



राज्य चिकित्सा आयुक्त कार्यालय (कर्नाटक)

OFFICE OF THE STATE MEDICAL COMMISSIONER (KAR)

कर्मचारी राज्य बीमा निगम

EMPLOYEES' STATE INSURANCE CORPORATION

सं.10, बिन्रीपेट, बिन्री फील्ड्स, बेंगलूर 560023

NO. 10, Binnypet, Binny Fields, Bangalore-560023.

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1. INTRODUCTION:-

Employees' State Insurance Corporation (ESIC) is a statutory organization under the Ministry of Labour and Employment, Govt. Of India providing comprehensive health care through a network of Hospitals & Dispensaries to its Insured Persons (Registered Employee) and their dependent family. Employees' State Insurance Corporation(ESIC) Karnataka is in the process of association with Private Clinics (MBBS or above Doctor) to provide Primary Medical Care Services in various areas of Karnataka State as per **Annexure – I** under ESI Scheme.

In its Reform Agenda under ESIC 2.0, the ESIC has decided to expand its services in all areas of the Karnataka State. In this endeavor, in order to extend its coverage to the new areas it intends to provide Primary Medical Care Services by empaneling Private Clinics & Nursing Homes. **Every such empaneled clinic would be paid Rs. 500/- per I.P(Insured Person) per annum as a package (inclusive of consultation, basis investigation and drugs as per list attached.)**

TERMS AND CONDITIONS:-

1. Scope of Services & Modalities of Operation: The Private Clinics/Nursing Home shall be selected for each location in a transparent manner. The details of Expression of Interest (EOI)/Application form is available at **Annexure - II**.

The Private Clinic (MBBS or above Doctors)/Nursing Home shall be responsible for providing inter – alia the following services:-

- (a) OPD services for six days in a week
- (b) Provide following essential laboratory services Hb, Blood Sugar & Urine (albumin/sugar)
- (c) Providing drugs as per list attached
- (d) Record keeping and issue of various certificates.

2. **Eligibility: Minimum qualification is MBBS** or any other equivalent qualification recognized by the Medical Council of India. Should be registered with the State Medical Council/Medical Council of India or as **Should be less than 67 years of age at the time of entry**. Age of continuation as IMP should not exceed 70 years. Should have minimum experience of 2 years in general practice in a clinic/hospital or both after obtaining his medical degree. Must be medically fit as certified by Registered Medical Officer.

3. **Infrastructure requirement in Dispensary/Clinic:** The clinic should have the following:-

- (a) Space for waiting.
- (b) Consultation cum Examination room.
- (c) Dispensing room/area.
- (d) Facility for basic investigations like Hemoglobin, Blood Sugar and Urine: sugar & albumin.
- (e) Toilet.

3.1 There should be clear title regarding tenancy or ownership of the premises, i.e. rent agreement issued in the name of the applicant or some other document/s to prove the legal ownership of the clinic.

3.2 The IMP must have a computer with internet facility so that IMP is able to verify eligibility of the beneficiaries and for on line transactions concerning his role as IMP.

3.3 The IMP must have the minimum prescribed surgical and medical equipment required on day to day basis for medical practice as detailed in enclosed Annexure. III

3.4 The IMP must have a minimum of two contact numbers, one of which must be a mobile phone.

4. **TENURE**

4.1 Contract period of IMP shall be for one year, renewable every year, for a maximum period of three years. In exceptional cases, this may be extended to five years. Maximum age of IMP will be 70 years, subject to medical fitness. The selected Private Clinic/Nursing Home should sign a Contact Agreement with ESIC.

4.2 The performance of the IMP shall be monitored by the Committee constituted by the SMC. The Committee shall submit its report to the SMC ESIC (KAR). The renewal of the tenure shall be decided on the basis of these reports. The Committee may also make surprise inspections at any reasonable time to check: -

- (a) The condition and infrastructure of the clinic.
- (b) Whether records are being maintained properly.
- (c) Whether medicines are being dispensed in accordance with the prescribed norms/instructions.

(d) Whether returns are being sent as prescribed.

5 **TERMS OF SERVICE.** He/She will provide treatment to:-

(a) All insured persons and their dependent family members attached to him.

(b) Any insured person or his dependent that needs treatment in case of an accident or any other emergency.

6. **DUTIES AND FUNCTIONS:-**

Working hours:

6.1 **Total no of working hours: 7 hours per day.** The Clinic must must open for a minimum 4 hours in the morning , starting not earlier than 8:00 AM and not later than 9:00 AM and 3 hours in the evening, starting not earlier than 5.00 PM and not later than 6.00 PM.

6.2 One day weekly off. The clinic timings will be intimated to the SMC ESIC (KAR).

6.3 IMP should display the clinic timing, the facilities available including investigation and medicines prominently on a Notice Board as specified in Annexure- IV

6.4 An IMP is required to provide treatment to his patients to the extent that is generally given by a General Medical Practitioner.

