

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.

आरजीएचएस; कर्मचारी और पेंशनर अब आयुर्वेद से भी इलाज करा सकेंगे

जयपुर के 2, अजमेर व कोटा का 1-1 निजी अस्पताल अधिकृत किए गए

सुरेन्द्र स्वामी | जयपुर

प्रदेश के राज्य कर्मचारी व पेंशनर आरजीएचएस योजना के तहत आयुर्वेद चिकित्सा पद्धति से चार निजी अस्पतालों में कैशलेस इलाज करा सकते हैं। इनमें जयपुर के दो, अजमेर व कोटा के एक-एक निजी अस्पताल में आउटडोर व इनडोर के इलाज के लिए अधिकृत किया है। जयपुर के वाटिका रोड स्थित जयपुर आयुर्वेद हॉस्पिटल, टॉक रोड के गोपालपुरा बाईपास स्थित जीना सीखो लाइफ केयर लिमिटेड, अजमेर के मदनगंज-विश्वनाथ के शंकर पाइल्स क्लिनिक एंड रिसर्च सेंटर और कोटा के एम्बीएस केरला आयुर्वेदिक एंड मल्टी स्पेशल जनरल हॉस्पिटल के आउटडोर व इनडोर में इलाज की सुविधा उपलब्ध है। साथ ही प्रदेश के अधिकृत 150 आयुर्वेदिक ड्रग स्टोर्स पर दवा ले सकेंगे। उल्लेखनीय है कि प्रदेश के राज्य कर्मचारियों व पेंशनरों को सरकार की ओर से एलोपैथी चिकित्सा पद्धति से इलाज की सुविधा

किन बीमारियों में मिलेगी इलाज की सुविधा

- आरजीएचएस योजना के तहत पंचकर्म, क्षारसूत्र (पाइल्स, फिस्टुला और फिशर), कटिबस्ती (सायरटिका, कमर दर्द, डिस्क लोकेशन), जानुबस्ती (जोड़ों का दर्द), अक्षीतर्पण (आंखों का इलाज), क्षीरोधारा (मानसिक रोग, अनिद्रा, माइग्रेन, सिर-दर्द, बालों का झड़ना), क्षीरोबस्ती (दिमाग की त्वचा से संबंधित), अभ्यंग, स्नेहन (तेल मालिश) और स्वेदन आदि।
- जोड़, पीठ, गर्दन में दर्द से लेकर माइग्रेन व लकवा का इलाज ह सकेगा।
- आयुर्वेद से इलाज कराने वाले पेंशनर व राज्य कर्मचारी को अधिकृत अस्पताल में आरजीएचएस कार्ड लाना आवश्यक।
- एक साल के लिए आउटडोर में 20 हजार रुपये और इनडोर में पांच लाख रुपये तक का कैशलेस इलाज की सुविधा।

अधिक से अधिक ड्रग स्टोर्स को शामिल किया जाएगा

- कोरोना के बाद आयुर्वेद चिकित्सा पद्धति से इलाज कराने में विश्वास बढ़ा है। इसमें किसी तरह का साइड इफेक्ट भी नहीं होता। चार अस्पताल और 150 ड्रग स्टोर्स के बाद और भी अधिकृत करने का प्रोसेस जारी है। आयुर्वेद चिकित्सा पद्धति को आरजीएचएस में शामिल करने के बाद दिल, दिमाग और लिवर की गंभीर बीमारियों का इलाज बिना किसी साइड इफेक्ट के हो सकेगा। साथ ही आयुर्वेद चिकित्सा पद्धतियों में और विश्वास बढ़ेगा।
- डॉ.सुभाष गर्ग, आयुष मंत्री



RGHS EMPANELLED HOSPITAL UNDER AYURVEDA

Jaipur Ayurveda Hospital

Jeena Sikho (Shuddhi)

Shankar Plies Clinic
and Research Centre

Ambience Kerala
Ayurvedic and
Multispeciality
Hospital

**We feel proud to announce that we
have done more than
100+ NABH ACCREDITATION CENTER**



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 Cashless Empanelment
7. Govt Empanelment-CGHS, DGEHS, ECHS, CAPF, NDMC, DDA, CISR, RGHS, PMJAY and State Govt. Etc...
8. Insurance Cashless.

Our Achievement

NABH Certificate of Accreditation



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





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)**



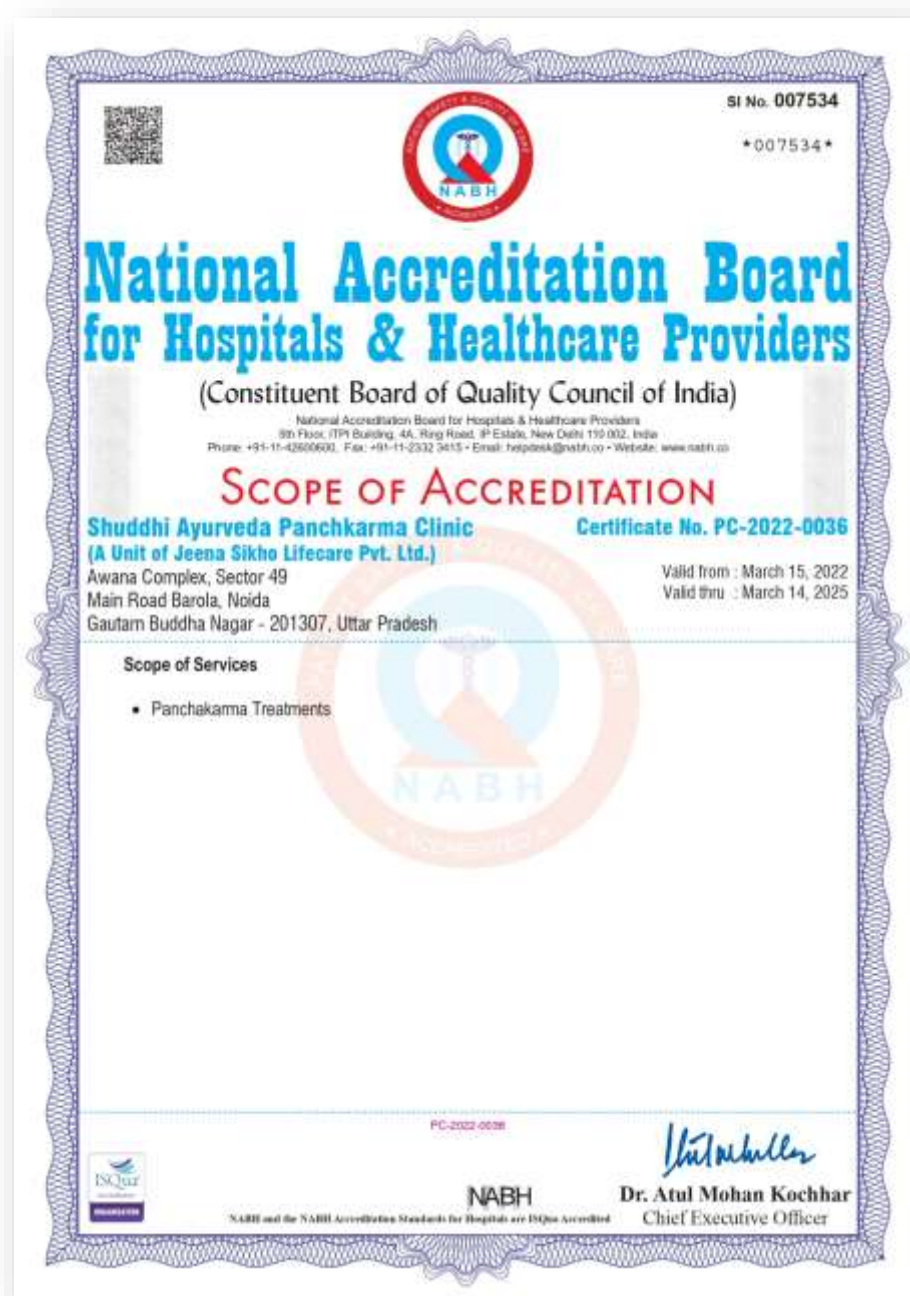


**SHUDDHI AYURVEDA
PANCHKARMA CLINIC
(Dwarka)**



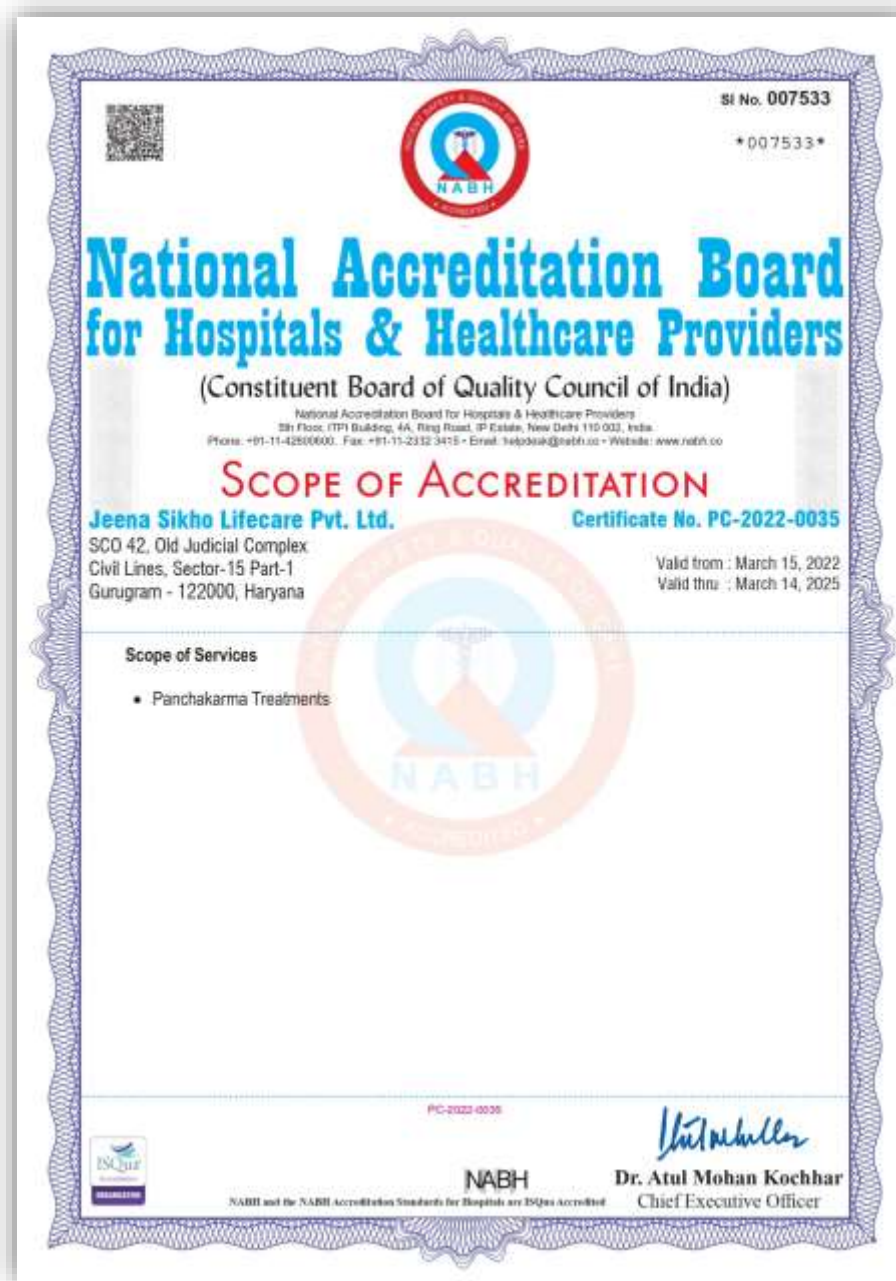


**SHUDDHI AYURVEDA
PANCHKARMA CLINIC
(Noida)**





**SHUDDHI AYURVEDA
PANCHKARMA CLINIC
(Gurugram)**



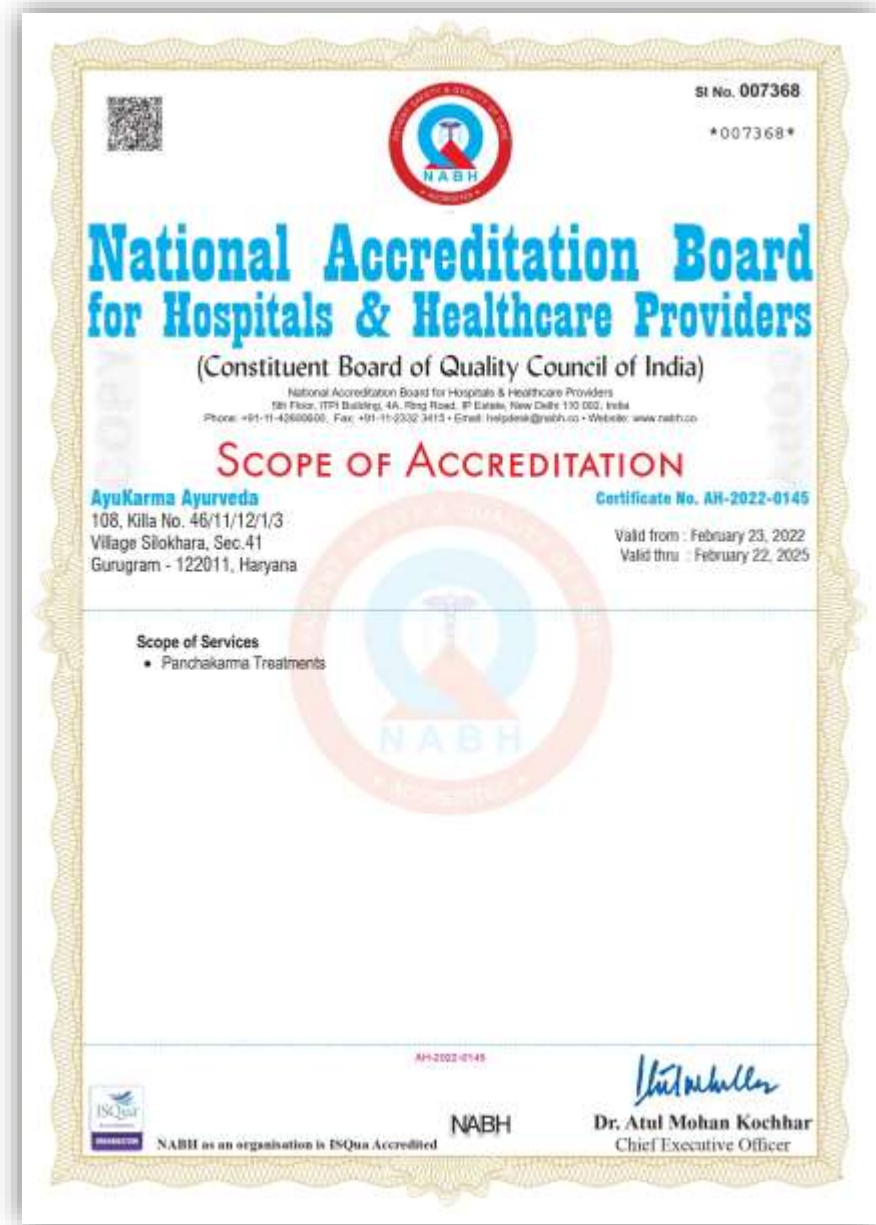


SANJEEVANI AYURVEDA
(Dwarka, Delhi)





