



OFFICE OF THE STATE MEDICAL COMMISSIONER  
REGIONAL OFFICE (TAMIL NADU)  
EMPLOYEES' STATE INSURANCE CORPORATION  
143, STERLING ROAD, NUNGAMBAKKAM, CHENNAI

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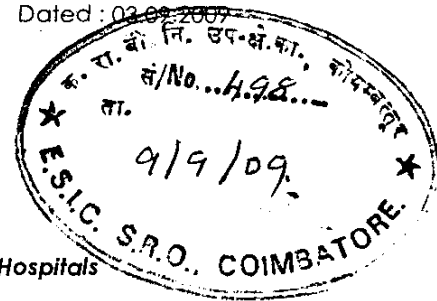
Email : ssmc-tn@esic.nic.in

Website : [www.esichennai.org](http://www.esichennai.org)

No.51/SMC/SST/15/2008

Dated : 02.09.2009

To  
The Director,  
Medical & Rural Health Services (ESI),  
Teynampet,  
CHENNAI - 600 006.



Subject: **Consolidated list of Super Specialty/Specialty Tie-up Hospitals**

Dear Sir,

I am enclosing herewith an **updated consolidated list of Super Specialty/Specialty tie-up Hospitals** in the State of Tamil Nadu with the request to make it a 'single list of reference', henceforth, for referring ESI beneficiaries to various private tie-up hospitals for **imparting cash-less treatment** to them.

You are also requested to bring to the knowledge of all concerned officials of ESI Directorate, ESI Hospitals & Dispensaries, the contents of this letter for their ready-reference. Please note that all the instructions given below have already been communicated to you earlier, but are reproduced here for the sake of better co-ordination, smooth outflow of Super Specialty Services to the beneficiaries & timely payments to the tie-up hospitals.

Please note that the above mentioned list contains the names of 58 tied-up hospitals. 24 hospitals are tied-up with the State Medical Commissioner and rest 34 with Director of Medical and Rural Health Services (ESI).

Please be informed that all those hospitals which are tied-up with SMC are empanelled in concerned super specialties for all out-patient consultations, investigations as well as indoor procedures / packages / items etc which are listed under the CGHS rate list available at <http://www.mohfw.nic.in/cghs.htm>.

Also please be informed that those hospitals which are tied-up with the Director of Medical and Rural Health Services (ESI) are empanelled for those procedures only which are enumerated in the list circulated by Director of Medical and Rural Health Services (ESI). A copy of this list is enclosed herewith for ready reference.

At this juncture, I wish to remind all the state ESI hospitals & dispensaries, through your good offices, that references to these private tie-up hospitals will be made by the Medical Superintendents of State run ESI Hospitals after procuring the necessary **valid eligible certificate** from the concerned Branch Office **directly**, along with the other documents as given in the enclosed 'check list for reference'.

8/9/09  
AD (B)

As I said

Pl. put the list on submt on Dec 8/9/09

After completion of the treatment, the Medical Superintendent will receive the bills from the private tie-up hospitals directly & send these to State Medical Commissioner for payment along with the documents as enlisted in the 'check list for preparation of bills' along with their **verification report** as per the format.

All the Medical Superintendents will also maintain a **Reference Register** in their office giving details of the patient particulars, disease profile, date of reference to hospital, date of receiving of bill from the hospital & date of onward transmission of bill to SMC office.

Please note that the **Orthopedics (except hip and knee replacement surgeries), Ophthalmology and Dialysis do not form Super Specialty care**. Hence, the bills pertaining to the above three specialties may not be accepted by the Medical Superintendents of the ESI Hospitals from the private hospitals and in turn private hospitals may be asked to submit these bills directly to the Director of Medical and Rural Health Services (ESI), as earlier, for payment from the Revolving Fund. However, the bills for hip and knee replacement surgeries may be accepted & sent to the State Medical Commissioner for payment.

It is also reiterated here that there is **no change in the procedure for the reimbursement of medical claims to ESI IPs** for the expenditure borne by them initially for taking treatment privately. The instructions and procedures as issued by Director of Medical and Rural Health Services (ESI) and State Government may be followed in this matter i.e., the bills are to be sanctioned by the Dispensary In charge/RAMO/DMS-ESI or L&E Secretariat as per their delegated powers. As explained to DMS officials earlier, the reimbursement claims for the Super Specialty will be paid from outside-ceiling funds after receiving the **processed bills & verification report** from the DMS & bills for multi-specialty will be paid from Revolving Fund after receiving the **sanction letter** of DMS, as earlier.

Encls:

1. Consolidated List of tie up hospitals
2. Check List for Reference
3. Check List for preparation of bills
4. Verification Report Format
5. Essentiality - B
6. DMS-ESI Package Rate List

Yours faithfully,

  
(Dr. UMESH KUMAR JAIN)  
STATE MEDICAL COMMISSIONER

Copy to:

1. The RAMO, ESI Scheme, Coimbatore / Madurai / Salem / KK Nagar, Chennai-78 with a request to distribute this letter to all the dispensaries under them.
2. The Medical Superintendent, ESI Hospital, Coimbatore / Madurai / Salem / Sivakasi / Trichy / Vellore / Hosur / Ayanavaram / KK Nagar, Chennai-78
3. The Addl. Commissioner and Regional Director, ESIC, RO, Chennai-34.
4. The Joint Director, SRO, Coimbatore / Madurai / Salem / Tirunelveli.
5. The Labour Secretary, Labour and Employment Department, Govt., of Tamil Nadu, Fort St. George, Chennai-600 009.