6.5 He shall render whatever services as possible in the interest of the beneficiary in case of an emergency, including difficult/complicated maternity cases.

6.6 He shall provide essential medicines in the clinic as per list provided by the Corporation Annexure-V

6.7 He shall issue Medical Certificates free of charge, as reasonably required for sickness, maternity, employment injury and death etc. as under regulations or as may be required from time to time by the Corporation or the SMC ESIC (KAR).

6.8 IMP should maintain monthly record of patients visit,distribution of medicine and complaint Register that are required to be maintained and send monthly reports to SMC (KAR) as per Annexures -VI, VII & VIII respectively.

6.10 He shall accept ESIC 86, TIC, ESIC-37, 105, 166, 48 etc. as prescribed by the Corporation.

6.11 He shall refer beneficiaries who require consultation with Medical Referee (MR).

6.12 He shall afford access to the MR at all reasonable times to his clinic where the records required by these terms of service are kept for the purpose of inspection of such records and to furnish to the MR such records or necessary information with regard to any entry therein, as he may request.

6.13 He shall answer in writing, if needed, within a reasonable period as specified by the MR, any query/clinical information regarding any IP to whom the IMP has declined a Medical Certificate.

7. **MONITORING:** The Committee constituted by the SMC (KAR) ESIC would monitor functioning of IMPS by carrying out surprise inspection of IMPs. The committee shall inspect mainly the following functions:-

- (i) Whether records are being maintained properly
- (ii) Whether medicines are being dispensed in accordance with the prescribed Norms/ instructions.
- (iii) Whether the necessary information have been displayed prominently on the Notice board.
- (iii) Annually review performance of the IMPs and the report of the same shall be submitted to the SMC ESIC (KAR).

8. **PAYMENT:-**

8.1 Each IMP will be allowed to enroll up to 2000 families with a package remuneration of Rs.500/- per IP family per annum, which will include providing of primary health services to IP and his family, distribution of drugs, issuance of medical certificate and investigation facility for Urine (albumin and sugar), Hemoglobin, and blood sugar. An additional amount of Rs . 10,000/- per year shall be provided to the IMP in two installments payment in the month of June and December for the maintenance of computer System with Internet facility.

8.2 Payment to Empaneled clinics/Nursing Homes/Hospitals shall be made quarterly based on number of IPs registered with the IMP.

9. **I.P. and IMP:-**

9.1 An IMP may remove the name of an insured person or any family member from his/her list, after informing the SMC ESIC (KAR), giving proper reason for removing the name. The removal of such a person shall commence after one month of such information being submitted to

the SMC ESIC (KAR) . The notice given during a spell of illness or Temporary Disablement of an IP shall take effect only after one month after the date when the IP is fit to work. Till such time the IMP shall treat that person as before.

9.2 If IMP cannot for some reason make himself available to attend his dispensary, he shall make alternate arrangement for securing the treatment of insured persons and their family attached to him in his clinic. He shall inform through e-mail & over phone to SMC ESIC (KAR), of the proposed absence and arrangement made thereof for the treatment of IPS and their families.

Desirous Doctors/Private Clinics/Nursing Homes/Hospitals having infrastructure and minimum two year experience in health sector may send their Expression of Interest as per format given in **Annexure – II** duly filled and signed by authorized signatory after affixing a front photograph showing name of Clinic/Nursing Home/Hospital alongwith photograph of authorized signatory in sealed envelope super scribed “**Expression of Interest for empanement of IMP**” submitted to the **OFFICE OF THE STATE MEDICAL COMMISSIONER (KAR), EMPLOYEES’ STATE INSURANCE CORPORATION, NO. 10 , Binnypet, Binny Fields, Bangalore – 560023 on or before 15 Dec 2017**.

Based on scrutiny of application and conditions of Clinics/Nursing Home/Hospitals found satisfactory after inspection, the application for empanelment may be considered and an agreement will be signed.

State Medical Commissioner will have sole right to accept or reject any application without assigning any reason.

STATE MEDICAL COMMISSIONER (KAR)

Annexure - I

PLACE OF INSURANCE MEDICAL PROCTITIONERS (I.M.P.) TO BE APPOINTED

Sl No.	Name of District	Any place in following Taluk
1.	BIDAR	Bidar
		Basavakalyan
		Bhalki
		Humnabad
		Aurad
2.	Chikkaballapur	Chikkaballapur
		Chintamani
		Gudibanda
		Bagepalli
		Gowribidanur
3.	Chikkaballapur	Kadur
		Mudigere
		Sringeri
		Koppa
		Narasimharajapura
		Tarikere
4.	Kodagu	Madekeri
		Somwarpet
		Birajpet

Annexure-II

FORMAT OF APPLICATION FOR USE OF CANDIDATES FOR INCLUSION IN MEDICAL LIST AS INSURANCE MEDICAL PRACTITIONER UNDER THE EMPLOYEES' STATE INSURANCE SCHEME.

