

उ०प्र० पावर कारपोरेशन लिमिटेड

(उ० प्र० सरकार का उपक्रम)

U.P. POWER CORPORATION LIMITED

(Govt. of Uttar Pradesh Undertaking)

शक्ति भवन विस्तार, 14-अर्शोक मार्ग, लखनऊ-226001

संख्या 5830-औ०स०/2008-11 (28) एस/04,

दिनांक:- 31 दिसम्बर, 2008

कार्यालय-ज्ञाप

उ०प्र० पावर कारपोरेशन लि० द्वारा पूर्व मान्यता प्राप्त सुपर स्पेशियल्टी के निम्नलिखित चिकित्सालयों जिनकी मान्यता दिनांक 31.03.2009 तक प्रभावी है हेतु पूर्ववत निर्धारित प्रतिबन्धों एवं संलग्न शर्तों के अधीन तत्काल प्रभाव से सी०जी०एच०एस० की संलग्न पैकेज दरें एतद् द्वारा स्वीकृत की जाती हैं:-

- (A) 1-कैलाश हास्पिटल एण्ड रिसर्च सेण्टर, नोएडा।
2-मेट्रो हास्पिटल एण्ड हार्ट इन्स्टीट्यूट, नोएडा।
3-नरेन्द्र मोहन हास्पिटल एण्ड हार्ट सेण्टर, गाजियाबाद।
4-हेरिटेज हास्पिटल, वाराणसी।
5-हार्ट लाइन कार्डियक केयर सेण्टर, इलाहाबाद।
6-डिवाइन हार्ट हास्पिटल, लखनऊ।

नोट:- (1) उपरोक्त सभी अस्पताल सी०जी०एच०एस० की दरों पर सामान्य एवं हृदय रोग के लिए मान्य हैं

(2) उपरोक्त सभी अस्पताल हृदय रोग के उपचार एवं शल्य क्रिया के लिए क्रेडिट व्यवस्था पर दिनांक 31.03.2009 तक के लिए मान्य हैं।

(B) 1-यशोदा हास्पिटल एण्ड रिसर्च सेण्टर लि०, गाजियाबाद सी०जी०एच०एस० की दरों पर सामान्य चिकित्सा एवं हृदय रोग के लिए दिनांक 31.3.2010 तक मान्य हैं।

2-फोर्टिस हास्पिटल, नोएडा जिसे पूर्व में कारपोरेशन के आदेश सं०-4461-औ०स०/ पाकालि / 05, दिनांक 27.09.2005 द्वारा कतिपय रोगों के उपचार हेतु विभागीय मान्यता प्रदान की गयी थी की पूर्व मान्यता को तत्काल प्रभाव से समाप्त करते हुए केवल हृदय रोग के उपचार व शल्य क्रिया एवं नी-रिप्लेसमेण्ट हेतु विशिष्ट अस्पताल के रूप में सी०जी०एच०एस० की संलग्न दरों पर तत्काल प्रभाव से दिनांक 31.3.2010 तक के लिए एतद्द्वारा मान्यता प्रदान की जाती है।

3-उक्त अस्पतालों में क्रेडिट सुविधा अनुमन्य नहीं है।

अध्यक्ष


Medical Letter

संख्या 5830-औ0स0/2008-11 (28) एस/04, तददिनांक।

प्रतिलिपि सूचनार्थ एवं आवश्यक कार्यवाही हेतु निम्नलिखित को प्रेषित:-

- 1-अध्यक्ष महोदय के प्रमुख निजी सचिव, उ0प्र0 पावर कारपोरेशन लि0, शक्ति भवन, लखनऊ।
- 2-प्रबन्ध निदेशक के निजी सचिव, उ0प्र0 पावर कारपोरेशन लिमिटेड, शक्ति भवन, लखनऊ।
- 3-निदेशक (का0प्र0 एवं प्रशा0) महोदय के निजी सचिव, उ0प्र0 पावर कारपोरेशन लि0, शक्ति भवन, लखनऊ।

- 4-अपर सचिव (प्रथम)/अपर सचिव (द्वितीय)/अपर सचिव (अरा0/काविनी), उ0प्र0 पावर कारपोरेशन लि0, शक्ति भवन, लखनऊ।