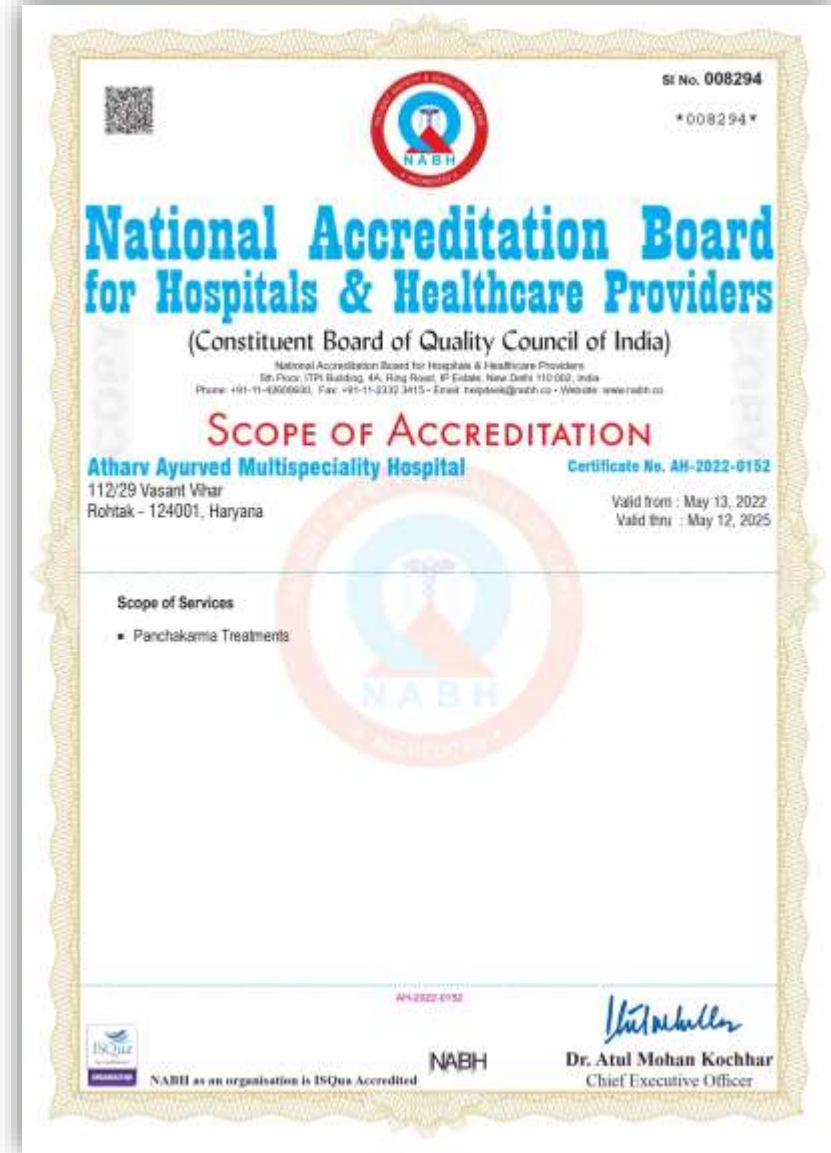
AYU KARMA AYURVEDA
(Gurugram, Haryana)





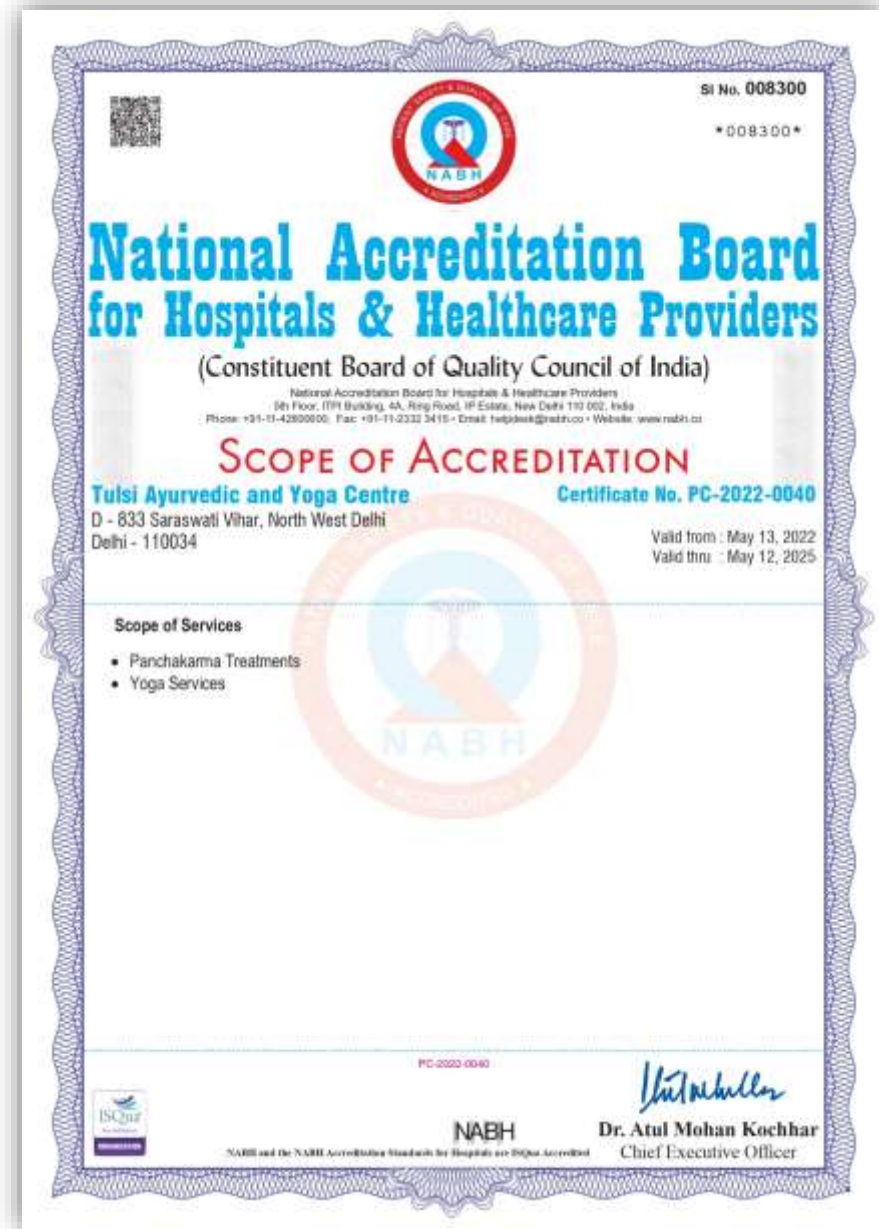
अथर्व आयुर्वेद

ATHARV AYURVED HOSPITAL
(Rohtak, Haryana)



