



8/7/23



IndianOil

इंडियन ऑयल कॉर्पोरेशन लिमिटेड
(विपणन प्रभाग) : उ. प्र. राज्य कार्यालय-II
ई-8, सेक्टर-1, नोएडा-201301, उ. प्र.
Indian Oil Corporation Limited
(Marketing Division) U.P. State Office-II
E-8, SECTOR-I, NOIDA-201301, UP
Tel : 0120-2557150, 2547941
Fax : 0120-2538526
Website : <http://www.iocl.com>

विपणन प्रभाग
Marketing Division

Ref: IOCL/UPSO-II/HR/NH/10
M/s Himalayan Hospital, Dehradun,
Swami Ram Nagar, Jolly Grant
Dehradun, 248016

Date: 17.07.2023

Dear Sir,

Subject: Re-Empanelment of M/s Himalayan Hospital, Dehradun

We are pleased to convey that Indian Oil Corporation Limited has approved nomination of **M/s Himalayan Hospital, Dehradun**. For the treatment of its employees and their dependent family members, retired employees, and their family members, who are members of Post-Retirement Medical Benefit Scheme. The nomination of your hospital has been approved inter-alia on the services as follows:

a) Room rate/Bed Rates per day:

S. No.	Category	Room Type	Per Day Charges INR (After Discount)
1	Gd. I to V- Mktg./IBP Divn, Gd. I to IX-Other Divn.,	General Ward	650.00
2	Gd. VI to VII- Mktg./IBP Divn, Gd. I to IX-Other Divn.,	Semi Private Double	2000.00
3	Grade A0, A and A1	Semi-Private AC	2500.00
4	Grade B and C	Private Room	3500.00
5	Grade D to F	Private Room AC	4500.00
6	Grade G to H	Private Room AC	4500.00
7	Grade I	Suite Room AC	6000.00

The above-mentioned bed rates exclude Doctor Visit Charges, Nursing Charges, Dietician Charges and include Diet charges and RMO visit charges.

- b) Discount on common surgery rates: 7% discount (excluding implant, packages, pharmacy, and consumables)
- c) Discount on common procedure rates: 7% discount (excluding implant, packages, pharmacy, and consumables)
- d) Discount on total accrued bill on IPD services: 7% discount (excluding implant, packages, pharmacy, and consumables)
- e) Discount on OPD: 7 % discount on OPD Consultation (excluding implant, packages, pharmacy, and consumables)
- f) Discount on radiological / pathological test: NIL.
- g) Discount on physiotherapy: NIL.
- h) Discount on pharmacy: Nil.
- i) Discount on other services: 7% on OPD
- j) Details of Package Deals: As per SOR, Nil Discount on Package
- k) Details of any other facility/Services offered by hospital: Nil

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We give below our terms and requirements and the procedure for regulating indoor treatment/Hospitalization cases of our patient:

1. A serving employee/dependent family member and / or members of our Post-Retirement Medical Benefit Scheme eligible for treatment under our Medical Rules on request will be issued a letter addressed to you by one of the authorized signatories for extended all medical facilities during indoor treatment. The letter will initially be **valid for 15 days** and may be extended for a further period for which this office may be intimated in advance. Specimen of each of these letters is attached herewith for ready reference.
2. The letter would specifically mention the room/bed entitlement of the patient and it would be ensured by you, to the extent possible, to accommodate the patient as per his/her entitlement only.
3. Further, as per the entitlement of the employee/dependent family members, the hospital has to ensure that the treatment charges (i.e. charges for surgery, procedure, consultation etc) in respect of the referred patient shall be linked to the room/bed rates mentioned in the Hospital's schedule of Rates (SOR) under which the IOC's bed ceiling of the employee falls or the treatment charges shall be linked to the actual room availed by the employee, whichever is lower. Therefore, in case your hospital has provided an employee/dependent higher room category, irrespective of IOC's grade-wise room entitlement, the responsibility shall rest with the hospital to deduct the differential in the treatment charges from the employee concerned as arising out of the higher room/bed availed by the employee. The corporation shall make payment in such cases to your hospital provided the billing from the hospital specifies (with amount) that the differentials in the room rates as well as the treatment charges on account of availing higher bed/room category has been recovered from the employee/dependents.
4. In case of hospitalization, you will be required to send us the likely duration of hospitalization and the estimated cost of treatment of the patient. You will also keep us informed of the progress of the treatment at regular intervals.
5. You would accept only those letters as are signed by the authorized signatories whose particulars along with signatures will be intimated to you from time to time.

