

SANDHYA HEALTHMENIA



AYUSH EMPANELMENT CONSULTANCY

TOP LEADING COMPANY IN INDIA EMPANELMENT OF AYURVEDA

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- **ABOUT**

Sandhya healthmenia is a company for creating a new era for claim reimbursement, cashless facility, and govt empanelment for AYUSH Ayurveda, yoga, homeopathy, naturopathy, and sidhha clinics and hospitals. This company based on a quality assurance and quality control program in the field of Ayush by training, Ayush standards format preparation, certification of staff, policy and procedures format implementation as per norms of QCI, NABH, NABL, ISO, UKAS.

About Our Founder



DR. VIKAS GUPTA
Owner of Sandhya Medicity

DR. VIKAS GUPTA

B.A.M.S, M.D, M.B.A

(Hcs) D.I.P, C.K.S.V

Anorectal Surgeon and Neuro Disorders

Awarded Jewel of Ayurveda By IMA-Ayush

Senior Ayurveda Consultant

**200s of Panchkarma & Surgical
Mediclaime Reimbursement
provided to Our Happy Patients.**

- **VISION MISSION**



To become the biggest quality standards assistance company in the field of Ayush in India and abroad.

To help Ayush clinics and hospitals with the highest quality standards assurance in India.



What is Ayush Empanelment?

Ayush empanelment is empanelment of Ayurveda Clinic and Hospital like Govt Empanelment CGHS , RGHS, DGEHS and Ayushman Bharat Yojna. All TPA & Insurance Cashless Empanelment.

Benefits of Ayush Empanelment.

1. It systematized the Hospital Protocol & Process.
2. Huge Reorganization to the Hospital.
3. It gives Quality & Standard.
4. Improved level of community confidence and trust
5. Improved patient satisfaction levels
6. Various TPA Empanelment
7. Govt Empanelment-CGHS, DGEHS, RGHS and State Govt.
8. Insurance Cashless.

Our Achievement

NABH Certificate of Accreditation



**SANDHYA HOT SPRING
HEALTHCARE
(Tattapani, Himachal Pradesh)**

**National Accreditation Board
for Hospitals & Healthcare Providers**

(Constituent Board of Quality Council of India)

CERTIFICATE OF ACCREDITATION

Sandhya Hot Spring Healthcare

Tattapani, Next to Naldehra Golf Course
Shimla Hills Sunni, Mandi
Shimla - 171301, Himachal Pradesh

has been assessed and found to comply with NABH
accreditation standards for AYUSH Programmes.
This certificate is valid for the Scope as specified
in the annexure subject to continued compliance
with the accreditation requirements.

Valid from : June 09, 2020
Valid thru : June 08, 2023



AH-2020-0096

Certificate No.
AH-2020-0096



Dr. Atul Mohan Kochhar
Chief Executive Officer

National Accreditation Board for Hospitals & Healthcare Providers, 5th Floor, ITPI Building, 4A, Ring Road, IP Estate, New Delhi 110 002, India
Phone: +91-11-42600600, Fax: +91-11-2332 3415 • Email: helpdesk@nabh.co • Website: www.nabh.co



SI No. 000916

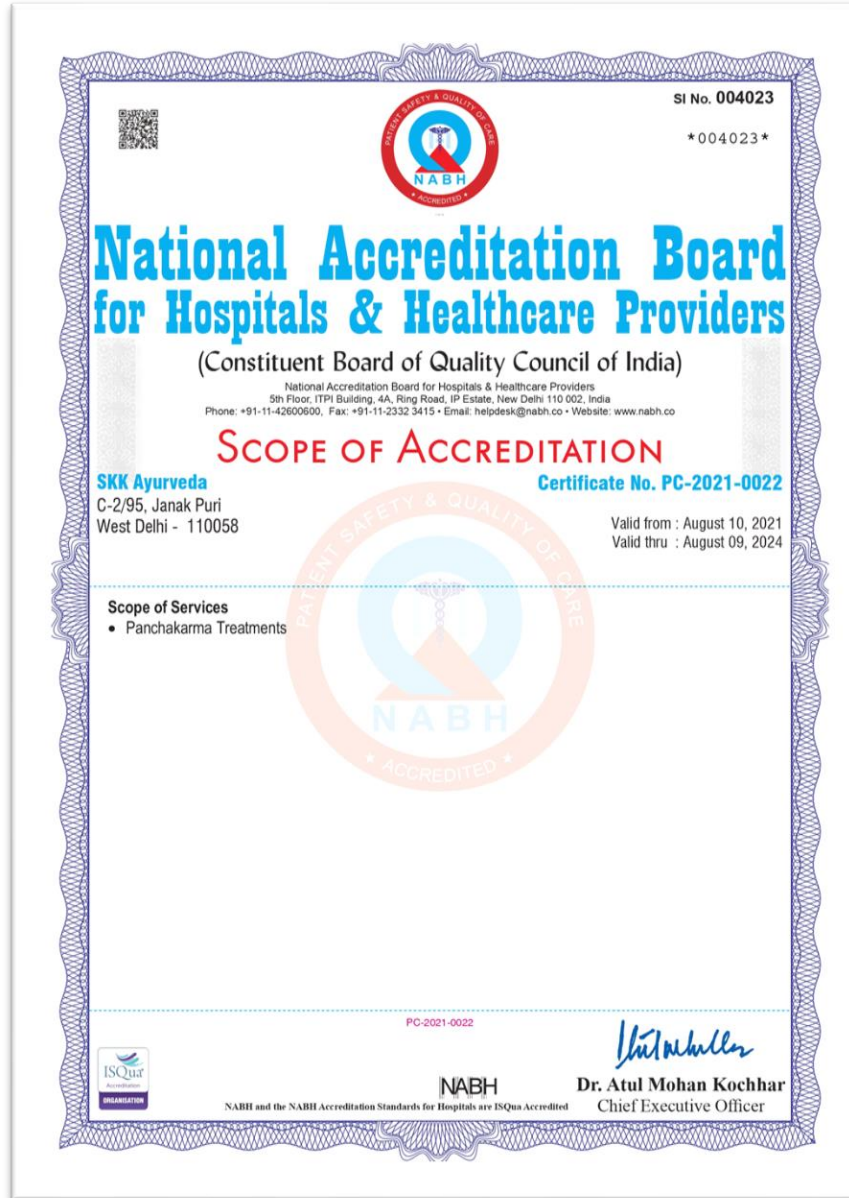
000916

NABH

NABH as an organisation is ISQua Accredited



SKK AYURVEDA
(Janakpuri, Delhi)





SANDHYASHI NEURO PANCHKARMA (Shalimar Bagh, Delhi)





**SHUDDHI AYURVEDA PANCHKARMA
HOSPITAL
(Dera Bassi,Punjab)**





**SHUDDHI AYURVEDA
PANCHKARMA CLINIC
(Zirakpur,Punjab)**





SHIR VATS AYURVEDA CHIKITSALAYA
(Chirag Delhi)





**DR NARULA'S FAMILY HEALTHCARE
CENTER
(Dilshad Garden, Delhi)**





**SHUDDHI AYURVEDA
PANCHKARMA CLINIC
(Laxmi Nagar, Delhi)**





**SHUDDHI AYURVEDA
PANCHKARMA CLINIC
(Ghaziabad, UP)**





**SHUDDHI AYURVEDA
PANCHKARMA CLINIC
(Chandigarh)**



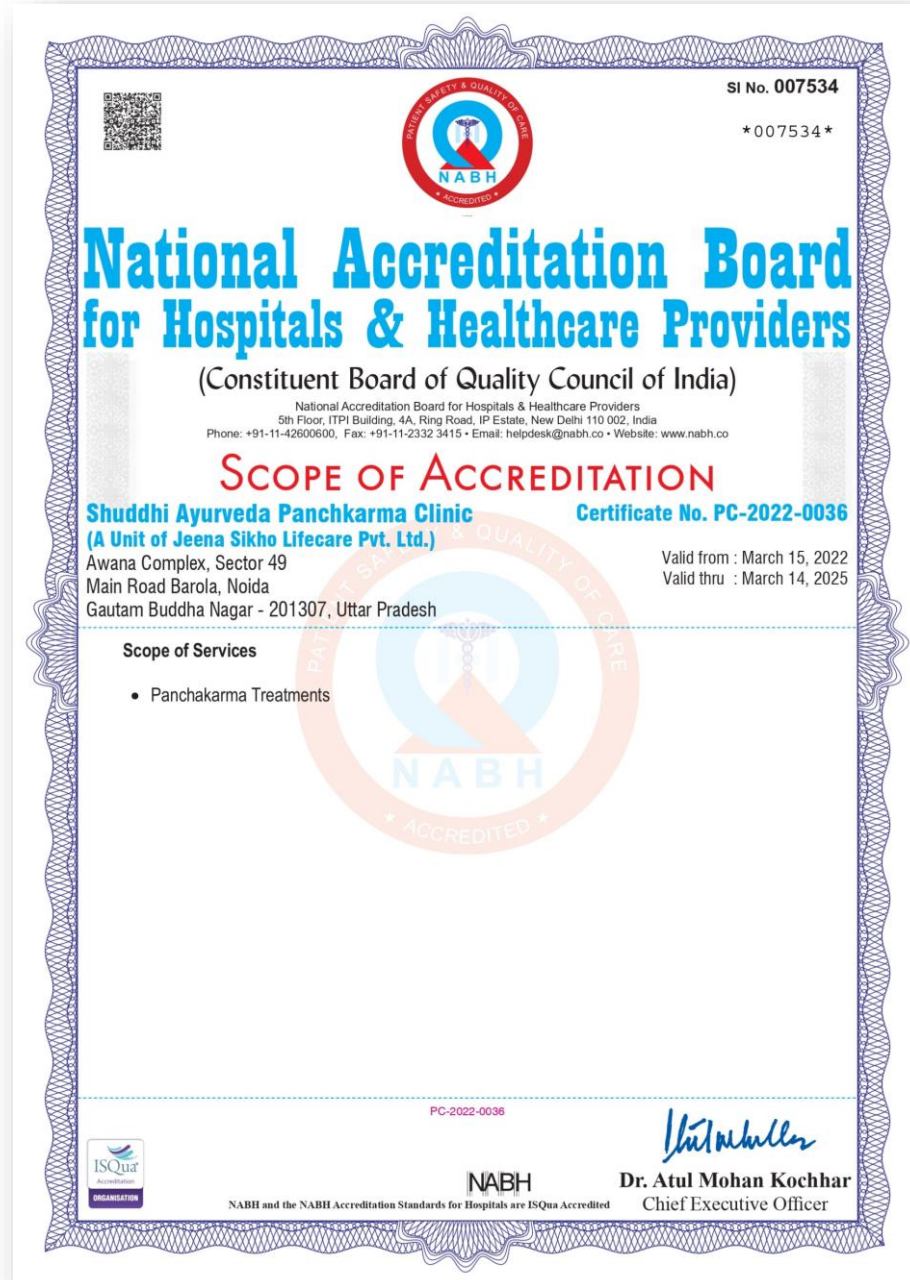


**SHUDDHI AYURVEDA
PANCHKARMA CLINIC
(Dwarka)**





**SHUDDHI AYURVEDA
PANCHKARMA CLINIC
(Noida)**





**SHUDDHI AYURVEDA
PANCHKARMA CLINIC
(Gurugram)**



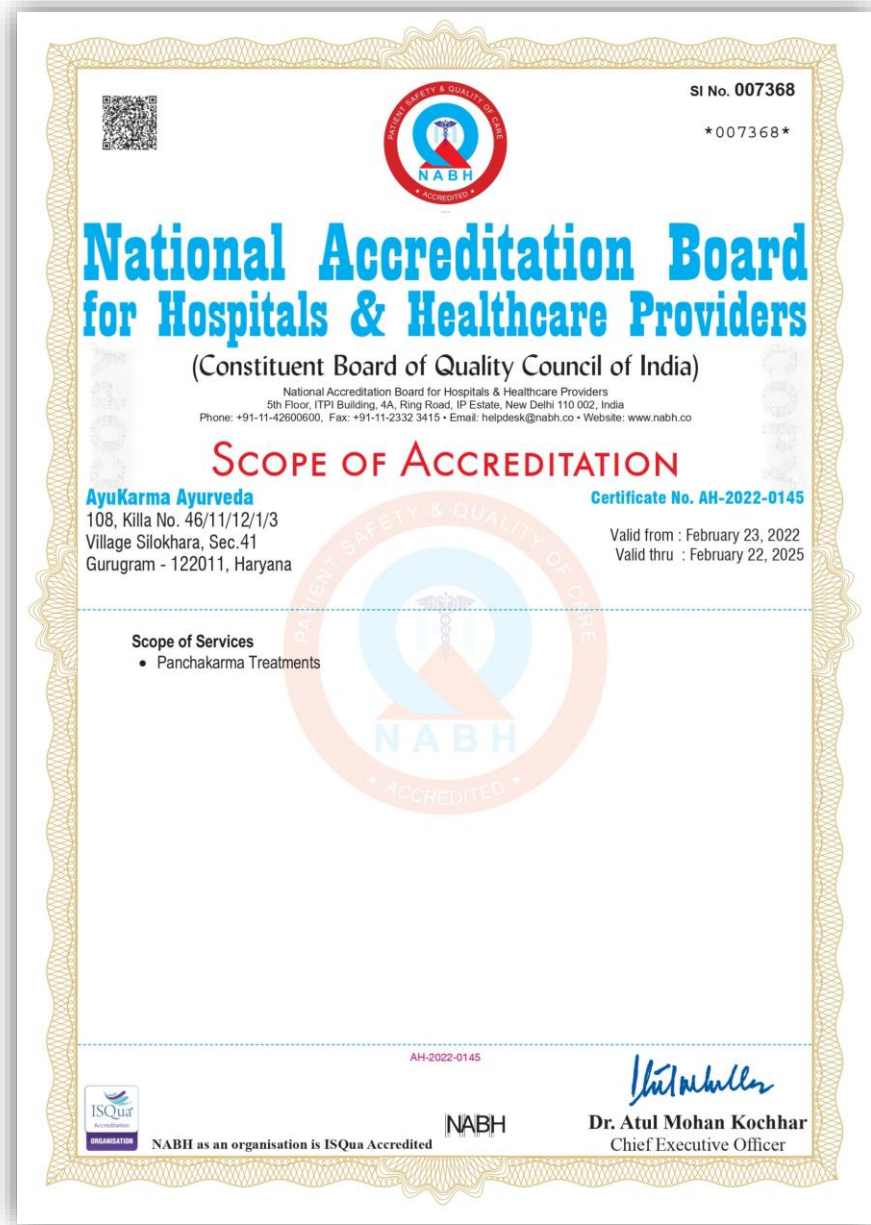


SANJEEVANI AYURVEDA
(Dwarka, Delhi)





AYU KARMA AYURVEDA
(Gurugram, Haryana)





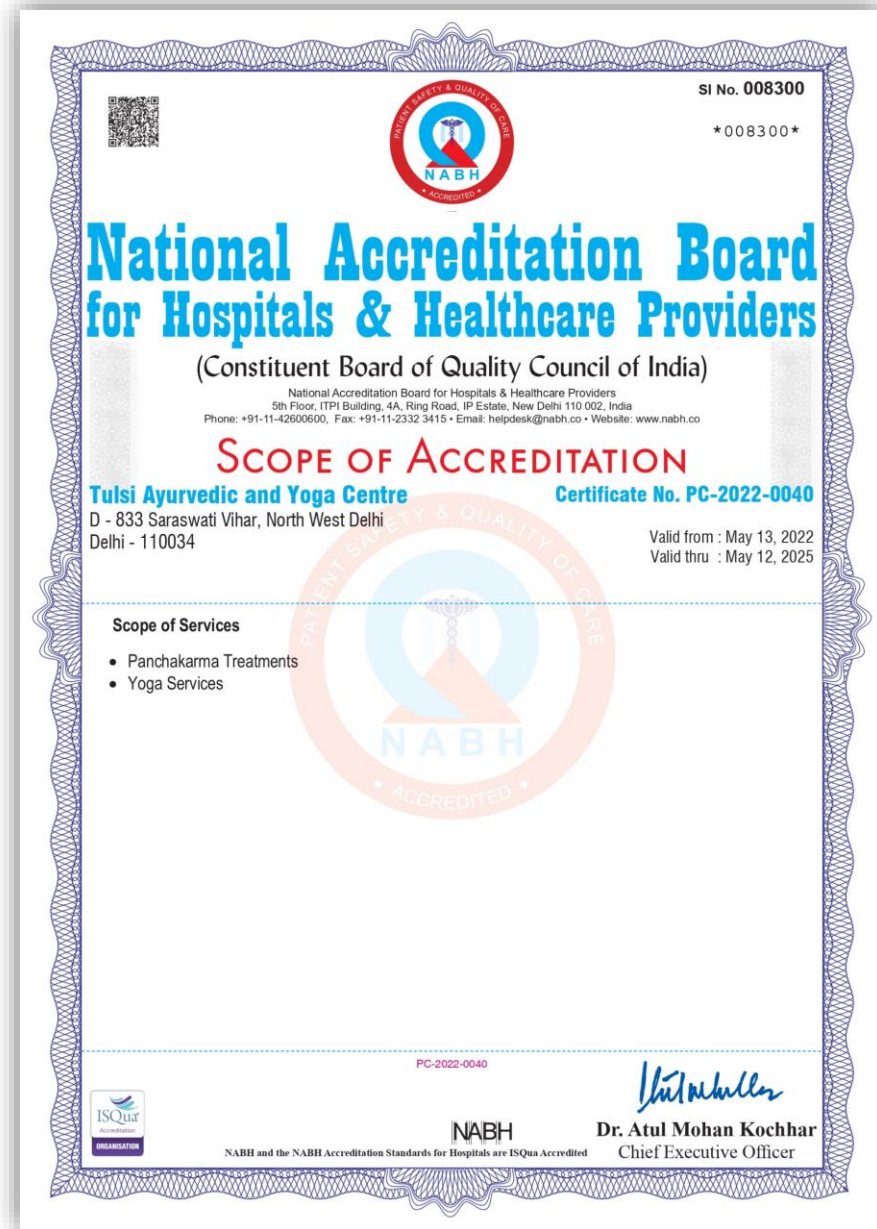
अथर्व आयुर्वेद

ATHARV AYURVED HOSPITAL
(Rohtak, Haryana)