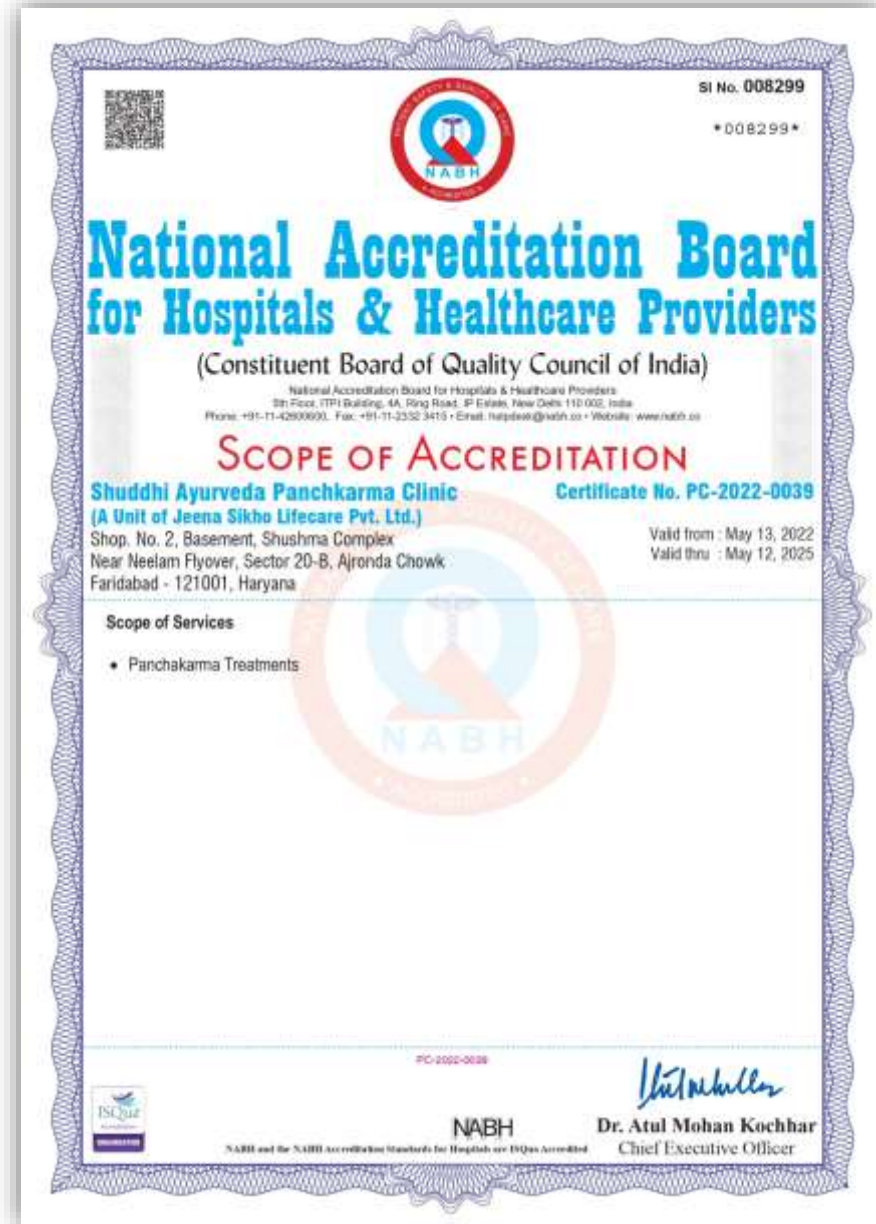


TULSI AYURVEDA
(Saraswati Vihar, Delhi)