- 5-महाप्रबन्धक (लेखा प्रशासन), उ0प्र0 पावर कारपोरेशन लि0, शक्ति भवन, लखनऊ।

- 6-प्रबन्ध निदेशक, विद्युत वितरण निगम लि0, पूर्वांचल, वाराणसी/ पश्चिमांचल, मेरठ/ दक्षिणांचल, आगरा/ मध्यांचल, लखनऊ/ केस्को, कानपुर को इस आशय से प्रेषित कि वे कृपया अपने स्तर से उक्त आदेश की प्रति अपने अधीनस्थ सम्बन्धित अधिकारियों को उपलब्ध कराने का कष्ट करें।

- 7-उ0प्र0 पावर ट्रान्समिशन कारपोरेशन लि0, शक्ति भवन, लखनऊ।

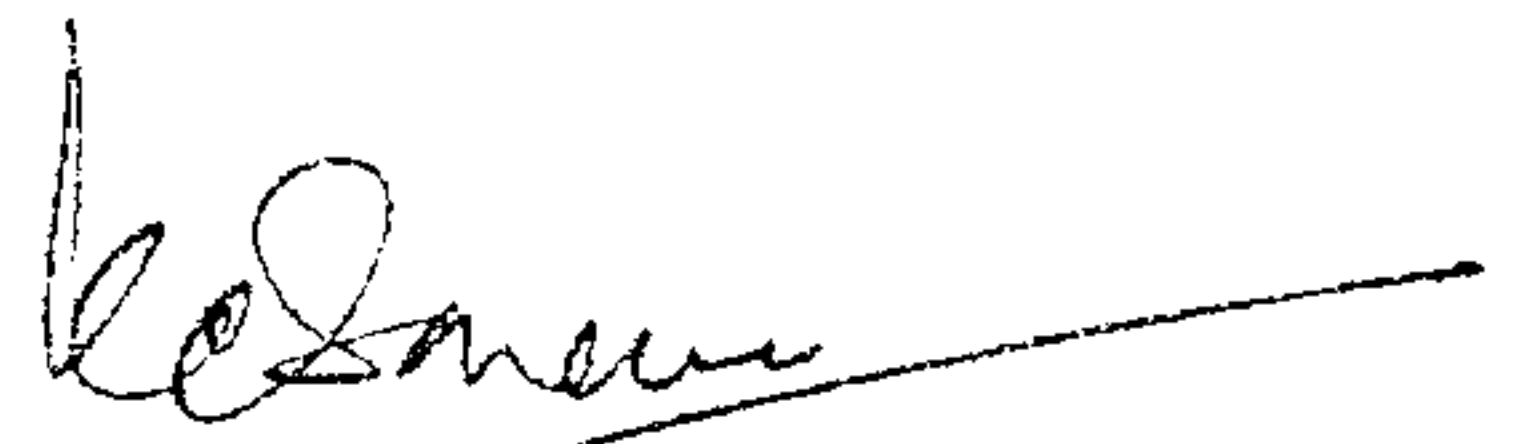
- 8-प्रबन्धकगण:-

- 1-कैलाश हास्पिटल एण्ड रिसर्च सेण्टर, एच0-33, सेक्टर 27, नोएडा।
- 2-मेट्रो हास्पिटल एण्ड हार्ट इन्स्टीट्यूट, एक्स-1, सेक्टर-12, नोएडा।
- 3-नरेन्द्र मोहन हास्पिटल एण्ड हार्ट सेण्टर, मोहन नगर, गाजियाबाद।
- 4-हेरिटेज हास्पिटल, लंका, वाराणसी।
- 5-हार्ट लाइन कार्डियक केयर सेण्टर, 14/18 एल्लियन रोड, सिविल लाइन्स, इलाहाबाद।
- 6-डिवाइन हार्ट हास्पिटल, विराज खण्ड, इन्स्टीट्यूशनल एरिया, गोमती नगर, लखनऊ।
- 7-यशोवा हास्पिटल एण्ड रिसर्च सेण्टर लि0, 111 एम, नेहरूनगर, गाजियाबाद।
- 8-फोर्टिस हास्पिटल, बी-22, सेक्टर-62, नोएडा।

- 9-मुख्य चिकित्सा अधिकारी, उ0प्र0 राज्य उत्पादन निगम लि0, शक्ति भवन, लखनऊ।

- 10-अधिसासी अभियन्ता, कम्प्यूटराइजेशन इकाई, उ0प्र0 पावर कारपोरेशन लि0, शक्ति भवन, लखनऊ को इस आशय से प्रेषित की वे इन आदेशों को वेबसाइट www.uppcl.org पर डालने हेतु आवश्यक कार्यवाही करें।