Amulika 17/7/23



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6. At the **time of discharge**, the hospital would be required to get the **signature of the employee or the patient** or by **one of the dependent family members** on the bills for having verified the contents thereof. Where the bill is signed by the patient/dependent family member, the **name and the relationship** with the employee should be clearly mentioned.
7. The hospital would be required to send the bills directly to us. The payment will be made by our Finance Department through ECS in due course of time.
8. The employee of other Divisions of Indian Oil Corporation Limited beside Marketing Division viz. Refineries Division, Pipelines Division and R&D centre may also be referred for hospitalization in your hospital. The offer of discount/services given by you shall be extended to all serving and retired employees and their dependents irrespective of the Division from where they are referred. The addressees of the respective Head Offices of other Division of IOC is annexed (enclose complete address of Divisional HOs other than the one nominating the hospital). The bills for payment may be forwarded to the respective offices of the Division from where the authority letter for hospitalization of the employee is received.
9. The hospital would also be required to extend all possible medical help during emergencies when the employee/patient is not able to produce the authority letter particularly after office hours or on closed days. In such a situation, the hospital authorities can verify identity of the employee through the identity card. The employee would, however, be asked to produce the authority letter within the shortest possible time. In case the patient has to be discharged before the authority letter can be produced; the full charges for hospitalization would be collected directly from the patient.
10. The schedule of **charges/Tariff** submitted to us will remain valid at least for a period of **24 months** from the date of acceptance of this letter. Any subsequent revision in the rates may be informed well in advance.
11. **No surgical sundries** like gloves, mask, bedsheets, trolley cover, camera cover, pillow cover, gauge, cotton, shoe cover, **specialised mattresses** like alpha beds, caps, masks gown, drapes, diapers, under pads, disinfectants, toilet preparations, deodorants, food supplements, needles, gloves syringes, alcohol wipes, bed bath wipes, cosmetics will be levied. Hospital will not charge extra against these items as room rents and OT charges are already being paid by the Corporation.
12. While submitting the bills, the following details/break-up of charges would be required to be furnished:



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- i. Details of patient and Name, Designation, Emp. Number of the employee with Ref. No. & date of the authority letter.
 - ii. Break up of charges for investigation/Tests, if any.
 - iii. Details of medicines, Injection & other consumables with quantity and charges.
 - iv. Number of visits of the doctors (with names) and charges during pre & post-operative period. The visits as are free during post-operative period would be indicated prominently.
 - v. Surgical procedure, OT charges, Anaesthesia & Anaesthetist charges separately. The names of the surgical procedure & the ailment would be indicated prominently in the Bill.
 - vi. In case the IOC beneficiary has stayed in the higher room category i.e. beyond normal bed category of the employee to which he was entitled to as per hospital's schedule of Rates (SOR) within the IOC's bed ceilings, the amount that has been recovered from the employee/patients towards differential bed charges, treatment charges, (like surgery, OT charges), needs to be mentioned clearly.
 - vii. Additional details as per reference letter in case of PRMAS members.
13. As per the information furnished by your Hospital, the hospital has valid Income Tax Exemption Certificate from appropriate authorities. IT exemption Certificate is valid till 31.03.2024. The hospital would be required to immediately inform as and when IT Exemption Certificate is withdrawn/cancelled.
14. India Oil Corporation Limited reserves the right to discontinue nomination of your hospital without assigning any reason whatsoever. The de-nomination of your hospital during the validity period of its empanelment can be considered on the ground of any activity/action of the hospital which is illegal or unlawful or which is against the regulation/ethics laid down by the statutory body Medical Council of India (MCI). The de-nomination of an empanelled hospital can also be considered on the ground of any proven case of unnecessary procedure, false/misdiagnosis, referral misuse and other irregularities or unethical or malpractices which directly affected its dealing with the corporation or its beneficiaries. In case of any deviation from the above specified terms or in case of any complaint reported from any of our employees regarding medical negligence or deficient services, Corporation shall have the right to seek a report/comments from the hospital. Corporation thereon may take further decision on continuation/discontinuation of the nomination in the interest of its employees. The Corporation also reserves the right to de-nominate the hospitals if less than 5% of the total beneficiaries have availed the nominated hospitals in the last 3 years.
15. Subject to the above specified conditions, **the nomination** of your hospital shall be valid for **5 years** from **01.04.2023** subject to renewal of IT exemption certificate by your Hospital, which is as applicable for the hospitals falling under Group 'A' i.e. the categorization method followed in IOC. After completion of the approved empanelment period, the hospital's empanelment status based on the need/requirement of



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the Corporation would be reviewed on the basis of the parameters/ format that were currently used for nomination of your hospital, as well as on the basis of the feedback/satisfaction scores given by our employees for the services provided by your hospital.

16. The parameter/weight ages/format used for the categorization/empanelment can be reviewed in-between as per the discretion of Management. The interim period between the completion of empanelment period and next review would be considered as empanelled status for the hospital unless conveyed otherwise.

You may kindly consider the above requirements and confirm its acceptance. Your reply may kindly be sent to us on priority.

Yours faithfully,

For & on behalf of Indian Oil Corporation Limited
General Manager (HR), UPSO-II

Received Original and accepted in toto

Chief Medical Superintendent
Himalayan Hospital
(A constituent unit of SRHU)
Swami Ram Nagar, P. O. Jolly Grant
Dehradun-248140
(Signature & seal of Hospital)

Date: