

WESTERN RAILWAY

NOTICE

EXPRESSION OF INTEREST (EOI) FOR EMPANELMENT OF DIAGNOSTIC CENTRES AND HOSPITALS / INSTITUTES FOR INVESTIGATIONS (ULTRASONOGRAPHY & MISC) ON BILLING SYSTEM WITH SUB DIVISIONAL HOSPITAL VALSAD AT PREVAILING CGHS RATES

CHIEF MEDICAL SUPERINTENDENT (CMS/BL), Western Railway, invites EOI from Govt & Pvt diagnostic centres and hospital/institutes for investigations (**Ultrasonography & MISC**) **as per the Offer sheet attached for each category on billing system.**

Gen Terms and Conditions. for all Contract investigations /procedure etc

1. Those institute performing all investigation/Procedures as per respective list will be preferred for referring patients on billing system. However award of contract may be given to one or more participants if all the required tests are not available in one center. (RB letter no 2011/H/6-4 Policy 3/2/15)
2. **Hospital/ Institute who quote CGHS rates or lower than CGHS rates will be considered.**
3. Once the EOI bids are received, CMS-BL will finalize the most suitable firms for its empanelment after evaluation and technical scrutiny of EOIs.
4. EOI Document will be out rightly rejected if any technical condition is not fulfilled. Photocopy of necessary certificates (as per Annexure-2) should be attached with offer sheet. Participants will be informed about date and time of inspection of their centre by a duly Constituted Committee on the address given in Document form.
5. CHIEF MEDICAL SUPERINTENDENT/BL reserves the right to reject any or all the Expressions of Interest without assigning any reason thereof.
6. After the finalization of selection, MOU will be prepared as per Railway Board guidelines, which shall be signed by proper authorities on both sides.
7. Performance Bank Guarantee to be submitted by successful bidder along with MOU. (Railway Board letter no. 2021/H-1/11/10/MOU dated 03.06.2022)
8. In case of termination of contract before the stipulated period, both the sides with acceptable reason should give one month notice.
9. Centre should be willing to accept cashless services on billing system on monthly basis. Payment will be through NEFT on receipt of invoices with details of patients and investigations/procedure on monthly basis and should be accompanied by a copy of each of requisition /referral form & Identity Card.
10. The billing system should not be discontinued if payment is delayed in extraordinary circumstance due to system handicap of financial crunch for some time.
11. Center should notify one nodal officer/ executive for Railway beneficiaries, who can

be contacted by Railway administration beneficiary in case of any requirement.

12. **Validity of contract:** 2 years from the date of signing the contract from both the side.
13. **Validity of rate for acceptance:** 120 days
14. **Validity of rate:** Accepted rates will be valid for two years and no changes in the accepted rate will be allowed in any circumstances. If CGHS rates are revised during contract period, then offer rate will be proportionately revised.
15. **INFORMATIONS TO BE SUBMITTED ALONG WITH UNDERTAKING AND APPLICATION- As per Annexure - 1 & 2**
16. **Rates should be quoted separately for all categories of investigations as given in the offer sheet wherever applicable.**

Minimum Eligibility Criteria, terms and conditions for selection of Hospital / Institute / Diagnostic Centre -

- a) Machine should be latest machine with minimum 64 slice scanner for CT Scans.
- b) Organization within 5 km. radius from SDH / Valsad will be preferred.
- c) If centre is more than 5 km from SDH / Valsad , then it is desirable that the transportation of patient to and fro will be borne by diagnostic centre.
- d) The Centre should have qualified Specialist & Technicians.
- e) Services should be available round the clock even in the odd hours with emergency provisional reporting to be provided. Provision to discuss report with Radiologist should be there for both emergency and non emergency patients.
- f) Appointment for patient should be within 24 hours. If late appointment occurs penalty of Rs 100 per case will be levied.
- g) USG/CT/ X-Ray films and the report of the study done under contract period will be property of Railways. The provisional report should be handed over to the patient immediately and final report should be delivered to the hospital by hand delivery on next day. Centre should have arrangement to e mail reports on notified e mail ID.
- h) In case of unsatisfactory performance due to machine/technical failure, the repetition of the test will be at the cost of Institute.
- i) Any suspension of work due to failure of machine or any reason, required study will be arranged by the institute in any other institute at their cost during specific period with intimation to this hospital authority.
- j) Any emergency hospitalization becoming necessary during the course of study due to reaction of contrast or any post procedural problem will be on the cost of institute or if patient is to be shifted to this hospital in an emergency then expenditure of Ambulance service will have to be borne by the institute. The immediate information of the same should be given to the hospital for further necessary action.

The following details are required to be sent along with offer.

- a) Type of machine, and make.
Catalogue/brochure of machine.
Date of purchase of Machine.
- b) Details of radiologist with qualification and registration certificate.

ANNEXURE -1

CERTIFICATE OF UNDERTAKING

- 1) It is certified that the particulars given in offer letter are correct & minimum eligibility criteria are notified at the site.
- 2) That the Diagnostic Centre /hospital shall not charge higher than the agreed rates.
- 3) That any information is found to be untrue, Diagnostic Centre/ hospital would be liable for de-recognition by Railway. The Diagnostic Centre/ hospital will be liable to pay compensation for any financial loss caused to Railway or physical and or mental injuries caused to its beneficiaries.
- 4) That the Diagnostic Centre/ hospital has the capability to submit bills and medical records both in soft and hard format.
- 5) The diagnostic center will submit report on what's up of patient if demanded by patient in addition to hard copy.
- 6) The Diagnostic Centre/ hospital will be liable to pay damage to the beneficiaries if any injury deterioration of health or death occurs due to negligence of the hospital.
- 7) That no investigation by central GOVT/state GOVT or any statutory investigating agency is pending or contemplated against the Diagnostic Centre/ hospital.
- 8) Agree for the terms & conditions prescribed in the application document.