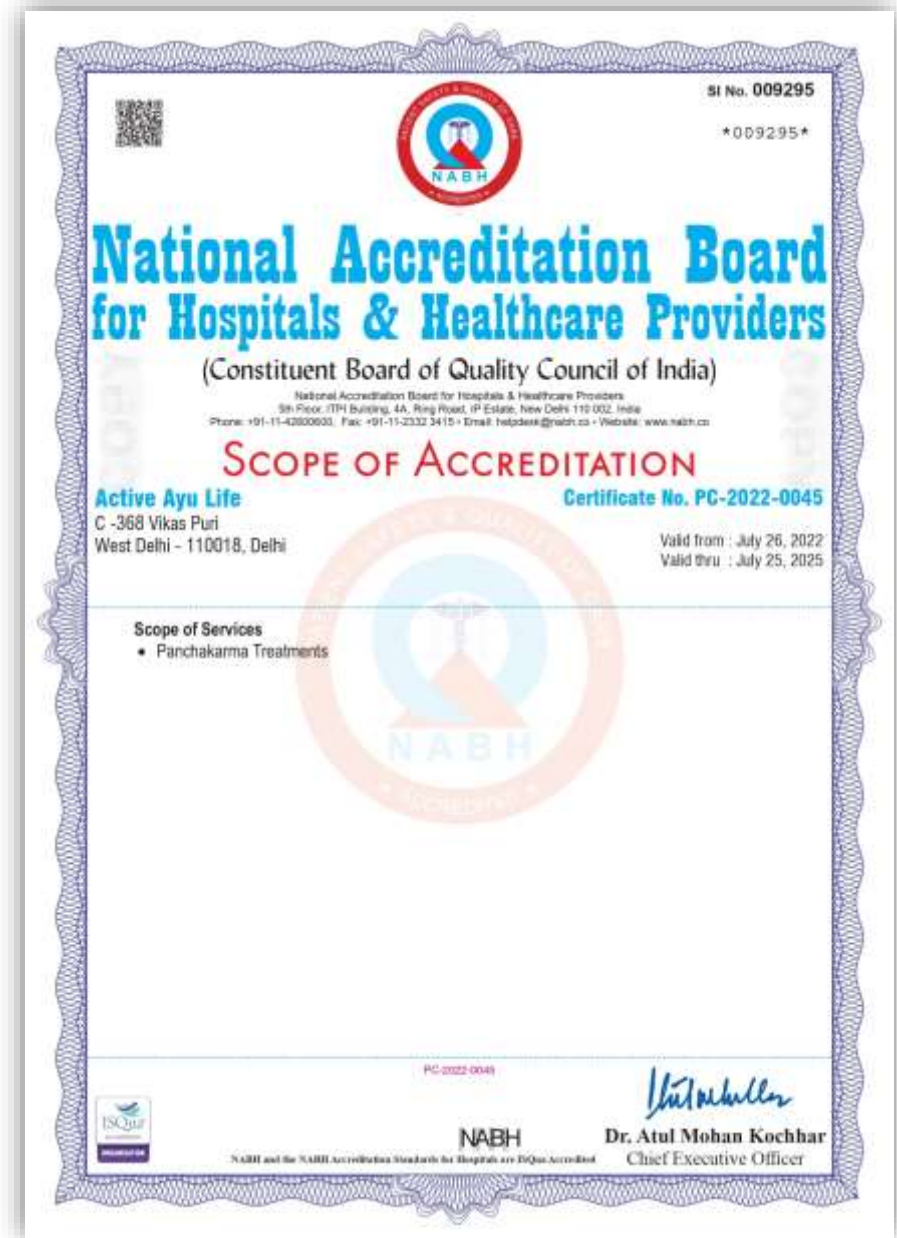


**SHUDDHI AYURVEDA
PANCHKARMA CLINIC
(Faridabad)**



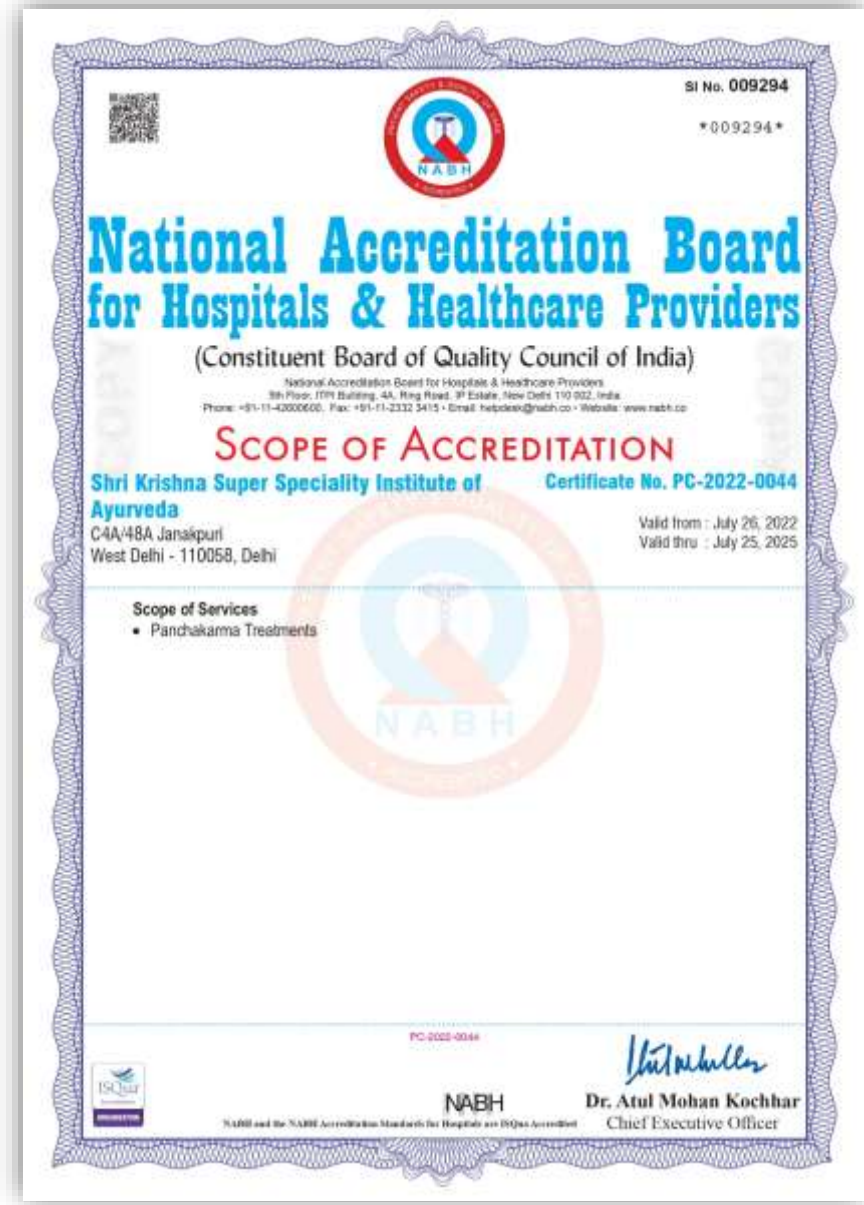


ACTIVE AYU CLINIC
(Vikaspuri, Delhi)



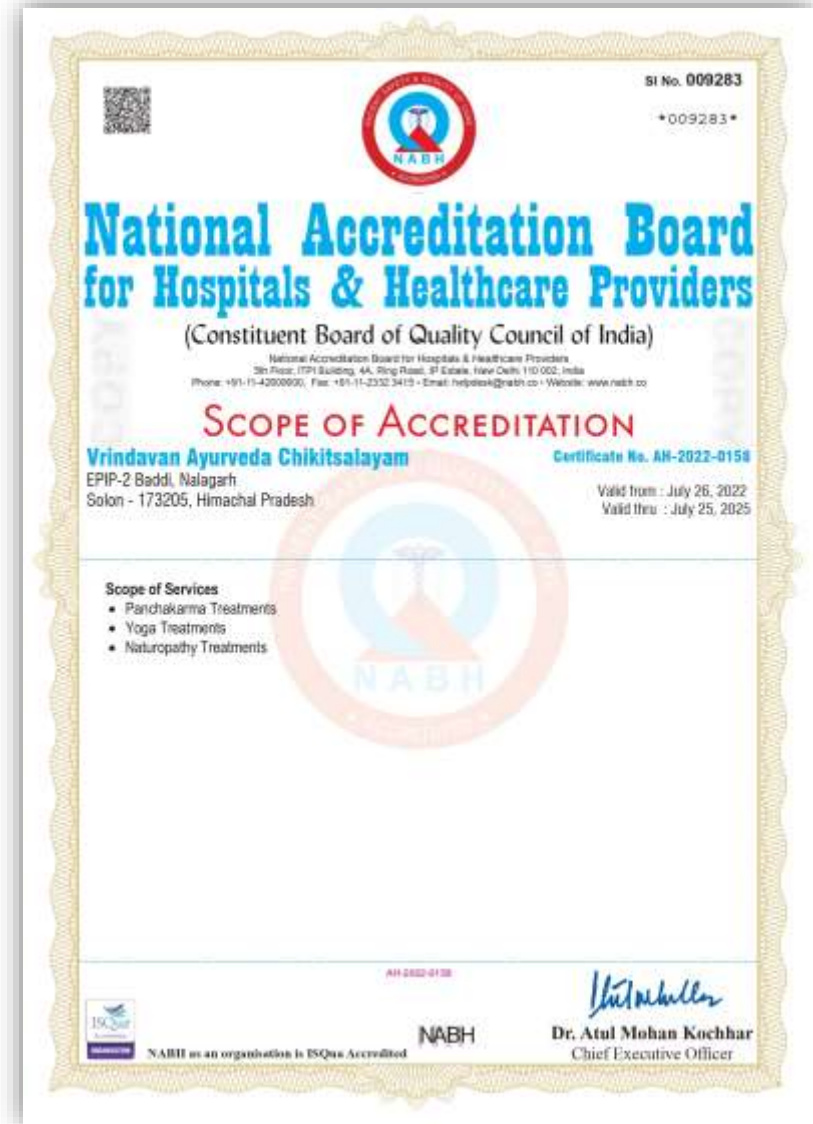


**SHRI KRISHNA SUPER SPECIALITY
INSTITUTE OF AYURVEDA
(Janakpuri, Delhi)**





**VRINDAVAN AYURVEDA
CHIKITSALAYAM**
Baddi, Shimla (Himachal Pradesh)





APRASU AYURVEDA
Rohini (Delhi)

National Accreditation Board for Hospitals & Healthcare Providers

(Constituent Board of Quality Council of India)

CERTIFICATE OF ACCREDITATION

Aprasu Ayurveda Panchkarma Centre
B - 1087-88 Avantika Chowk, Rohini, Sector- 1
Delhi - 110085

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 : August 30, 2022
Valid thru : August 29, 2025



