



URANIUM CORPORATION OF INDIA LIMITED

(A Government of India Enterprises)

Tummalapalle Uranium Mine, Po; Mabbuchintalapalle, VemulaMandal
YSR District, Andhra Pradesh -516349

EXPRESSION OF INTEREST (EOI)

EOI No. UCIL/TMPL/HOSPITAL/2, Dated 22-01-2022

‘Expression of Interest’ in one part is invited in prescribed format from Hospitals located within 15.0km of Tummalapalle Mine, or located in Pulivendula Township; being registered under “The Andhra Pradesh Private Medical Care Establishments (Registration and Regulation) Act, 2002; and having the following capabilities for **“MOU for inpatient & outpatient treatment including diagnostic tests, investigations, prescription, dispensation of medicines etc on credit basis”**

1. Capacity to cater to the medical needs of (i) about 500 departmental employees and their dependent family members; and (ii) approximately 120 employees of the agencies engaged by UCIL and their dependent family members; in accordance with their entitlements and their cases being individually referred to by Medical Officer of UCIL;
2. Having round the clock emergency facility to attend to casualties who may be referred from the mines, processing plant and other facilities of UCIL in order to provide timely medical aid as required, in conformity with applicable regulatory requirements.
3. Having round the clock ambulance facility for transportation of patients to higher medical centres during emergencies if appropriate speciality medical treatment facility is not available at this hospital.
4. The Hospital should have the ICU facility.

Last Date for Submission of ‘Expression of Interest’

02-02-2022

The full notification of the ‘Expression of Interest’ containing the prescribed format in which it is to be submitted along with other particulars can be downloaded from UCIL website <http://uraniumcorp.in/>. Corrigendum to this tender notification, if any, shall be displayed in the UCIL website <http://uraniumcorp.in/only>.

EXPRESSION OF INTEREST (EOI)

Subject: Expression of Interest for Hospitals for “**MOU for inpatient & outpatient treatment including diagnostic tests, investigations, prescription, dispensation of medicines etc on credit basis**”.

Uranium Corporation of India Limited is a public sector undertaking under administrative control of Department of Atomic Energy, Government of India spreaded over in the state of Jharkhand and Andhra Pradesh. We are having approximately 500 employees working at Tummalapalle unit of YSR Kadappa district, Andhra Pradesh. UCIL indents to empanel Hospital for providing medical facility to (i) about 500 departmental employees and their dependent family members; and (ii) approximately 120 employees of the agencies engaged by UCIL and their dependent family members in accordance with their entitlements and their cases being individually referred to by Medical Officer of UCIL. Total medical beneficiaries including employees, their dependent members and employees of engaged agencies is around 2500.

A. Qualifying Criteria:

1. The Hospital should be located within 15.0 Km of Tummalapalle Mine; or located in Pulivendula Township.
2. The Hospital should have the capacity to cater to the medical needs of (i) about 500 departmental employees and their dependent family members; and (ii) approximately 120 employees of the agencies engaged by UCIL and their dependent family members; in accordance with their entitlements and their cases being individually referred to by Medical Officer of UCIL
3. The hospital should have round the clock emergency facility to attend to casualties who may be referred from the mines, processing plant and other facilities of UCIL in order to provide timely medical aid as required, in conformity with applicable regulatory requirements.
4. The Hospital should have 50 no of Beds.
5. The Hospital should have ICU facility.
6. The hospital should have round the clock ambulance facility for transportation of patients to higher medical centres during emergencies if appropriate speciality medical treatment facility is not available at this hospital.
7. The Hospital should be registered under “The Andhra Pradesh Private Medical Care Establishments (Registration and Regulation) Act,2002”.
8. The Hospital must have Valid Fire clearance certificate. Documentary evidence must be attached.
9. The average annual financial turnover of the Bidder during last (3) three consecutive financial years ending 31st March’ 2020 shall not be less than **Rs60.00** Lakh.