(Signature of Applicant or Authorized agent with seal)

Annexure-2

Information to be submitted duly filled along with documents-

1. Name of the Diagnostic Centre/Hospital with complete address.
2. Telephone No. (Landline & Mobile No.)
3. E-mail ID-
4. Name, designation along with contact No's (landline and mobile) of Proprietor/ Partner(s)/ Director (s) (Attach supportive documents also)
5. Distance from: Sub Divisional Hospital, Valsad.
6. Scope of Work and Detailed execution methodology.
7. List of available equipment - Name and year of mfg/installed: (separate sheet be attached).
8. Name of existing empanelled organizations/institutions: (separate sheet be attached).
9. List of availability of Specialists/Doctors along with their Short Bio data Degrees/certificates.
10. Number of Technical staffs and their expertise.
11. Actual Rate list of hospital/empanelled centre for various investigations/Procedures.
12. Photocopy of the PAN/TAN number of firm/proprietor.
13. State Pollution Control Board Registration Nos. (Please attach proof)
14. Any other Statuary Registration(s), if applicable, under various Acts of Central and State Govt.
15. Name of banker and Account No.(ECS Transfer Details)

Enclosure: List:

(Signature of Applicant or Authorized agent with seal)

Note

TECHNICAL evaluation of the Centres shall be based on information provided by the participants on the above mentioned points and the participants will have to mandatorily provide documentary proof for the same. No future correspondence in this regard shall be entertained.

SONALI
GHUMRE

SONALI GHUMRE
Date: 2020/11/24 11:21:15 AM

<u>CT SCAN</u>		RATES QUOTED INCLUSIVE OF ALL	
SN	Name of studies	NABH	NON NABH
1	Head (Plain)		
	Head (Contrast) with CT angiography		
2	Chest (for lungs) without contrast		
3	CT lower abdomen (incl. Pelvis) with contrast		
4	CT lower abdomen (incl. Pelvis) without contrast		
5	Whole Abdomen without contrast		
6	Whole Abdomen with contrast		
7	Triple phase CT Abdomen		
8	Enteroclysis		
9	CT Neck without contrast		
10	CT Neck with contrast		
11	HRCT Chest		
12	NCCT Head		
13	CECT Thorax		
14	CT angiography abdomen / Chest		
15	CT Coronary angiography		
16	CT Scan Neck (Thyroid, parathyroid, Soft Tissues)		
17	CT Scan Orbits		
18	CT Scan of Paranasal Sinuses without contrast		
19	CT Spine (Cervical, Dorsal, Lumbar, Sacral) without contrast		
20	CT Temporal bone without contrast		
21	CT-Dental		
22	CT Scan Limbs-Without Contrast		
23	CT Scan Limbs-With Contrast including CT angiography		
24	CT Guided intervention-Biopsy-FNAC		
25	CT Guided Truecut Biopsy		

26	CT Guided intervention - percutaneous catheter drainage/ tube placement		
27	FDG Whole body PET / CT Scan		
<u>X-Ray</u>			
1	Dental IOPA X Ray		
2	Occlusal X Ray		
3	OPG X Ray		
4	X Ray Chest 01 film		
5	X-ray Extremities- AP & lateral view (02 films)		
6	X-ray abdomen		
7	Polysomnography(PSG)/Sleepstudy		

<u>USG</u>		RATES QUOTED INCLUSIVE OF ALL	
SN	Name of studies	NABH	NON NABH
1	USG for Obstetrics – Anomalies Scan		
2	USG Transvaginal sonography (TVS for Follicular monitoring /aspiration)		
3	Ultrasonography (USG) Level II scan/Anomaly Scan		
4	USG Colour Doppler Pregnancy / Fetal Doppler/Umbilical Doppler/Uterine Vessel Doppler		
5	Whole Abdomen USG / KUB INCLUDING PVR		
6	Pelvic USG (prostate, Gynaec, infertility etc.)		
7	Small parts USG (scrotum, thyroid, parathyroid etc.)		
8	Neonatal Head (Tranfontanellar)		
9	Neonatal Spine		

10	Contrast enhanced USG		
11	USG Breast		
12	USG Hystero-Salpaingography (HSG)		
13	Carotid Doppler		
14	Arterial Colour Doppler		
15	Venous Colour Doppler		
16	Colour Doppler, renal arteries/any other organ		
17	Colour Doppler, Pregnancy		
18	USG guided FNAC		
19	USG guided FNAC Thyroid gland		
20	USG guided intervention-biopsy		
21	USG guided intervention-Nephrostomy		
22	2D Echo Transoesophageal echo cardiography		
23	3D Echo Transoesophageal echo cardiography		
24	Fetal Echo		
25	EEG		

- All above investigations are to be quoted as per CGHS or lower than CGHS rates.
- All investigations other than above lists will be charged as per CGHS rates.

(Signature of Applicant or Authorized agent with seal)