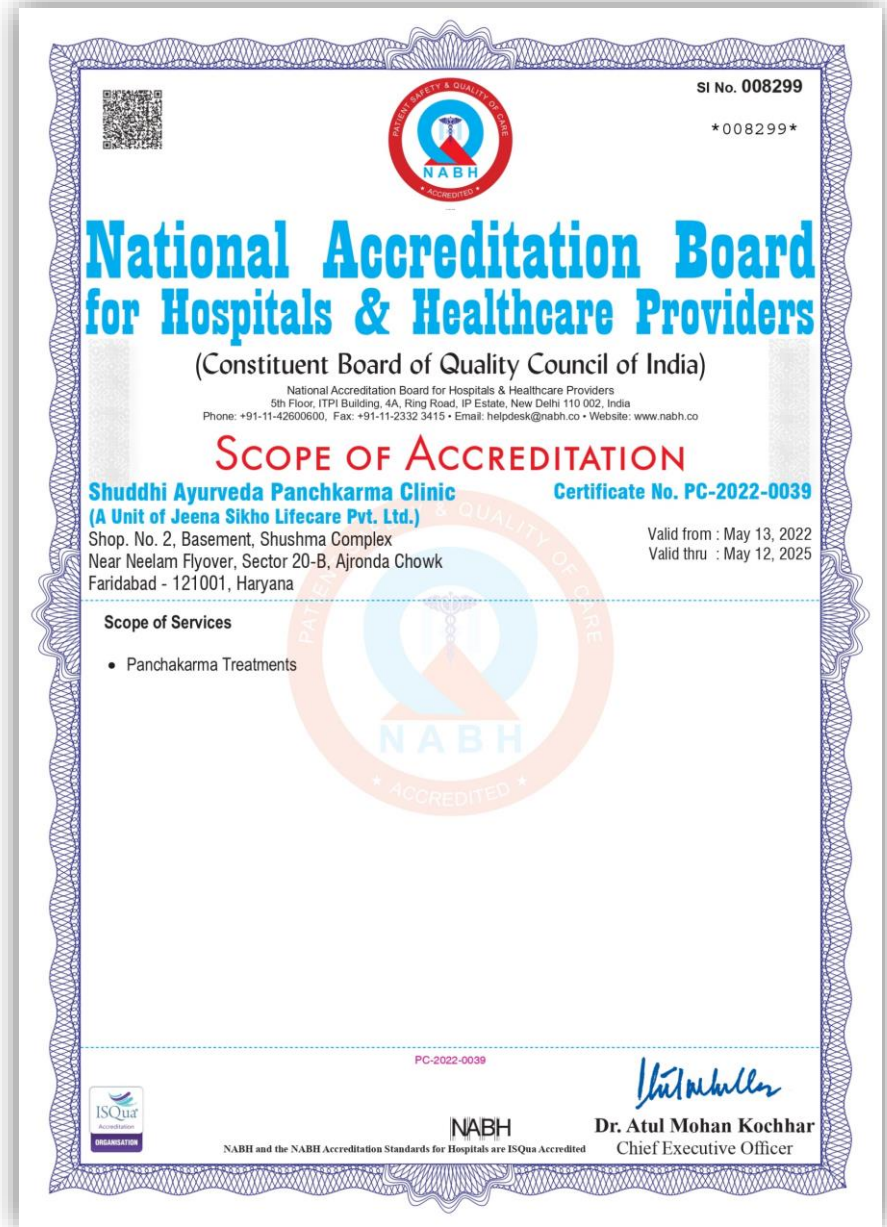


TULSI AYURVEDA (Saraswati Vihar, Delhi)





**SHUDDHI AYURVEDA
PANCHKARMA CLINIC
(Faridabad)**



Private TPA Claims Approved by SHM

Many Our **Reimbursement Claims** Approved
By Insurance
Companies through
Sandhya Healthmenia



4:04 82%

Claim Details

Ashish Sheokand Payment under process

Claim ID: 22503827 Date of Admission: 10-Jul-2020

Hospital: Sandhyashi Hospital

Claim Amount (₹): 29101.0 Approved Amount (₹): 27884.0

HISTORY PATIENT CLAIM DOCUMENTS

31-Jul-2020 00:58:06	✓	Pending for data entry
31-Jul-2020 10:36:37	✓	Pending claim adjudication
31-Jul-2020 15:40:45	✓	Information / query pending from customer -1
05-Aug-2020 07:57:41	✓	Pending claim adjudication
05-Aug-2020 18:36:34	✓	Claim document awaited
11-Aug-2020 14:55:41	✓	Pending claim adjudication
11-Aug-2020	?	

HDFC/ERGO/LIFE

HDFC ERGO Gener... 04/08/2019
to me

HEALTH CLAIM SERVICES

HDFC ERGO

Dear Customer,

Patient Name : AMIT MITTAL
Policy No : 2952200878758602-2825
HDFC ERGO ID : ER1703329575-02E
CCN No : RR-HS19-10703875
Hospital Name : SANDHYASHI HOSPITAL
Hospitalization Period : From 23/05/2019 to 30/05/2019

With reference to your reimbursement claim RR-HS19-10703875 of above mentioned patient, we would like to inform you that your claim is approved for Rs.49067.

To view claim processing details please [Click Here](#). You can also download the IPO app to get claim status updates [Click Here](#). To understand the claim process, please visit our website [Click Here](#).

For any further clarifications / queries please call our Customer Service No : 022 6234 6234 / 0120 6234 6234 and we will be glad to assist you. We request you to kindly mention the above CCN number for all future communication related to this claim.

Regards,
Team – Health Claim Services

Visit "Help" section on our website www.hdfcergo.com to track your claim

Our Product Range

- Travel Insurance
- Motor Insurance
- Personal Accident
- Home Insurance

HDFC ERGO General Insurance Company Limited.
 Registered Office: 10th Floor, Laxmi Business Park, Ambli, Noida, India. Andhra Pradesh, Mumbai and Delhi.
 Corresponding Office: 6th Floor, 10th Floor, 12th Floor, 14th Floor, 16th Floor, 18th Floor, 20th Floor, 22nd Floor, 24th Floor, 26th Floor, 28th Floor, 30th Floor, 32nd Floor, 34th Floor, 36th Floor, 38th Floor, 40th Floor, 42nd Floor, 44th Floor, 46th Floor, 48th Floor, 50th Floor, 52nd Floor, 54th Floor, 56th Floor, 58th Floor, 60th Floor, 62nd Floor, 64th Floor, 66th Floor, 68th Floor, 70th Floor, 72nd Floor, 74th Floor, 76th Floor, 78th Floor, 80th Floor, 82nd Floor, 84th Floor, 86th Floor, 88th Floor, 90th Floor, 92nd Floor, 94th Floor, 96th Floor, 98th Floor, 100th Floor.

Our Certifications: IAAA ISO 9001:2008

Follow us: Facebook YouTube

Claim Amount : 96849

Dear Mr. /Ms. Kapil Mahajan

Good wishes from United India Insurance Co Ltd

Your claim bearing No 2846752 against policy issued by United India Insurance Co Ltd has been settled for Rs. **96849** against the amount claimed for Rs. 101219 towards Medical Expenses incurred or treatment of Cervical Spondylosis (Scan Doc) at Sandhya Hot Springs, Healthcare, Tattapani, HP for the period from 15 Feb 2020 to 26 Feb 2020 vide NEFT transaction number **20094898247** dated **07 Jul 2020**.