PASSPORT SIZE PHOTOGRAPH OF THE AUTHORIZED PERSON/OWNER	PHOTOGRAPH OF THE CLINIC/NURSING HOME, FRONT SIDE WITH NAME
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1. Name full in block letters:-.....
2. Date of Birth
3. Sex.....
4. Name of spouse if married.....
5. Next of kin/Nominee
6. Medical qualification and other post graduate qualification :-

University /ExaminationBoard	Particulars of Qualification	Date of Qualification

7. MCI/State Medical Council registration no:
8. Full residential address:-.....

9. Email Id:..... Phone nos.....
10. Name of the Nursing Home/Hospital/Clinic with full address:

11. Distance between notified area and clinic:.....
12. Date from which practicing in the locality:-.....
13. Registration Number of Nursing Home/Hospital/Clinic:-
- (a) Valid upto:-.....
- (b)Name of issuing Body:-.....
14. Accommodation in Clinic:-.....

Room	Area in Sq. Feet	Function

Do You have:-

I.	A separate Consultation Room?
II.	Space where Patients can wait?
III.	Your own dispensing arrangements?
IV.	A lab facilities?
V.	A toilet?
VI.	A computer with or without internet facility?

15. Clinic Timings : _____

16. Details of MBBS doctors who will provide primary medical care to Insured Persons:-

Name of MBBS Doctor	KMC/MMC/MCI Reg. No. (Attach self attested copy MMC/MCI Reg. Certificate)	Specimen Signature	I.D. Number(Attach documentary proof – Aadhar Card/Pan Card)

17. Key Person Details (Owner/Proprietor/Partners/Directors):-

Name & Designation	Contact Number	Specimen Signature	I.D. Number(Attach documentary proof – Aadhar Card/Pan Card)

18. Availability of ancillary staff in Dispensary /Clinic?

Designation	Full Time	Part Time

19. Have you ever been debarred/penalized by the MCI/State Medical Council?

20. If selected on the Medical List, how many insured persons are you prepared to have on your list (Max: 2000)

21. Status of clinic (please tick)
 (a) Self owned (b) Rented

22. State equipment and appliances maintained in your dispensary as per attached list.

23. Experience as General Medical Practitioner* :-

Period		Address of the Clinic
From	To	

* The applicant should have at least experience of 2 years as general practitioner.

24. Whether you were previously an IMP under ESI Scheme? If so, please state Code no. and reason for withdrawal of name from Medical List.

Documents to be submitted	Attached (Yes/No)
1. Valid Nursing Home registration Certificate (Self Attested)	
2. MMC/MCI Registration Certificate of the MBBS Doctors (Self Attested)	
3. Copy of ID proof attested	
4. Copy of TAN/VAT/CST certificate (Self Attested)	
5. Copy of Pan Card (Self Attested)	
6. Proof of Date of Birth	

DECLARATION

I/We.....(Name and address of the persons with whom MOU has to be signed) hereby declare that all the documents submitted by me/us for empanelment with ESIC for providing Primary Medial Care are genuine and valid (Sl. No. 1 to 24) to the best of my/our knowledge. I/We hereby also declare that our firm has not been blacklisted/debarred by any Central/State Govt. institutions/Organization.

Date:-.....

Place:-.....

Signature of the authorized person
(Name, Designation and Address Stamp)

**MINIMUM LIST OF MEDICAL AND SURGICAL EQUIPMENT TO BE MAINTAINED B AN
INSURANCE MEDICAL PRACTITIONER**

The clinic should have the following:-

1. Instruments for dressing of wounds.
2. Instruments for suturing of simple wounds.
3. Instruments for incision and drainage of abscess.
4. Splints of various sizes.
5. Basic clinical examination equipment.
6. Lab Inv. Facilities.