B. Scope of Work:

1. The Hospital will extend its medical/surgical facilities on credit basis for inpatient & outpatient treatment including diagnostic tests, investigations, prescription, dispensation of medicines etc., to the employees of UCIL, Tummalapalle Project and their dependant family members in accordance with their entitlement and their cases being individually referred by Medical Officer, UCIL, Tummalapalle.
2. The hospital shall honor permission/ referral letter issued by authorized signatory of UCIL Hospitals along with Identity Proof of UCIL Beneficiary in Annexed Format (Appendix-A and Appendix-B), without delay and provide treatment/investigation facilities as per referral format on priority basis. The empanelled hospital will provide medical care on cashless basis as specified in the referral letter.
3. **Tenure of Contract:** The time allowed under this contract for Empanelment of Hospital for Tertiary Care in all respect initially for Three year from the date of order. Thereafter the contract may be extended on same discount, terms and conditions for further period on mutual consent subject to satisfactory performance.
4. The empanelled hospital shall continue its services till termination of order (Empanelment) by either side.
5. **Validity of rates:** The listed rates provided by the Hospital shall be valid for three years from the date of order. Empanelled hospital can only revise the rate after expiry of three years on mutual consent. However, if there are significant revisions in the rates to be applied because of extraordinary inflation or in view of more sophisticated methods or because of making the procedures more equipment-intensive, the rates may be revised under this agreement with prior approval of UCIL and with mutual consent. However, the Hospital shall give 30 days clear notice before such rate revision is to be effective.
6. **Discount:** The participating bidder shall give the discount (in %) applicable on All Types of Indoor and outdoor treatment on their total bill amount which covers all types of medical procedure (i.e. bed charges, diagnostic services, consultancy, radiological and pathological tests, fooding to patients etc. in all respect)
7. Subsequent to all types of investigation / treatment and in the event of Final Billing of UCIL's referral Patient, the Hospital must Certified that the rates charged by them in the bill is on either lower side or equal to the rates charged to other patient by them.
8. No payment on account of cosmetics, phone charges will be made by UCIL, The same is to be paid by patient himself.
9. Treatment charges for new born baby are separately reimbursable in addition to delivery charges for mother.
10. Cost of Implants / stents / grafts is reimbursable in addition to procedure charge.
11. Name along with contact details (Mobile/FAX/Email ids) of the responsible hospital for liaison with UCIL for patient care coordination shall be given.
12. If, on request of the beneficiary, treatment is provided in higher category of ward, then the expenditure over and above entitlement will have to be borne by the beneficiary and the hospital should charge the difference from him/her. Request for admission to a **ward higher / superior to the entitled/ referred ward** of the employees may be considered subject to obtaining an undertaking from the concerned employee to the effect that **they bear the difference** in

expenditure between the cost of treatment in their entitled/ referred ward and the actual ward in which treatment was chosen by them.

13. Room rent shall include charges for occupation of bed, diet for the patient, charges for water and electricity supply, linen charges, nursing charges and routine up keeping.
14. Arbitration- Notwithstanding anything contained in this contract, all questions, disputes or differences whatsoever which is not amicably settled as mentioned in Dispute resolution clause, between the parties to the contract, arising out of or relating to the work as per provision of the contract or matter related there to whether during the period of the contract or its failure or after completion of the contract, shall be decided by Arbitration and Conciliation Act, 1996 as amended from time to time. Parties shall endeavor to appoint an Arbitrator from a panel of Arbitrators, the names of which shall be provided by both the parties. In the event of failure of appointment of an arbitrator by the parties, the provision contained in Section 11 of Arbitration & Conciliation Act, 1996 as amended from time to time shall apply.
15. Prior permission should be obtained from UCIL Hospital before implant of Hearing Aid, Intra Ocular Lens, Knee implant and Hip implant.

C. Duties and Responsibilities of Empanelled Hospital

1. It shall be the duty and responsibility of the hospital at all times, to obtain, maintain and sustain the valid registration and high quality and standard of its services and healthcare and to have all statutory/mandatory licenses, permits or approvals of the concerned authorities as per the existing laws.
2. Any medico legal issue arising out of treatment of patients under this empanelment will be the responsibility of the empanelled hospital.
3. Indemnity- The empanelled Hospital shall all times indemnify and keep UCIL indemnified against all actions, suits, claims and demands brought or made against it in respect of anything done or purported to be done by Hospital in execution of or in connection with the services under this agreement and against any loss or damage to the UCIL along with (or otherwise), Hospital as a party for anything done or purported to be done in the course of the execution of this agreement. The Hospital will at time abide by job safety measures and other statutory requirements prevalent in India and will keep free and indemnify the UCIL from all demands or responsibilities arising out 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 UCIL and will not hold UCIL responsible or obligated. UCIL may at its discretion and shall always be entirely at the cost of Hospital defend such suit, either jointly with the Hospital or singly in case the later chooses not to defend the case.
4. The Hospital will not make any commercial publicity projecting the name of UCIL on Hospital Display board.
5. In case the empanelled Hospital for any reason does not wish to continue on the panel of UCIL, it can apply for exit from the panel by giving one month notice. In such case, patients already admitted in a hospital shall continue to be treated as per agreed rates.

D. Payment Terms

1. The hospital should submit bills within 30 days after the date of discharge of the patient or subsequent to outdoor treatment along with details and documentary evidence. Bills should be inclusive of taxes and duties as applicable. For bills raised, final payment shall be claimed to be made by UCIL. No additional payment for such bill shall be paid for any discrepancy/ difference found later on.
2. UCIL will release the payment within 60 days on receipt of the bills of the Hospital subject to completion of bills in all respect as well as compliance of all terms and conditions of agreement. However, in case any clarifications are required from the hospital authorities, arrangements shall be made to settle 80% of the bill amount within 45 days pending receipt of the clarification and the balance 20% shall be settled immediately on getting the clarification from the hospital. Any type of clarification or auditing of related papers of referred patients have to be taken up within 90 days from the date of discharge.
3. The Empanelled Hospital will send hard copies of bills along with necessary supportive documents to the UCIL for payment enclosing therewith copy of the medical record of every patient, discharge slip incorporating brief history of the case, diagnosis, details of (procedure done, blood bank notes, treatment of Medicines given etc.), reports and copies of investigation done, identification of the patient, referral letter from UCIL, original purchase invoice, stickers and envelopes of implants and details of treatment/procedure given, as applicable shall be submitted by the Hospital along with the bill.
4. Payment will be made in form of e-payment.
5. Original procurement invoice of the stents/implant/device used in the procedure along with its outer packing and sticker must be enclosed with the bills submitted for payment duly verified by treating specialist and authorized representative of Hospital.
6. Each and every paper/ record, so attached with the bills so meant for UCIL should be signed by the authorized representative of the Hospital.

E. Criteria for De-empanelment

De-empanelment of the Hospital may be done due to any one of the following reasons:

- a) Due to unsatisfactory services and proven case of malpractice or misconduct / medical negligence.
- b) Refusal of timely services to UCIL referred patients.
- c) Refusal to provide cashless treatment to UCIL referred patients.
- d) If accreditation by NABH/NABL is withdrawn at any stage in any of the empaneled hospital, under these circumstances that particular hospital will be de-empanelled.
- e) Discrimination against UCIL patients vis-a-vis general patients.

Note: Once any Hospital is de-empanelled, the Contract with that hospital shall stand terminated from the date of de-empanelment. Such hospital will be debarred for empanelment for a period of three year. If the hospital is black listed, it will be debarred from empanelment for a period of five years.

F. Arbitration

Notwithstanding anything contained in this contract, all questions, disputes or differences whatsoever which is not amicably settled as mentioned in Dispute resolution clause, between the parties to the contract, arising out of or relating to the work as per provision of the contract or matter related there to whether during the period of the contract or its failure or after completion of the contract, shall be decided by Arbitration and Conciliation Act, 1996 as amended from time to time. Parties shall endeavor to appoint an Arbitrator from a panel of Arbitrators, the names of which shall be provided by both the parties. In the event of failure of appointment of an arbitrator by the parties, the provision contained in Section 11 of Arbitration & Conciliation Act, 1996 as amended from time to time shall apply.

G. Miscellaneous

1. In emergency medical conditions of the patient, the Hospital should be prepared to inform reports over the telephone/email.
2. Nothing under this agreement shall be construed as establishing or creating between the Parties any relationship of Master & Servant or Principle and Agent between the UCIL and Empanelled Centre.
3. This agreement can be modified or altered only on written agreement signed by both the parties.
4. The legal jurisdiction of the courts is within the urban agglomeration of **Jamshedpur**, in case any legal dispute arises on the Arbitration Award.
5. The Tenderer shall not part with any information relating to contract or incidental there to, to third parties except where needed for the performance of the contract with prior consent of UCIL. In such case, the Tenderer shall ensure and obtain similar obligation of confidence from third parties in question.
6. The Tenderer should declare the details of his near relative(s) who are posted / working in any units of UCIL in enclosed format (Attachment-I). Breach of this condition by the party would entail termination of the contract.
7. Violation of any of the terms and conditions stipulated above amounts to breach of contract in which case the Security Deposit shall be forfeited and credited absolutely to the Government account.

H. General Terms & Conditions

1. The hospitals willing to express their interests shall have to provide a description of the facilities available as per **Annexure - I**. The Hospital shall have to provide supporting documents wherever required.
2. Agreement shall be entered with the successful Tenderer. Tenderer shall quote his rates as per terms and conditions of the said form which will form part of the Agreement.
3. All Tenders in which any of the prescribed conditions are not fulfilled or any Condition that is put forth by the Tenderer shall be summarily rejected.
4. Canvassing whether directly or indirectly, in connection with tenders is strictly prohibited and the tenders of such contractors who resort to canvassing are liable for rejection.

5. Tenderer shall intimate the names of qualified persons who are working with him in any capacity or are subsequently employed by him and who are near relatives to any employee working in UCIL or any other unit of Department of Atomic Energy. In case of any non-compliance of the above conditions by the Tenderer, their offer is liable for rejection.
6. All corrections shall be attested under the dated initials of the Tenderer.
7. Offers having proposals for only part of scope of work shall be rejected. Bidders have to accept the scope of work given in the tender in totality.
8. The 'General Terms and Conditions of the proposed MOU' shall be as per Annexure - II.
9. All the pages of the documents uploaded by interested bidders should be signed by the authorised signatory of the hospital with seal.
10. The prospective hospitals shall have to upload a comparative statement of the rates at which they wish to provide the service vis-a-vis latest CGHS rate. In case the rates are higher than the CGHS rates, a full Justification for charging higher rates should be enclosed. Those services, whose rates are not covered under CGHS, should be given separately indicating the existing signboard rate of the hospital vis- a-vis the rates at which the hospital proposes to provide the services to UCIL.
11. Hospitals expressing interest and fulfilling the Qualifying Criteria shall be shortlisted after on-site physical inspection by authorized officials of UCIL.
12. The rates of only the short listed hospitals shall be opened in the presence of the authorised representatives of the concerned hospitals.
13. The shortlisted hospitals may be called for negotiation and finalisation of MOU at the discretion of UCIL.
14. Mere participation in the EOI does not entitle a participant for entering into MoU with UCIL. UCIL reserves the right to enter into MOU with any one or more hospitals at its own discretion without assigning any reason thereof.

I. Mode of Submission of EOI

Hospitals fulfilling the PQC and willing to participate in the Expression of Interest shall have to submit the duly filled in particulars in prescribed format in Annexure – I through Courier /Speed Post in sealed envelope addressed to Chief Manager (E/P/A), Admin. Department, UCIL, Tummalapalle Mine, PO: Mabbuchintalapalle, Vemula Mandal, Dist: YSR (Kadapa), AP – 516349 super-scribed **with (i) EOI No. XXXXXX(ii) EOI Date:XXXXXXX;** (iii) Closing Date of the EOI; and (iv) Name of the EOI: **“MOU for inpatient & outpatient treatment including diagnostic tests, investigations, prescription, dispensation of medicines etc on credit basis”** so as to reach him on or before 3:00 PM on the due date and time fixed for the opening of the bids failing which the bid of the concerned party shall be rejected. Any other mode of submission will not be acceptable.

PARTICULARS OF HOSPITALS

Annexure-I

A. Location & CommunicationParticulars		
1.	Name of the city where Hospital /Diagnostic Centre is located.	
2.	Name of the Hospital /Diagnostic Centre	
3.	Year of Establishment	
4.	Affiliation Details	
5.	Address of the Hospital	
5.1.	Tel /Fax /E-Mail	
5.2.	Telephone No.	
5.3.	Fax	
5.4.	E-Mail Address	
5.5.	Name and Contact Details of Nodal Persons	
B. CommercialParticulars		
6.	Place of registration and principal place of business of the health care Organization or partnership firm etc.	
7.	Partnership Deed /Memorandum And Articles, If Any	
8.	GST registration	
9.	Customs duty exemption certificate and the conditions on which exception was accorded.	

10.	Financial Year	Annual Turnover
10.1.	2019 - 20	
10.2.	2018 - 19	
10.3.	2017 - 18	
C. Medical Officers & Staff (As on November 30, 2021)		
11.	No. of In-house (Resident) Doctors /Specialist /Consultants	
11.1.	Resident Medical Officer (RMO)	
11.2.	Specialists	Details
11.2.1.	General Medicine	
11.2.2.	General Surgery	
11.2.3.	Orthopaedics	
11.2.4.	Gynaecology& Obstetrics	
11.2.5.	ENT	
11.2.6.	Paediatrics	
11.2.7.	Dermatologists	
11.2.8.	Ophthalmology	
11.2.9.	Psychiatry	
11.2.10.	Dental Surgery	
11.2.11.		
11.2.12.		
11.3.	Super specialists	
11.3.1.		
11.3.2.		
11.3.3.		
11.3.4.		
11.3.5.		
11.3.6.		
11.3.7.		
12.	Visiting Consultants	
12.1.	Specialists	

12.1.1.	General Medicine	
12.1.2.	General Surgery	
12.1.3.	Orthopaedics	
12.1.4.	Gynaecology & Obstetrics	
12.1.5.	ENT	
12.1.6.	Paediatrics	
12.1.7.	Dermatology	
12.1.8.	Ophthalmology	
12.1.9.	Psychiatry	
12.1.10.	Dental Surgery	
12.1.11.		
12.1.12.		
12.2.	Super specialists	
12.2.1.		
12.2.2.		
12.2.3.		
12.2.4.		
12.2.5.		
12.2.6.		
12.2.7.		
13.	Total Employment (Other than Medical Officers)	
13.1.	Nurses & paramedical Staff	
13.1.1.	Total No. of Nurses	
13.1.2.	Total No. of Pharmacists	
13.1.3.	Total No. of Lab Technicians	
13.1.4.	Total No. of X-Ray Technicians	
13.1.5.	Trained Dialysis Technicians	
13.1.6.		
13.1.7.		
13.2.	Other Staff	

13.2.1.	Administrative Officers		
13.2.2.	Ministerial Staff		
13.2.3.	Canteen Staff		
13.2.4.	Sanitation Staff		
13.2.5.	Miscellaneous Staff		
D. Medical Statistics (During the Calendar Year 2018)			
14.	General Statistics		
14.1.	Total No. of OPD Cases		
14.2.	Total Number of IPD Cases		
14.3.	Total No. of Surgeries Performed		
14.4.	Total No. of Deliveries		
14.4.1.	Normal		
14.4.2.	LSCS		
14.5.	Total No. of Sterilisations		
14.5.1.	Vasectomy Operations		
14.5.2.	Tubectomy		
14.6.	Total No. of Eye Surgery		
14.7.	Miscellaneous Surgeries		
14.8.	No. of Dialysis		
14.9.			
15.	Miscellaneous Statistics		
15.1.	Medical Negligence Cases (Fresh Cases)	Year 2018	
15.1.1.	Investigations Completed		
15.1.2.	Investigations Pending		
15.2.	Total Mortality Reported by Hospital		
15.2.1.			
15.2.2.			
E. Facilities, Infrastructure			
16.	Categories of Beds Available	Number of Beds	Occupancy Rate
16.1.	Causality		

16.2.	ICU(Adults)		
16.3.	NICU		
16.4.	PICU		
16.5.			
16.6.	Wards & Cabins		
16.6.1.	General Ward		
16.6.2.	Semi-Private Wared (Specify Capacity)		
16.6.3.	Cabins		
17.	24 - Hour Casualty / Emergency Room with		
17.1.	Emergency Set Up	For Round the Clock Service	
17.1.1.	Emergency Patient Reception Room		
17.1.2.	MedicalOfficer 24 - Hour Casualty & Anaesthesiology MedicalOfficer		
17.1.3.	Pharmacists & Nurses		
17.1.4.	Oxygen & Artificial Ventilator		
17.1.5.	Minor Operation Theatre		
17.1.6.	Ambulances (Specify Number) - Own		
17.1.7.	Ambulances (Specify Number) – Tie Up		
17.2.	If Surgical Services/ Day Care Treatments are offered:	Round-the-clock availability (or on-call)	
17.2.1.	Surgeon		
17.2.2.	Anaesthetist		
17.3.	If maternity services are offered.	Round-the-clock availability (or on-call)	
17.3.1.	Obstetrician		
17.3.2.	Paediatrician		
17.3.3.	Anaesthetist		
17.4.	If special services are offered	Round-the-clock availability (or on-call)	
17.4.1.	General Surgery		