- 11-कट फाइल।



(कौशल चन्द्र सक्सेना)
वरिष्ठ कार्मिक अधिकारी (वि0श्रे0)

Terms & Conditions

1- "Package Rate " shall mean and include lump sum cost of inpatient treatment/ day care/ diagnostic procedure for which a UPPCL beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to)-(i) Registration charges, (ii) Admission charges, (iii) Accommodation charges including patients diet, (iv) Operation charges (v) Injection charges, (vi) Dressing charges, (vii) Doctor/ consultant visit charges, (viii) ICU/ ICCU charges, (ix) Monitoring charges, (x) Transfusion charges, (xi) Anesthesia charges, (xii) Operation theatre charges, (xiii) Procedural charges/ surgeon's fee, (xiv) Cost of surgical disposables and all sundries used during hospitalization, (xv) Cost of medicines, (Xvi) Related routine and essential investigations, (xvii) Physiotherapy charges etc, (xviii) Nursing care and charges for its services.

2- Cost of Implants is reimbursable in addition to package rates as per UPPCL ceiling rates for implants or as per actual, in case there is no UPPCL prescribed ceiling rates.

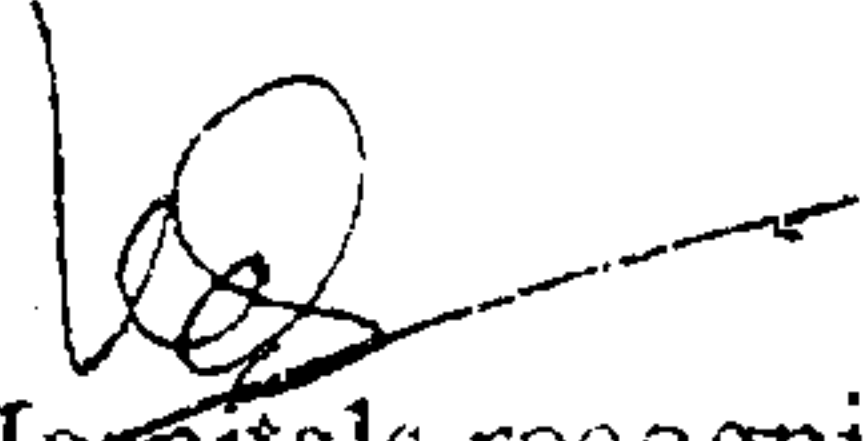
2.1 IMPLANTS includes Nails, Plates, Stent, Valves, Pace-Maker, Joints, Shunts, Anti Platelet Therapy

3- Treatment charges for new born baby are separately reimbursable in addition to delivery charges for mother.

4- Package rates envisage duration of indoor treatment as follows:
Upto 12 days: for Specialized (Super Specialities) treatment
Upto 7 days: for other Major Surgeries.
Upto 3 days: for Laparoscopic surgeries/ normal Deliveries
1 day: for day care.

No additional charge on account of extended period of stay shall be allowed if that extension is due to infection or the consequences of surgical procedure or due to any improper procedure and is not justified.

5-The package rates prescribed are for semi-private ward. If the beneficiary is entitled for general ward there will be a decrease of 10 % in the rates; for private ward entitlement there will be an increase of 15 %, However, the rates shall be same for investigation irrespective of entitlement.


Hospitals recogniz

6-(a) The maximum room rent for different categories would be:

General ward Rs 500/- per day

Semi-Private ward Rs. 1000/- per day

Private ward Rs. 1500/- per day

Day Care (6-8 Hrs.) Rs. 500/- (Same for all categories)

(b) Room rent is applicable only for treatment procedures for which there is no UPPCL prescribed package rate.

Room rent will include charges for occupation of Bed, diet for the patient, charges for water and electricity supply, linen charges, nursing charges and routine up keeping.

(c) During the treatment in ICCU/ ICU, no separate room rent will be admissible.

(d) Private ward is defined as a hospital room where single patient is accommodated and which has an attached toilet (lavatory or bath). The room should have furnishings like wardrobe, dressing table, bed-side table, sofa set, etc. as well as a bed for attendant.