Claim Of	: Nidhi Sood	Insured Name	: Kapil Mahajan
Policy No.	: 0204002819P101088208	Card No.	: 17330557
Payee Name	: Kapil Mahajan	Claim Type	: Reimbursement
Bill No	: 2671	IP No.	: 7051
Employee ID	: K3360	Claim ID	: 2846752
Hospital Name	: Sandhya Hot Springs, Healthcare, Tattapani, HP	Diagnosis	: Cervical Spondylosis (Scan Doc)
Date of Admission	: 15 Feb 2020	Date of Discharge	: 26 Feb 2020
Relation	: Wife	Corporate Name	: HDFC Bank Ltd

The details of settlement are as follows:

Disallowance Reasons:

Pharmacy :

Rs.4370.00 No Breakup for Medicine

Claim Amount : 24,800

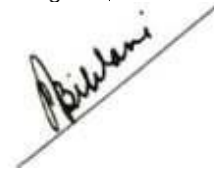
Subject: Claim ID 543722 : Payment confirmation
From: <servicingyou@maxbupa.com>
Date: 03-09-2020, 01:29
To: <expeditingvineet@yahoo.com>

Dear Vineet Kapoor,

An amount of Rs 24800 has been transferred to your bank account on 02/09/2020. Please allow 2-3 working days for it to reflect in your bank account.

For any queries please email at customercare@maxbupa.com or visit www.maxbupa.com.

Warm regards,

A handwritten signature in black ink, appearing to read 'Bilal', written over a diagonal line.

General Manager - Claims

For and on behalf of Max Bupa Health Insurance Company Limited

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The information contained in this electronic message and any attachments to this message are intended for the exclusive use of the addressee(s) and may contain proprietary, confidential or privileged information. If you are not the intended recipient, you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately and destroy all copies of this message and any attachments. The intention expressed in the mail is for discussion purpose only. Any commitments made towards award of service/business, or sale/purchase of any goods shall not be binding and Max Bupa Health Insurance Company Limited (Max Bupa) shall not be under an obligation to fulfill any of the commitments made towards award of service/business, or sale/purchase of any goods unless a Purchase Order is issued or an agreement is duly executed by the authorized representatives of Max Bupa.

This message has been scanned for malware and Virus.

Claim Amount :86,500

Claim ID 597744 : Payment confirmation

Subject: Claim ID 597744 : Payment confirmation

From: <servicingyou@maxbupa.com>

Date: 2/3/2021, 4:15 AM

To: <fronthunk@yahoo.com>

Dear Harish Kapoor,

An amount of Rs 86500 has been transferred to your bank account on 02/02/2021. Please allow 2-3 working days for it to reflect in your bank account.

For any queries please email at customercare@maxbupa.com or visit www.maxbupa.com.

Warm regards,



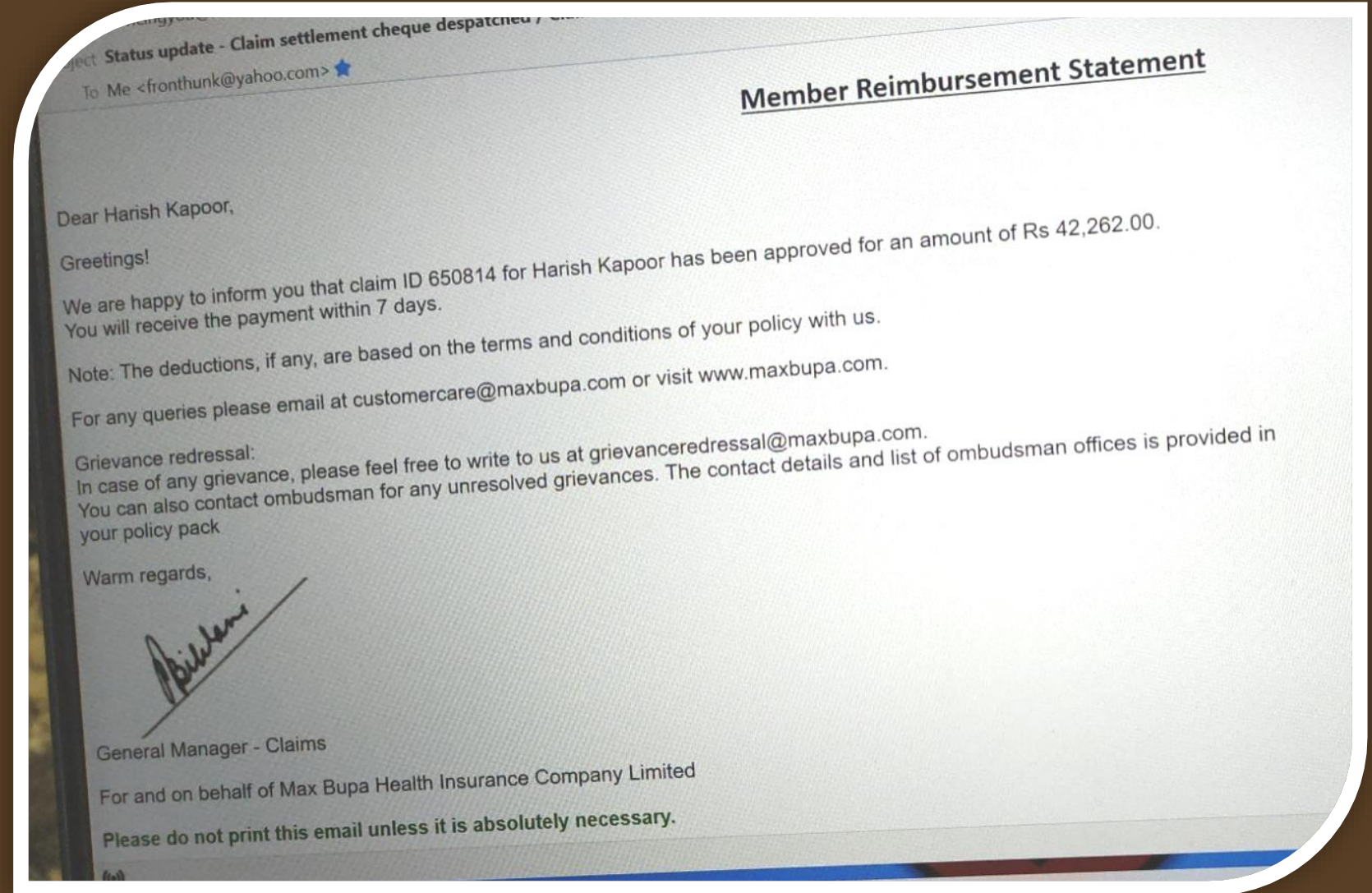
General Manager - Claims

For and on behalf of Max Bupa Health Insurance Company Limited

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Claim Amount :42,262



Claim Amount :59,796



East West Assist Pvt. Ltd.