17.4.2.	Endoscopy	
17.4.3.	Orthopaedics	
17.4.4.	ENT	
17.4.5.	Ophthalmology	
17.4.6.	Dental	
17.4.7.		
17.4.8.		
17.4.9.		
18.	Special Investigation Facilities	
18.1.	Radiological Services	
18.1.1.	X-Ray Room	
18.1.2.	Bed side X-Ray	
18.1.3.	Dental X-Rays (OPG)	
18.1.4.	Ultrasound	
18.1.5.	CT Scan	
18.1.6.	MRI	
18.1.7.	Doppler Studies	
18.1.8.	2-D Echo	
18.1.9.	ECG	
18.1.10.	EEG	
18.1.11.	Nerves Conduction Study	
18.2.	Laboratory	
18.2.1.	Pathology	
18.2.2.	Histopathology	
18.2.3.	Haematology	
18.2.4.	Biochemistry	
18.2.5.	Microbiology	
18.2.6.	Automatic Blood Testing	
18.3.	Other Tests	
18.3.1.	Pulmonary Function Test	

18.3.2.	Audiometry Test Room	
18.3.3.	Tread Mill Test (TMT)	
18.3.4.	ENT Room	
18.3.5.	Ophthalmology Room	
18.4.		
19.	Special Care Facilities	
19.1.	Operation Theatre	
19.1.1.	Labour Room	
19.1.2.	Minor Operation Theatre	
19.1.3.	Major Operation Theatre	
19.1.4.	Special Operation Theatre (HIV /HBSAG /Sepsis Cases etc)	
19.1.5.	ICU	
19.1.6.	NICU	
19.1.7.	PICU	
19.1.8.	Dialysis Unit	
19.1.9.	Cath lab Facilities	
19.1.10.	Dental Care Room	
19.2.	Blood Bank	
19.3.	Burns Unit	
19.4.	Physiotherapy	
19.5.		
20.	General Facilities & Services	
20.1.	Mortuary Facility	Yes /No
20.2.	Bio-medical Waste Management Facility	
20.3.	Fire Safety Services	
20.4.	Alternate Emergency Power Source	
20.5.	Canteen	
20.6.	24-Hour Pharmacy Services	
20.7.	Safe Drinking Water Availability	
20.8.	Computerised Hospital Information	

	Management System	
20.8.1.	Billing System	
20.8.2.	Patient Medical Records	
20.8.3.	Epidemiology Statistics (Statutory)	
20.8.4.	Non-Medical Records	
20.9.		
F. Certifications /Licensesetc		
21.	APMEA (Registration)	
22.	(Pre conception and Prenatal Diagnostic Techniques Act) PNDT Registration	
23.	License for Running Blood Bank, if available	
24.	Pollution Control Board (PCB) Certificate	
25.	Fire Safety Clearance	
26.	Dangerous & Offensive Trade License	
27.	Authorisation for operating a facility for collection, reception, treatment, storage, transport and disposal of Biomedical Wastes	
28.	Pharmacy License	
29.	Narcotic License	
30.	Transplantation of Human Organs Registration Certification	
31.	Registration Certificate of Ambulances	
32.	Registration Certificate from DM and HO for Diagnostic Tie-up	
33.	Occupancy certificate	
34.	Building Plan Approval	
35.	Is the Hospital empanelled for PMRSSM (PradhanMantriRashtriyaSwasthyaSuraksha Mission)?	
36.		