(e) Semi Private ward is defined as a hospital room where two to three patients are accommodated and which has attached toilet facilities and necessary furnishings.

(f) General ward is defined as halls that accommodate four to ten patients.

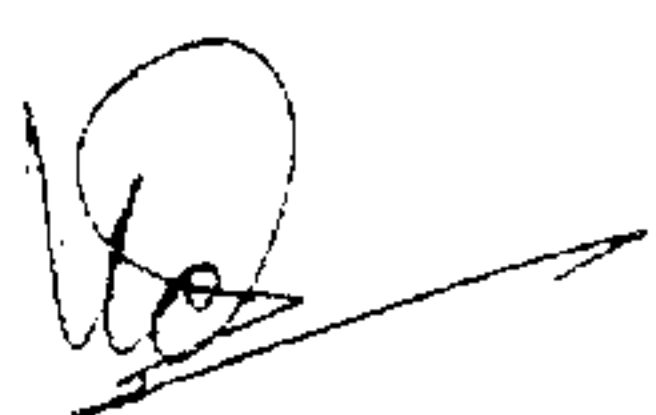
(g) Normally the treatment in higher Category of accommodation than the entitled category is not permissible. However, in case of an emergency when the entitled category accommodation is not available, admission in the immediate higher category may be allowed till the entitled category accommodation becomes available. However, if a particular hospital does not have the ward as per entitlement of beneficiary, then the hospital can only bill as per entitlement of the beneficiary even though the treatment was given in higher type of ward.

If, on the request of the beneficiary, treatment is provided in a higher category of ward, then the expenditure over and above entitlement will have to be borne by the beneficiary.

7-During the In-patient treatment of the UPPCL beneficiary, the Hospital will not ask the beneficiary or his attendant to purchase separately the medicines/sundries/equipment or accessories from outside and will provide the treatment within the package rate, fixed by the UPPCL which includes the cost of all the items.

8-If one or more minor procedures form part of a major treatment procedure, then package charges would be permissible for Major procedure and only 50% of charges for minor procedure.

Hospital's recogniz



9-Any legal liability arising out of such services shall be the sole responsibility and shall be dealt with by the concerned empanelled hospital/ Diagnostic centre. Services will be provided by the Hospitals/ Diagnostic centers as per the terms of agreement.

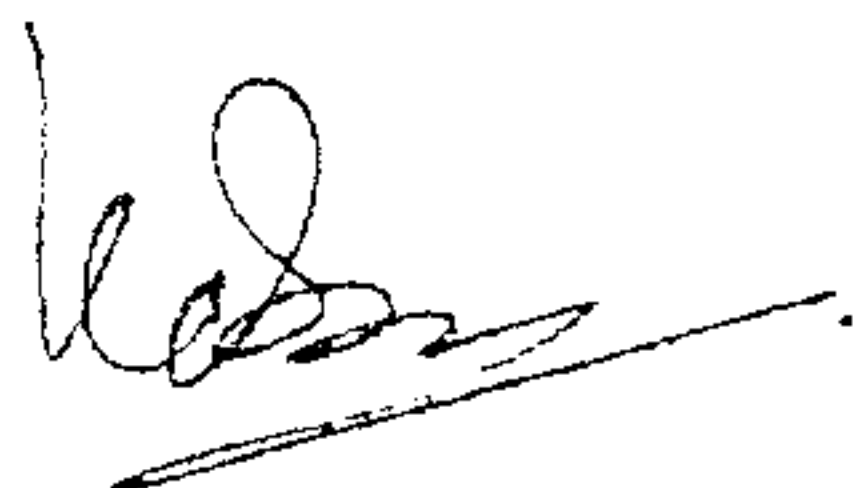
10-The rates apply for only Indoor treatment.

11-Outdoor treatment for only Fractures (Only 15 days from the date of fracture). Dog and Monkey Bite, Cancer Chemo Therapy and Radio therapy, Dialysis, Lithotripsy (Hearing -- aid, Denture are Permissible at Corporation rates).

12-Any type of Cosmetic Surgery or Treatment is not reimbursable.

13-Reimbursement on Purchased Blood is not allowed as Blood is through Donation.

14-While Billing the Hospitals must clearly write the name of the procedure along with the serial No. as given in the Rate List. No extra charges are to be levied apart from the Package Rates, otherwise Strict action shall be taken against the Hospital.



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