Please indicate availability/non-availability of the following items:-

Sl. No	Article(Name of article)	Availability (Yes/No)	Sl. No	Article(Name of article)	Availability (Yes/No)
1	Bandages assorted		22	BP Apparatus	
2	Dressing drum		23	Spud, eye	
3	Folevs Catheter		24	Sterilizer portable	
4	1-0 Sterilized Silk Suture		25	Stethoscope	
5	Kramer wire or Gooej splint		26	BP Instrument	
6	Artery Forceps 5"/6"		27	Syringes 2 cc, 5 cc & 10 cc	
7	Plain forceps		28	Tape measure	
8	Forceps Sinus		29	Test Tubes	
9	Forceps Sterilizer. Cheatles		30	Test Tube holder	
10	Plain forceps		31	Test Tube stand	
11	Nasal Speculum No. 2		32	Distant vision chart	
12	Paper Adhesive Tape 1"		33	Near vision testing set	
13	Plaster adhesive 3"x10 yds		34	Thermometer, clinical	
14	Reflex hammer		35	Tongue depressor	
15	Weighing machine		36	Tray SS Instrument	
16	Scalpel		37	Tray SS Kidney shaped	
17	Scissors		38	Tray SS Instrument	
18	Scissors, straight curved		39	Wool, Cotton	
19	Sheeting, water proof 1 R		40	Uristix	
20	POP Bandage		41	Glucometer with strips	
21	Spatula				

INDICATIVE LIST OF MEDICINES REQUIRED TO BE AVAILABLE WITH THE IMP

1.	Tab Paracetamol 500mg	32.	Tab Tranexamic acid 250/500mg
2.	Tab Chlorpheniramine Maleate, 25/50	33.	Tab Duvadilan (Isoxsuprine)
3.	Tab Ibuprofen 200/400 MG	34.	Tab Methergin (Methylergonovine)
4.	Tab Declofinac sodium 50 MG	35.	Soframicin Cream
5.	Tab DeclofinacSR 100 MG	36.	Silver Sulfadiazine (2%) Ointment
6.	Tab Aspirin 75/150/325mg	37.	Betadine Ointment (Povidone Iodine)
7.	Declofinac Gel	38.	Betadine lotion
8.	Tab Ranitidine 150 MG	39.	Savlon lotion
9.	Tab Pantoprazole 40 MG	40.	Gammexene lotion
10.	Tab Domeperidone	41.	Capsule Amoxicillin 250/500 mg
11.	Tab Prochlorperazine	42.	Syr Amoxicillin
12.	Tab Norfloxacin 400mg	43.	Tab Augmentin 625
13.	Tab Metronidazole 200/400	44.	Syr Augmentin
14.	Tab Loperamide	45.	Tab Perinorm (Metoclopramide) 5/10mg
15.	Tab Meftalspas	46.	Tablet Domstal (Domperidone)10mg
16.	Tab Buscopan(Hyoscine Butylbromide)	47.	Tab Emset (ondansetron)4/8mg
17.	Tab Cetrizine 10 MG	48.	Tablet Mebendazole
18.	Tab Pheniramine maleate 25 MG	49.	Tab Ofloxacin 200/400
19.	Syrup Digene	50.	Syr Ofloxacin
20.	Tab Deriphyllin retard 150/300	51.	Syr Domstal
21.	Tab Deriphylline	52.	Syr Perinorm
22.	Tab Unicontin (SR Theophylline)	53.	Syr Emset
23.	Tab Albendazol	54.	Tablet Zifi (Cefixime)200/400
24.	Sup Pyrantelpalmoate	55.	syr Zifi
25.	Cough Syrup	56.	Tablet Combiflam (Ibuprofen/paracetamol)
26.	Syp. Paracetamol	57.	Syrup Combiflam
27.	Tab Co-trimoxazole	58.	Syr Phenergan (Promethazine)
28.	Syp Co-trimodazole	59.	Inj Voveran
29.	Tab Ciprofloxacin 250/500 MG	60.	Inj Rantac (Ranitidine)
30.	Cap Doxycycline	61.	Inj Buscopan
31.	cap Gynae CVP	62.	Inj Paracetamol

63.	Inj. Tranexa
64.	Inj Stemetil
65.	Inj Perinorm
66.	Inj Emset
67.	Inj Tetanus Toxoid
68.	Inhaler Asthalin (Salbutamol)
69.	Inhaler Seroflo (Salmeterol/Fluticasone) 125,250
70.	Inhaler Tiova (Tiotropium Bromide)
71.	Rotahaler
72.	Asthalin rotacap
73.	Seroflo rotacap
74.	Tiova rotacap
75.	Inhaler Flohale (Fluticasone) 125/250

VISIT REGISTER

MONTHLY RETURN TO BE SUBMITTED TO SMC (KAR) BANGALORE

(MONTH _____ YEAR _____)

Sl. No.	Date of visit	Name of Patient	Ins. No.	IP/ Family member	Age	Sex	Diagnosis	Investigation(if any)	Rest, if advised Remarks	Remarks

Signature and stamp of IMP

COMPLAINT REGISTER

- Name of IMP : _____
- Address of IMP Cline : _____

Certified that the Register contains ____ numbers of pages and all the pages have been numbered.

Signature and stamp of issuing authority

Note : The register will be maintained and kept at a prominent place in the clinic. The register can be inspected by SMC/MR/Committee nominated by SMC. This register will also be an important document to consider extension or other wise of the services of IMP.