Certificate No.
AH-2022-0161

Dr. Atul Mohan Kochhar
Dr. Atul Mohan Kochhar
Chief Executive Officer

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



SI No. 009843



NABH as an organisation is ISQua Accredited

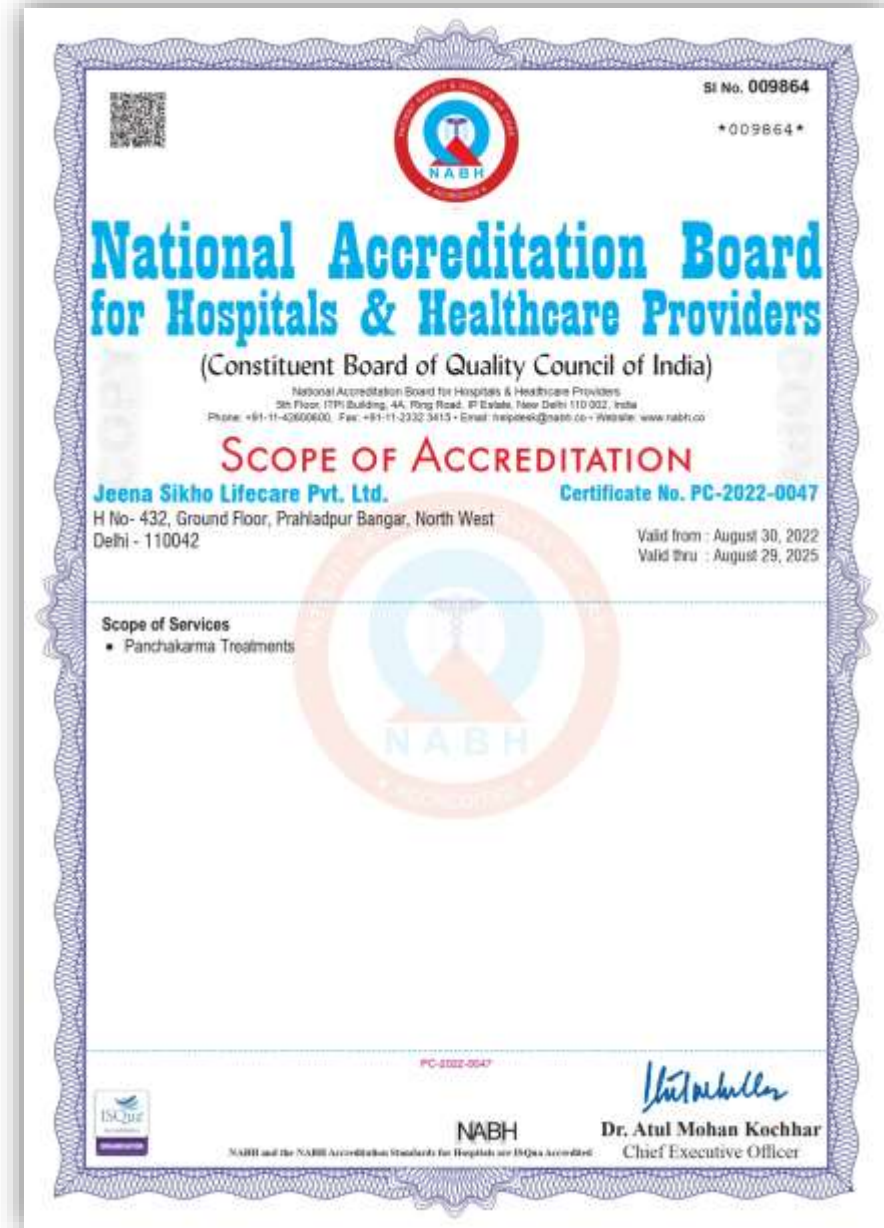


BHAGWATI AYURVEDA
Jaipur (Rajasthan)