Process Sheet

All claims on card No. NIC-IHI-290322-2059331 : 720916

CCN	EWA-720916	Authorized Amount (INR.)		59796.00
Name	RAMESH CHAND	Hospital		Sandhya Medicity India PVT. LTD,B-45, Near Canara Bank, Shalimar Bagh, New Delhi
Hospital Address				
PPN / Non PPN		Network Status		
Claim Type	Reimbursement (Main)	Bed Capacity		
Corporate	INDIVIDUAL	Current Status		PAID
Diagnosis		Low back pain,		
Policy No.	36180148208560000746	Disease Code		M54.5,
Procedure		CPT Code		
Policy Type	NATIONAL PARIVAR MEDICLAIM	Inception Date		
Card No.	NIC-IHI-290322-2059331	Line Of Treatment		Conservative
Status	Recommended	Date Of Admission		13/04/2021
Intimation Date	14-04-2021	Date Of Discharge		21/04/2021
Sum Insured	Rs. 400000.00	Balance		Rs.340204.00
Doctor's Opinion	I	Recommend Date		04/06/2021
Policy Date	30/03/2021 To 29/03/2022	Refer Date		15/06/2021
R.R S.I	400000.00	R.R B.L		379200.00
Dr. Fees S.I	400000.00	Dr. Fees B.L		392000.00
Other S.I	400000.00	Other B.L		362360.00
	Claim Amount (INR.)	Authorized Amount (INR.)	Deduction	Remarks
Room Rent	20800.00	20800.00	0	
ICU	0.00	0.00	0	0 /- Rs
Dr./Surgeon's Fee	8000.00	8000.00	0	
Lab Investigation	2500.00	0.00	2500	no report attached
Radiology	0.00	0.00	0	

	Claim Amount (INR.)	Authorized Amount (INR.)	Deduction	Remarks
Room Rent	20800.00	20800.00	0	
ICU	0.00	0.00	0	0 /- Rs
Dr./Surgeon's Fee	8000.00	8000.00	0	
Lab Investigation	2500.00	0.00	2500	no report attached
Radiology	0.00	0.00	0	
Other Investigation	0.00	0.00	0	
Ot/Labour Room	0.00	0.00	0	
Procedure	36000.00	36000.00	0	ABHYANGAM , KATI BAST, BAST
Special Procedure	0.00	0.00	0	
Pharmacy	1640.00	1640.00	0	
Blood Bank	0.00	0.00	0	
Oxygen	0.00	0.00	0	
Implant	0.00	0.00	0	
Consumable	0.00	0	0.00	
Misc	0.00	0.00	0.000	0 /- Rs
Non-Gipsa Package	0.00	0.00	0	0 /- Rs
Gipsa Package	0	0	0	0 /- Rs
Domiciliary	0.00	0.00	0	
Sub-Total	68940	66440.00	2500	

Discount		-0.00	0.00	
Other Discount	0.00%	- 0.00	0.00	
Copay	0	-0.00	6644.00	
Other Deduction	0	-0.00	-0.00	
Service Tax	0 %	0	0	
Total	68940.00	59796.00	9144	
GST	0%	-0.00	0.00	
TDS	0.00%	-0	0	
Net Amt. Paid		59796		
Remarks for Deduction				

Do Claim No.	Imode Date	Cheque Amount	UTR No.	Date	In Favour Of
361801502196246198	17/05/2021	59796.00	2166450331	21-06-2021	RAMESH CHAND GUPTA

nikhil

prashant

prashant

Doctor Name

First Authorizer Signatory

Second Authorizer Signatory

Claim Amount :59,796

HDFC ERGO General Insurance Company Limited



Settlement Letter Without Prejudice

To,

PARDEEP .

H NO 271SONARO WALI GALI DARYAPUR KALAN

Date : 28-03-2021

HDFC ERGO ID : ER2010918673-01E

NORTH WEST DELHI, DELHI, 110039,
Contact No.- 9818834133

Subject: Settlement details of your claim with CCN RR-HS20-12306464 , under policy number 2952200758250306-2825, UTR No N087211453701803 and Transaction Date 27/03/2021

Dear Sir / Madam

We are pleased to inform you that a credit has been initiated to the Account No. 913010001758328 with AXIS BANK and IFSC Code UTIB0001260 for sum of 46700 (Forty Six Thousand Seven Hundred) towards full and final payment settlement made by HDFC Ergo against the claim with the following details :

Please note-- Claim has been settled as per the MOU (Memorandum of Understanding) with the hospital /provider for discount and tariff rates to be applied on the bills. Any excess amount paid to you in breach of MOU is warranted for recovery from the full and final settlement amount.

Patient Name :	PARDEEP .	Main Member :	PARDEEP .
Relationship :	Self	Corporate Name :	NA
Hospital Name :	SANDHYASHI HOSPITAL	Ailment :	Unspecified hemorrhoids
Hospitalization Duration : From :	20/02/2021	To :	20/02/2021
Claim Type :	REIMBURSEMENT	Payee Name :	PARDEEP .

Bill No.	Service Type	Claimed Amount	Deduction Amount	Discount	Settled Amount	Remarks
517	pharmacyBillHead	5200	0	0	5200	
517	Investigation Charges	2500	0	0	2500	
517	OT Charges	10000	0	0	10000	
517	Professional Fees Charges	9000	0	0	9000	
517	Room & Nursing Charges	10000	0	0	10000	

Disclaimer

1. Dear Customer if you are not satisfied with the information then kindly contact our Customer Service No - 022 6234 6234 / 0120 6234 6234.
2. If you had paid any bills to the hospital apart from the non-payable items, copayment or deductible, please submit your claim form for reimbursement along with bills and payment receipts
3. This is a system generated letter which doesn't require signature

HDFC ERGO General Insurance Company Limited, IRDAI Reg. No.146, CIN: U66030MH2007PLC177117 Corresponding Off.: Stellar IT Park, Tower-1, 5th Floor, C-25, Sector-62, Noida-201301 Customer Service No - 022 6234 6234 / 0120 6234 6234, Fax: 1860 2000 600, UAN: 1860 2000 700 | Email: healthclaims@hdfcergo.com . Registered & Corporate Office :1st Floor, 165-166, Backbay Reclamation, H.T. Parekh Marg, Churchgate, Mumbai 400 020.