DRAFT MEMORANDUM OF AGREEMENT

THIS AGREEMENT has been entered on the _____ by and between <Hospital Name> situated at _____, here in after referred to as <Hospital Name> represented by its Managing Director which term shall mean and include his representatives, assigns and successors in office on the **first part:-**

AND

URANIUM CORPORATION OF INDIA. LTD., having its registered office situated at **Jaduguda, JHARKHAND** represented by its <UCIL Representative> for here in after referred to as UCIL, Tummalapalle Project which term shall mean and include representatives assigns and successors in office on the **second part.**

WHEREAS the **URANIUM CORPORATION OF INDIA LTD.** was interested in identifying and recognizing a hospital for the benefits of its employees. Whereas <Hospital Name> (second party herein) has offered to render its medical services to **UCIL, Tummalapalle Project's** employees and their dependent family members at the rates of Hospital Tariff with **XX % discount** at the time of utilization.

Both the parties have mutually agreed and enter to this agreement.

THIS AGREEMENT WITNESS AS FOLLOWS:-

The <Hospital Name> hereby agrees to extend its medical/surgical facilities on credit basis for inpatient & outpatient treatment including diagnostic tests, investigations, prescription, dispensation of medicines etc., to the employees of UCIL, Tummalapalle Project and their dependant family members in accordance with their entitlement and their cases being individually referred by **Medical Officer, UCIL, Tummalapalle.**

While seeking treatment in <Hospital Name> the concerned employee/dependant family members will produce two copies of the referral letter from the Medical Department of UCIL, TMPL which will contain name, status of the employee and the clinical unit recommended along with the entitlement of ward as single/semi private/general or amount per day duly signed by Medical Officer, UCIL, TMPL. If it is for the dependent family members of the employees then also details of the employees should be given.

The <Hospital Name> will not be liable for any claims or compensations other than those related to the treatment provided by <Hospital Name> .

PAYMENT TERMS

1. The <Hospital Name> authorities shall submit the consolidated and break-up bills.
2. UCIL, Jaduguda on receipt of the medical bill from the hospital, shall settle the same within 60 days from the date of receipt of the bill. However, in case any clarifications are required from the hospital authorities, arrangements shall be made to settle 80% of the bill amount within 45 days pending receipt of the clarification and the balance 20% shall be settled immediately on getting the clarification from the hospital. Any type of clarification or auditing of related papers of referred patients have to be taken up within 90 days from the date of discharge.
3. This agreement could be annulled by either party by giving one-month notice in writing subject to settlement of all outstanding claims. Notwithstanding the annulment, the parties continue to be

covered under the agreement till, said claims are finally settled.

4. The <Hospital Name> shall charge at the rates as per its tariff provided vide letter no. nil dated <Date>. The tariff provided by the Hospital vide <Letter No. and Date> will be valid for three years with effect from the date of signing of agreement by both the parties.

OTHER TERMS & CONDITIONS

1. UCIL, TMPL shall refer patients only for inpatient & outpatient (hospitalization) treatment.
2. Based on the cadre, UCIL, TMPL shall in all cases, mention the maximum room rent eligible for each case. Or shall indicate the eligible type of room. AC or Non-AC as Double Bed /Single/Deluxe.
3. Difference in charges for room utilized and eligible will be collected by <Hospital Name>_ from the patient at the time of discharge.
4. At rare situations. <Hospital Name>_ Doctor may admit a patient in a higher bed for clinical reasons.
5. Bills will be based on <Hospital Name>_ tariff provided vide <Letter No. and Date>, which will be valid for three years with effect from the date of signing of agreement by both the parties.
6. For rare tests / investigations, which are not available in <Hospital Name>_, nevertheless clinically necessary for the patient, may be done in other centers. Bills for this will be enclosed for the settlement by <Hospital Name>_. Such a situation will arise very rarely.
7. Very rare and exceptional treatment modalities might have bills crossing **Rs. 2.00 lakh**. However, for treatments crossing 1.00 lakhs & above 75% advance of the estimated cost has to be remitted prior to commencement of treatment. As a policy, <Hospital Name>_ always keeps the interests of the referral organizations.
8. Termination of the contract can be effected by either party by giving one month (30 days) notice. However, patients in the hospital during the 30 days will continue to get the treatment till discharge. UCIL shall be obliged for the settlement of such bills also. UCIL however should not refer any patient during this period.
9. The charges for diet of patient, if any, from the hospital dietary will be included in the patient's bill for settlement by UCIL.
10. Your referral letters shall be valid for 60 days only. This means, that your patient should report to <Hospital Name> before the expiry of 60 days from the date in the referral letter.
11. If an item is utilized by the patient, which was clinically necessary, it should not be construed as an inadmissible item and denied payment. Hence, it is important that UCIL settles the full bill with <Hospital Name>_ and collects any inadmissible charges from the staff's salary later on.
12. Payment of bills can be made either by multi city cheques of SBI/HDFC/ICICI banks or by Demand Drafts favoring "_____", payable at _____ code: _____, with a covering letter to the undersigned by mentioning the patient's Name, Hospital No., & Bill No. EFT services also can be availed by _____, provided, each fund is transferred to _____ with patient's and bill's details.
13. In case the company makes any type of deductions in their payments, the reason for such deduction should be mentioned, clearly in the cheques/DD covering letter.
14. The following documents shall be enclosed with our inpatient bills.
 - a. Consolidated bill
 - b. Detailed bill with drug details
 - c. Xerox copy of company referral letter