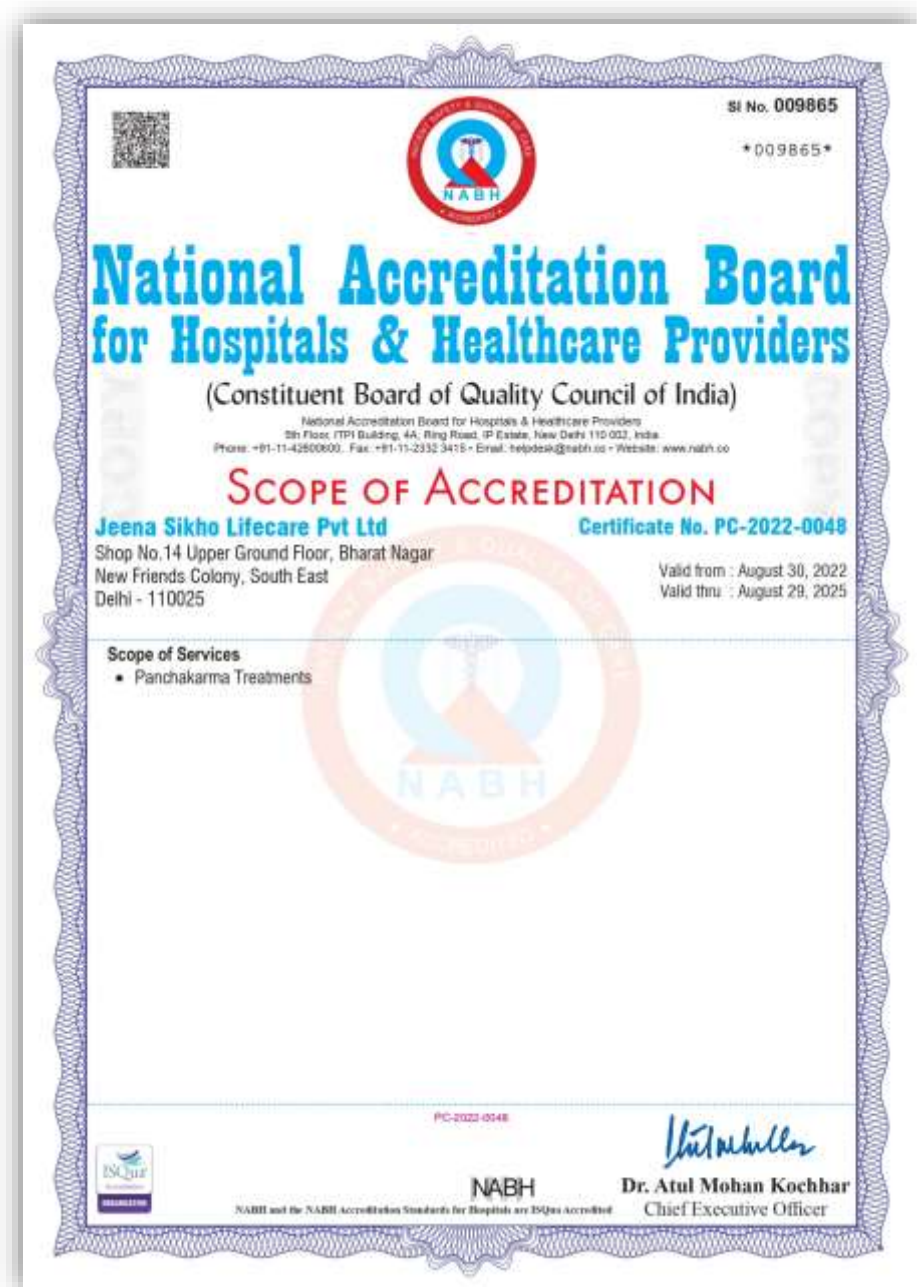


**SHUDDHI AYURVEDA
PANCHKARMA CLINIC
(Rohini, Delhi)**



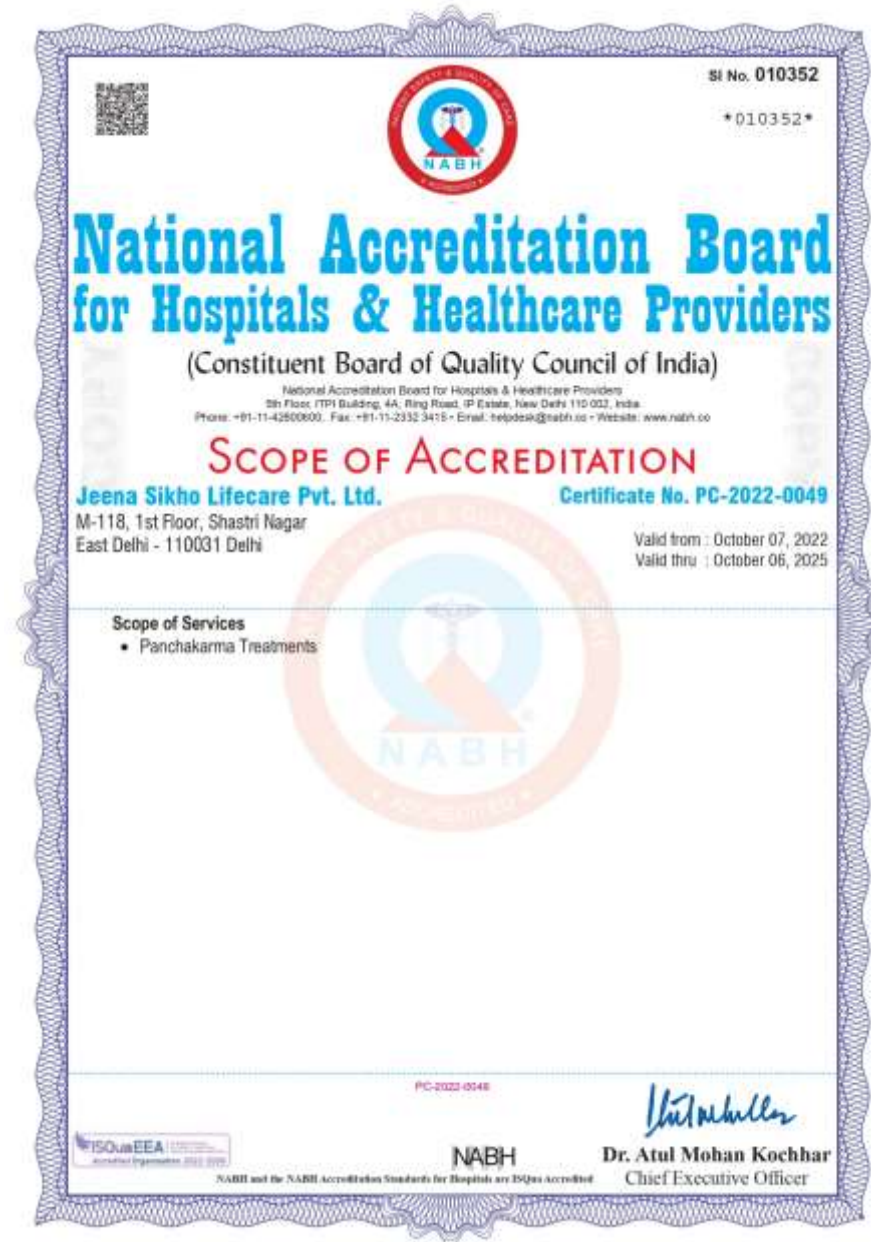


**SHUDDHI AYURVEDA
PANCHKARMA CLINIC
(New Friends Colony, Delhi)**





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





VRIKSHALAPA AYURVEDA
(Malviya Nagar, Delhi)



Private TPA Claims Approved by SHM



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,



General Manager - Claims

For and on behalf of Max Bupa Health Insurance Company Limited

Please do not print this email unless it is absolutely necessary.

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,



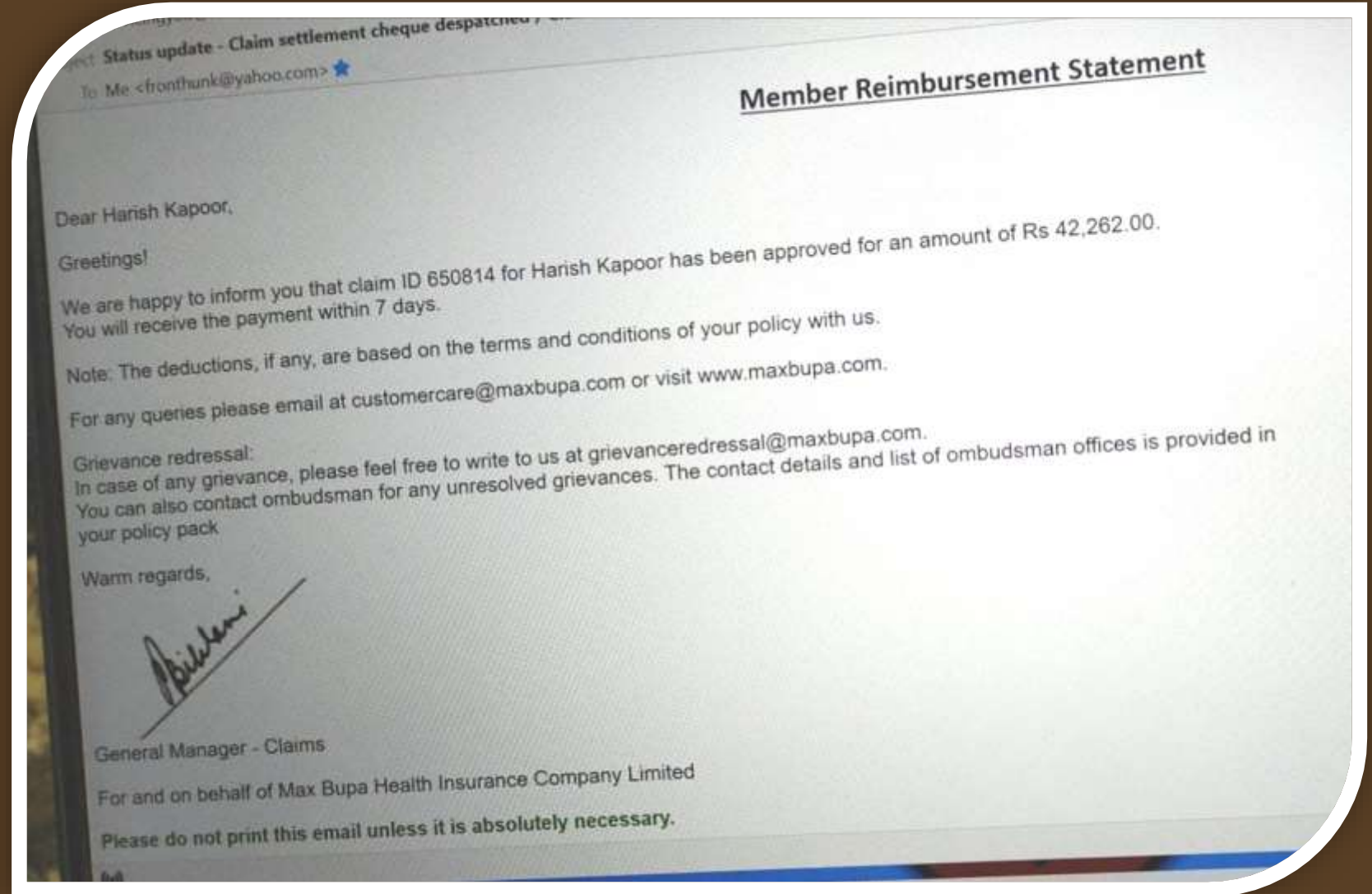
General Manager - Claims

For and on behalf of Max Bupa Health Insurance Company Limited

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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.