Dear **Narinder Pannu**, an amount of **Rs 2,54,230** has been approved for your **Claim ID 712120**. You will receive the payment within 3 working days. Please refer to your email for more details. For any queries please email at customercare@maxbupa.com. We wish a speedy recovery to the member. Max Bupa Health Insurance.

By Shuddhi Ayurveda

To
Dear Mr. /Ms. Varun Ranjan
Good wishes from **Acko General Insurance Limited**

Your claim bearing No 21121400502 against policy issued by **Acko** General Insurance Limited has been processed for Rs. **17300.00** against the amount claimed for Rs. **17300.00** towards Medical Expenses incurred or treatment of LBA at Sandhyashi Hospital for the period from 09 Oct 2021 to 10 Oct 2021 .

Claim Of : Varun Ranjan	Insured Name : Varun Ranjan
Policy No. : GMC009600100	Card/UHID: ACKOCARS24976
Payee Name : Varun Ranjan	Claim Type : Reimbursement
Bill No. : 12009	IP No. :
Employee ID : 23031	Claim ID : 21121400502
Policy : 12/10/2020	Policy End : 12/9/2021
Start date 12:00:00 AM	Date 12:00:00 AM
Hospital Name : Sandhyashi Hospital	Diagnosis : LBA
Date of Admission : 09 Oct 2021	Date of Discharge : 10 Oct 2021
Relation : Self	Corporate : Cars 24
	Name Services Pvt Ltd



The Details of the disallowances are as follows:


Claimed : Rs. 17300.00/-	Billed : Rs. 17300.00/-	Discount: Rs. 0.00/-
Disallowed : Rs. 0.00/-	Settled : Rs. 0.00/-	Less TDS : Rs. 0.00/-
Copay Amount : Rs. 0.00/-	Net Paid Amount : Rs. 17300.00/-	

By Dr Tarun Gupta (SKK Ayurveda)

By Dr Tarun Gupta (SKK Ayurveda)

Reimbursement Claim Approved | Feedback

 noreply@vidalhealthtpa.com
To:  Shelendra Kumar

 DEL-1121-CR-0003396.pdf
136 KB

Vidal Health Insurance TPA Pvt. Ltd.

Vidal Health Insurance TPA Pvt. Ltd. is pleased to inform you that your claim has been approved, below m

MEDICLAIM COMPUTATION

Claim Number:	DEL-1021-CL-0009629
Claim File Number:	DEL-1021-FL-0010017
Insured Name:	SHELENDRA KUMAR;
TK ID No:	DEL-OI-H0351-014-0044517-B
Policy Number:	124500/48/2021/8833 ;
EFT Transaction number:	AXISP00241510897
Insurance Company:	ORIENTAL INSURANCE COMPANY LIMITED;
Employee no/Ref-no:	51787817;
Date of Admission:	21-SEP-2021 10:00:00 AM
Date of Discharge:	24-SEP-2021 10:00:00 PM
Hospital:	
Hospital address:	
Hospital Location:	
Ailment:	CERVICAL SPENDYLOSIS, ACUTE CERVICAL ATTACK
Payee Name :	SHELENDRA KUMAR

Vidal Health Insurance TPA Pvt. Ltd.

Vidal Health TPA at your service. Stay safe, stay masked. Please share your feedback on <https://bit.ly/3iYC7>

Regards

VIDAL HEALTH INSURANCE TPA PVT. LTD.

(Formerly Vidal Health Insurance TPA Pvt. Ltd.)

Claim Amount :43,920

Amount claimed	55920
Total Deductions	12000
a. Non payable	12000
b. Proportionate Deductions	0
Approved Amount (after Total Deductions)	43920
Less: Hospital Discounts	0
Less: Other deductions	0
Net Amount (Approved amount - Hospital discounts and other deductions)	43920
Amount considered	43920
Co-Pay Amount	2196
Amount considered after co pay	41724
Exceeds sub limit	0
Less: Amount settled by other Insurer	0
Exceeds Sum Insured	0
Amount payable	41724
Claim Restrictions	0
Preauth approved amount	0
Amount payable to Hospital	0
Payable to Insured	41724
Less amount already paid to Insured	0
Balance payable to Insured	41724

SNo	Nature of Expenditure	Bill No	Bill Date	Amount Claimed	Amount Disallowed		Approved Amount	Disallowance Reasons / Remarks
					Non Payable (A)	Proportionate Deduction (B)		
4	a.i) Medicines - within Hospital			27220	12000		15220	PPS CHARGES NOT PAYABLE.
Total				55920				
Deductibles (A + B)					12000			
Hospital Discounts								
Network Hospital Discounts								
Deductions								
NET AMOUNT (Total - Deductibles, Hospital Discounts & Deductions)							43920	

