease / line of treatment, the admitting consultant should justify the reason for carrying out such test / investigation.

- 7.4 The course in the hospital should specify the line of treatment, medications. Administered operative procedure carried out and if any complications arise during course in the hospital, the same should be specified. If opinion from another doctor is obtained, reason for same should be mentioned.
- 7.5 The details of the attending consultant his OPD days/timings along with the contact numbers may also be provided for the convenience of patient to follow up the case.
- 7.6 Discharge medication, precautions, diet regime, follow up consultation etc. should be specified. If patient suffers from any allergy, the same should be mentioned.
- 7.7 The signatures/Thumb impression in the Discharge Summary should be that of the patient because generally the patient is discharged after having improved.
- 7.8 The feedback form from the patient/relative should be attached with the bill forwarded to rank the hospital in terms of services provided.

8. PAYMENT

- 8.1 The payment will be made to the Hospital within a period of 45 days from the date of submission of the bill subject the fulfillment of all above conditions.
- 8.2 The AAI reserves the right to make deductions in the bill for the levied charges which are either clinically not justifiable or are not in accordance with the provisions in the Agreement.
- 8.3 The payment will be made in the name of the designated Hospital authority by cheque or by other means of electronic transactions, as mutually agreed.

The above MOU duly signed & stamped with date by the Competent Authority of your Hospital may be returned to AAI as a token of acceptance of Agreement.

(Authorized Signatory)
M/s HIMALAYAN HOSPITAL, DEHRADUN

(AIRPORT DIRECTOR)
AAI, Dehradun Airport
Dehradun

In the presence of

(witness)

1. Name with Address Signatures