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 271SONAR WALI GALI DARYAPUR KALAN

NORTH WEST DELHI, DELHI, 110038,

Contact No. - 9818834133

Date :	28-03-2021
HDFC ERGO ID :	ER2010918673-01E

Subject: Settlement details of your claim with CCN R8-HS20-12308464 , under policy number 2952200758250306-2825, UTR No N087211453701809 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 UT180001260 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 :	SANDHYASHE HOSPITAL	Ailment :	Unspecified hemorrhoids
Hospitalization Duration : From :	20/02/2021	To :	20/02/2021
Claim Type :	REIMBURSEMENT	Payer Name :	PARDEEP .

Bill No.	Service Type	Claimed Amount	Deduction Amount	Discount	Settled Amount	Remarks
517	pharmacy Bill Head	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 - 822 8234 8234 / 8128 8234 8234
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, 80/96 Reg. No. 146, CIN: U06030MH2007PLC177117 Corresponding DIN: 00181771, Tower-1, 8th Floor, C-25, Sector-62, Noida-201301 Customer Service No - 822 8234 8234 / 8128 8234 8234, Fax: 1880 3000 800, (M): 1880 3000 700 | Email: healthclaims@hdfcergo.com - Registered & Corporate Office: 1st Floor, 165-166, Backbay Reclamation, H.T. Parvathi Marg, Churchgate, Mumbai - 400 005

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: Shalendra Kumar

DEL-1121-CL-0003396.pdf
1.36 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;
TX ID No:	DEL-CH-H0351-014-0044517-8
Policy Number:	124500/48/2021/8833;
EFT Transaction number:	A005P00241510857
Insurance Company:	ORIENTAL INSURANCE COMPANY LIMITED;
Employee no/Hel-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:	
Illment:	CERVICAL SPONDYLOSIS, 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/3HYC7>

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



शुद्धि आयुर्वेद
हॉस्पिटल HIIMS
का हुआ क्लेम पास

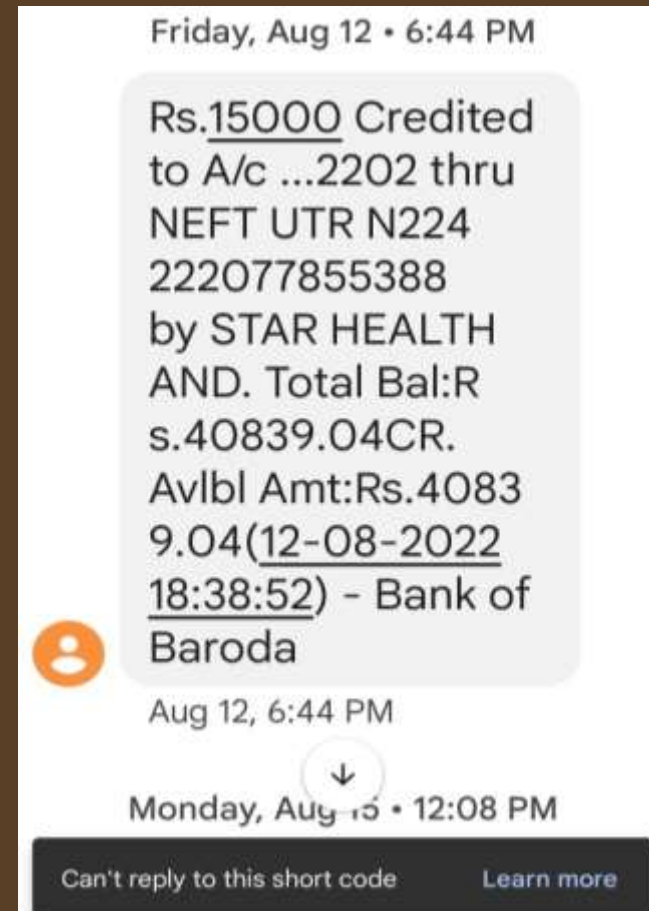
Rs. 3,28,300



Tata AIG का
Mediclaime हुआ
पास शुद्धि आयुर्वेद
हॉस्पिटल से

Rs. 3,28,300

Claim Amount :15,000



Claim Amount :1,61,950

HDFC ERGO General Insurance Company Limited



Settlement Letter Without Prejudice

To,

SANDEEP KUMAR
903A,MEGHADHANUSH APTS

Date :	09-10-2022
HDFC ERGO ID :	ER2118283994-01E

SURAT, GUJARAT 395001,
Contact No.- 9712081044

Subject: Settlement details of your claim with CCN RR-H522-13186610, under policy number 2828201982693104, UTR No N281222153909905 and Transaction Date 08/10/2022

Dear Sir / Madam

We are pleased to inform you that a credit has been initiated to the Account No. 005201033782 with ICICI BANK LIMITED and IFSC Code ICIC0000052 for sum of 161950 (One Lac Sixty One Thousand Nine Hundred Fifty) 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 : SANDEEP KUMAR Main Member : SANDEEP KUMAR
Relationship : Self Corporate Name : NA
Hospital Name : SURVED Ailment : Psoriasis, unspecified
HOSPITAL 21/08/2022
Hospitalization Duration : From : 01/08/2022 To :
Claim Type : REIMBURSEMENT Payee Name : SANDEEP KUMAR

Bill No.	Service Type	Claimed Amount	Deduction Amount	Discount	Settled Amount	Remarks
4281	Professional Fees Charges	14000	0	0	14000	
5694	Investigation Charges	1950	0	0	1950	
1210	Investigation Charges	500	0	0	500	
000	Other Expenses	93000	0	0	93000	
177	Professional Fees Charges	52500	0	0	52500	
	Total	161950	0	0	161950	

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. (RDA) Reg No. 148
CN: 666328H050PLC171717. Registered & Corporate Office: 18 Floor, HDFC House,
180/198 Backbay Reclamation, H T Park Marg, Churnagala, Mumbai - 400 025

Customer Service Address: D 301, 3rd Floor,
Bajaj Business District (Majra) Mall, LBS Marg, Shantipur (West), Mumbai - 400 078.
Customer Service No : +91 22 62346234 / +91 120 6234 6234 / www.hdfcergo.com

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



अथर्व आयुर्वेद

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Our Happy Clients



10 + CLINICS
In South, India



It was North India's
1st DGEHS Approved
Center



Our Happy Clients



Our Happy Clients



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
		27.	FASSI licence

- **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

- **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		



TPA And Insurance EMPANELMENT CHECKLIST

Please provide following details for empanelment process of your hospital / Clinic.

1. Provider Information Sheet of hospital (Staff Details)
2. Rohini ID (IIB unique code)
3. Hospital profile (no of beds, facility, infrastructure & services in their letter head) / PPT
4. Hospital Registration Certificate
5. Bank NEFT Details & Original cancelled cheque
6. In case the PAN card Name and the Hospital Name is different then you need to provide the declaration letter about the concerned person/ trust / company in the PAN card (relationship) over the hospital
7. 2-3 cash/Credit Bill Samples (Last 3 Months)
8. Hospital/Clinic NABH Certificate / Acknowledgment Letter.
9. Pollution Control Certificate
10. Fire Certificate
11. BMW Certificate
12. Pan Card
13. Authorized Signatory Name with contact number
14. Complete tariff list/ Schedule of charges
15. Discount letter

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: 2,000 + 18 GST
- Hospital: 3000 + 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 -4250



THANKS

If Any Query Call
8368009669