Claim Amount :3,28,300



Sandhya
Healthmenia

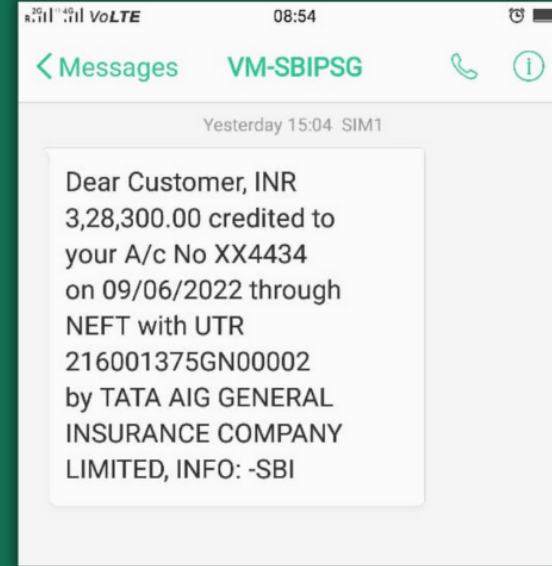


**शुद्धि आयुर्वेद
हॉस्पिटल HIIMS
का हुआ क्लेम पास**

Rs. 3,28,300



Sandhya
Healthmenia



**Tata AIG का
Mediclaime हुआ
पास शुद्धि आयुर्वेद
हॉस्पिटल से**

Rs. 3,28,300

We Deals in



Insurance & TPA Panels



THE SEVEN CENTRAL ARMED POLICE FORCES



AR



BSF



CISF



CRPF



ITBP



NSG



SSB

Our Happy Clients



160 CLINICS
15 HOSPITALS
AYURVEDA
ALL OVER INDIA



South Delhi's 1st
NABH, CGHS & DGEHS
Empanelled Center



250+ CLINICS
ALL OVER
INDIA



Dr Narula's Family Health Care



अथर्व आयुर्वेद

Our Happy Clients



Our Happy Clients



10 + CLINICS
In South, India



It was North India's
1st DGEHS Approved
Center



For NABH Empanelment Requirements Details

- **AREA REQUIREMENT**

AREA REQUIREMENT

HOSPITAL : 2500-3000 SQ.FEET

CLINIC : 1000-1200 SQ.FEET

PREFERENCE : GROUND FLOOR



- **FOR CLINIC EQUIPMENT MINIMUM REQUIREMENT**

- Nadi Swed Yantra :1
- Auto Clave :1
- Fumigation : 1
- Steemer:2
- For Rest Room IPD Bed :1
- OPD Chamber: 1
- Reception Area
- Waiting Area
- Pharmacy
- 2 Panchkarma Room With Attached Washroom



- **FOR HOSPITAL EQUIPMENT MINIMUM REQUIREMENT**

- IPD Bed Min.10
- Min. Nadi Swed Yantra :2
- Steemer:2
- Auto Clave :1
- Fumigation : 1
- OPD Chamber: 2
- Reception Area
- Waiting Area
- Pharmacy
- 2 Panchkarma Room With Attached Washroom



Beds Clinic : 03 Hospital : 10 or More



• LIST OF DOCUMENTS FOR HOSPITAL / CLINIC STATUTORY DOCUMENTS

S.No	List of Documents for Hospital Statutory documents		
1	Rent Agreement/ Ownership Certificate Registry/Khasra/Khatuni/Proof of ancensestor property/ If Property belong to family member then NOC from family member	13	AMC of all Electronic Equipment with bills
2	Building completion certificate/property Tax	14	Pan Card
3	Commercial Tax	15	ITR
4	Blueprint as per gram panchayat/MCD or local authority as per applicable	16	GST
5	Local Registration e.g clinical Establishment act/labour Registration	17	Balance Sheet
6	Fire Paper and NOC	18	ESI/Health Insurance
7	BMW Registration	19	EPF
8	Pollution Control Board	20	Building of Insurance
9	Electricity Bill	21	Pest Control
10	Water Bill and Testing Report	22	Swab Culture
11	Generator Bill and AMC	23	HIC and CQI budget
12	AMC of bioengineering equipment e.g. b.p, Sethescope	24	Lift licence/AMC
		25.	Cetp plant bill if applicable
		26.	Registration of Pharmacy as per drug and cosmetics act

- **LIST OF MOU'S**

S No.	MOU's
1	Lab MOU (Stamp Paper)
2	Laundry MOU (Stamp Paper)
3	Ambulance MOU (Stamp Paper)
4	Hospital MOU (Stamp Paper)
5	Security MOU (Stamp Paper)

- **STAFF REQUIREMENT FOR CLINIC**

- ☐ **Doctor BAMS**:-1 with local or CCIM Registration.
- ☐ **Ayurveda Pharmacist**: **1** approved by any govt. or equally certified institute
- ☐ **Therapist** : 1 Female and 1 Male with diploma in nursing and therapist approved by govt. or equally certified institute
- ☐ **Attendant**: 1 Male and 1 Female Minimum 12th pass-out
- ☐ **Housekeeping** : 2 (Male-1, Female-1) Minimum 10 standard Pass
- ☐ **Reception**: **1** Staff minimum graduate
- ☐ **Accountant**: 1 Graduate

- **STAFF REQUIREMENT FOR HOSPITAL**

- ☐ **Doctor BAMS**:-2 Consultant and RMO:-3 with local or CCIM Registration.
- ☐ **Ayurveda Pharmacist**: 3 approved by any govt. or equally certified institute
- ☐ **Therapist** : 2 Female and 2 Male with diploma in nursing and therapist approved by govt. or equally certified institute
- ☐ **Attendant**: 3 Male and 3 Female Minimum 12th pass-out
- ☐ **Housekeeping** : 3 Minimum 10 standard Pass
- ☐ **Nursing**: 3 Male and 3 Female minimum 12th pass-out
- ☐ **Reception**: 3 Staff minimum graduate
- ☐ **Accountant**: 1 Graduate
- ☐ **Manager**: 1 Graduate

• SIGNAGES IN ENGLISH AND LOCAL LANGUAGE

1	Vision and Mission	20	Look alike and Sound alike in pharmacy
2	Ownership	21	High Alert
3	Organization chart	22	Timing of Hospital
4	Patient rights and Responsibilities	23	Medical Record Department (MRD)
5	Employee rights and Responsibilities	24	Preparation Room
6	Grievance Redressal	25	Tariff Rate List
7	Fire Exit	26	Wheelchair
8	Fire Assembly point	27	CCTV
9	Doctor chamber	28	Fire Exit Plan
10	Drinking water	29	Staff List
11	Toilet	30	Emergency Code
12	Pharmacy	31	Emergency Contact List
13	Therapy room Male / Female	32	Entrance
14	Exit	33	7 Step Hand wash
15	No Smoking	34	Scope and Non scope services
16	Biomedical waste (BMW)	35	Visiting Area
17	Keep silence		
18	Vish and Upvish in pharmacy		
19	Emergency drugs		



Govt Fee Separately paid by party

▪ NABH Application:

- Clinic: 5000 + 18% GST (01 to 05)
- Hospital: 20,000 + 18 GST (10 to 49)

▪ NABH Annual Fee:

- Clinic: 15,000 + 18 GST (01 to 05)
- Hospital: 60,000 + 18 GST (10 to 49)

▪ NABH Virtual Assessment Fee

- Clinic: 3,000 + 18 GST
- Hospital: 2,000 + 18 GST

- Delhi Pollution Control Department (Other State as per Govt. Guideline)
 - **Clinic:** 0 to 05 Bed: 5000
 - **Hospital:**
 - 10 Bed -8000
 - 30 bed -18000

- BMW Agreement -Delhi-14,000 Rs (other state as per vendor)
- Fire Third Party Letter -5,000 Rs
- Fire Extinguisher-As per your vendor
- Water Testing Report: 2000 + GST in Delhi (other state as per vendor)
- Local Registration (Clinical Establishment)-as per govt. guideline
- Bio Equipment AMC Charges As per your Items List
- Electric AMC Charges As per your Items List
- Rohini ID -3250



THANKS

If Any Query Call

8368009669