15. For transplants, UCIL, TMPL may refer only the patient. But <Hospital Name> shall send both the bills of the patient and the voluntary donor. UCIL is obliged to settle both the bills.
16. Ambulance services shall be provided by **<Hospital Name>** to patients, under very special circumstances. UCIL shall be obliged to settle this item in the bill, under such circumstances.
17. If there is a change of address, UCIL / <Hospital Name> is obliged to inform the change of address at the earliest.
18. The patient inpatient or outpatient referred may be examined immediately over the patients in queue & in respect of normal hospital's timing exclusively for OPD.

Signed on this day at _____, _____ by both parties on the date, month & year first above written

Signature Authorised
Representative of
Uranium Corporation Of India Ltd.,
Tummalapalle

Signature Of
Hospital Authority From
<Hospital Name>

यूरेनियम कॉरपोरेशन ऑफ इंडिया लि.
(भारत सरकार का संस्थान)



URANIUM CORPORATION OF INDIA LTD
(A Govt. of India Enterprise)

An ISO 9001 : 2008, ISO 14001 : 2004, IS 18001 : 2007 Company

IDENTITY CARD

(To be carried during treatment at
Outside Hospitals)
(To be filled by Personnel Office)

Photo

Name of Card Holder : _____ Date of Birth : __/__/____

Sex: _____ Marital Status : _____ Relationship with Employee : _____

Mark of Identification : _____

(PARTICULARS OF EMPLOYEE)

Name of Employee : _____ Emp. No. : _____

Designation : _____ Date of Birth : __/__/____

Sex : _____ Dept/Section : _____ Unit : _____

Residential Address : _____

Signature of Card Holder

Signature of C.M.O.

जादुगोड़ा माइन्स, सिंहभूम (पूर्व), झारखण्ड - 832102 JADUGUDA MINES, Singhbhum (East), Jharkhand - 832102

Phone : 0657-2730122 / 2730222 / 2730353, Fax : 0657-2730322 / 2730353

E-mail : uranium@ucil.gov.in, Website : www.ucil.gov.in

URANIUM CORPORATION OF INDIA LIMITED : JADUGUDA HOSPITAL
(Government of India Enterprise)
Jaduguda Mines, Distt- East Singhbhum, Jharkhand - 832102
Phone: (0657)2730122 / 2730222 / 2730353, Fax: 2730322/ 2730353
Corporate Identification Number : U 12000 JH 1967 GOI 000806

REFERRAL LETTER

(For O.P.D. / Emergency / Indoor Patient)

Ref. No. JAD/...../NA

Date :

Time : hrs

To

Sir / Madam,

The patient-....., Age- years (**Female**), Relationship with employee-
....., Employee's name-....., Design-....., Emp. No.-
....., Deptt-, Name of Unit-..... is referred to your hospital /
clinic for kind examination / treatment / investigation as follows :-

1. For
2. Hospital / treatment / investigation charges will be borne by us according to your prescribed charges.
3. The patient may be admitted as in patient in general ward if required.
4. The investigation report may be handed over to the party or sent to us by post.
5. The bill in duplicate may be sent to us mentioning Ref. No. with date against the patient name or supported by a copy of this letter for early payment.

Note : Patient's Identity Card with photo affixed is to be verified at your end.

Yours faithfully

Chief Medical Officer