**TIE UP HOSPITALS IN TAMIL NADU (combined list of SMC & DMS)**

3

S.No	AREA	HOSPITAL	EMPANELLED SUPER SPECIALITY/SPECIALITY	Tie-up with
1.	CHENNAI	SUGAM HOSPITAL, 349 THIRUVOTRIYUR HIGH ROAD, THIRUVOTRIYUR, CHENNAI 600 019 TEL: 044 - 2573 3830 / 2573 3296]	NEPHROLOGY, UROSURGERY, (EXCEPT DIALYSIS) NEUROLOGY AND NEUROSURGERY, CARDIOLOGY, ONCOLOGY (EXCEPT RADIOTHERAPY), BURNS AND PLASTIC SURGERY, DIAGNOSTIC TESTS- CT, MRI, ECHO, TMT)	SMC
2.		MIOT HOSPITALS, 4/112 MOUNT POONAMALEE ROAD, MANAPAKKAM, CHENNAI 600 089  [Tel: 044 - 2249 2288]	CARDIOLOGY & CARDIOTHORACIC SURGERY NEUROLOGY & NEUROSURGERY PEDIATRICS SURGERY UROLOGY & UROSURGERY (EXCEPT DIALYSIS) ENDOCRINOLOGY & ENDOCRINE SURGERY & SUPER SPECIALITY INVESTIGATION.	SMC
3.		RIGHT HOSPITALS, NO.1, PROF. SUBRAMANIAM STREET, KILPAUK, CHENNAI-600 010. Prof. G.Balakrishnan Phone No: 044- 26403939, 26423939	UROLOGY AND URO SURGERY (EXCEPT DIALYSIS), RECONSTRUCTIVE, NEUROLOGY AND NEURO SURGERY, PEDIATRIC SURGERY, ENDOCRINE AND ENDOCRINE SURGERY.	SMC
4.		THE MADRAS MEDICAL MISSION, 4 A, DR.J.JAYALALITHA NAGAR, MOGAPPAR, CHENNAI 600 037. PH: 26561801/ 26565961/ 26565991	CARDIOLOGY & CARDIOTHORACIC	SMC
5.		HARVEY HEART HOSPITALS LTD. NUNGAMBAKKAM, CHENNAI	CARDIOLOGY	DMS
6.		SOORIYA HOSPITAL, CHENNAI-93	CARDIOLOGY, ORTHOPEDICS, NEPHROLOGY, NEUROLOGY	DMS
7.		SRI RAMACHANDRA HOSPITALS, CHENNAI 600 116	CARDIOLOGY, ORTHOPEDICS, NEPHROLOGY, OPHTHALMOLOGY	DMS
8.		VIJAYA HEART FOUNDATION, CHENNAI 600 026	CARDIOLOGY	DMS
9.		MALAR HOSPITALS LTD, CHENNAI 600 020	CARDIOLOGY	DMS
10.		DR.AGARWAL'S EYE HOSPITAL, CHENNAI 600 086	OPHTHALMOLOGY	DMS
11.		M.N.EYE HOSPITAL, CHENNAI-21.	OPHTHALMOLOGY	DMS
12.		SANKARA NETHRALAYA, CHENNAI 600 006	OPHTHALMOLOGY	DMS
13.		PREMS EYE CLINIC, CHENNAI 600 015	OPHTHALMOLOGY	DMS
14.	KANCHIPURAM DISTRICT	CHEPPIYANADU HEALTH CITY, IT HIGHWAY, KELAMBAKKAM, KANCHIPURAM DT. No:044-47411000, 47413300 Fax No:47411011 CONTACT PERSON: M.PRAKASH Ph: 9941360620 9841017000 & 9841057570	CARDIOLOGY, CARDIO VASCULAR SURGERY, NEUROLOGY, NEURO SURGERY, NEPHROLOGY, UROLOGY (Except Dialysis), URO SURGERY, RENAL TRANSPLANTATION, HEPATO BILIARY SURGERY & LIVER TRANSPLANTATION	SMC
15.		GLOBAL HOSPITALS & HEALTH CITY, 439, CHERAN NAGAR, PERUMBAKKAM, CHENNAI 600 100 Phone No: 044-2277 7777 Fax: 044-2277 7100	ONCOLOGY, ONCO SURGERY & RADIOTHERAPY, CARDIOLOGY & CARDIOTHORACIC SURGERY, UROLOGY & UROSURGERY, (EXCEPT DIALYSIS), NEUROLOGY & NEUROSURGERY, GASTROENTEROLOGY & GI SURGERY, HIP & KNEE REPLACEMENT SURGERIES	SMC
16.	SALEM	VINAYAKA MISSION HOSPITAL, VEERAPANDI POST, SANKARI MAIN ROAD, SALEM-636 308. Phone No:0427-3982000	CARDIOLOGY, CARDIO THORASIC, NEPHROLOGY (EXCEPT DIALYSIS), NEUROLOGY & NEURO SURGERY, ONCOLOGY AND SURGERY, PAEDIATRIC SURGERY, PLASTIC SURGERY, MRI & CT SCAN AND OTHER INVESTIGATIONS ABOVE Rs.3000/-.	SMC
17.		MANIPAL HOSPITAL, DALMIA BOARD, SALEM-BANGALORE HIGHWAY, SALEM-636 012. Phone No:0427- 2346600/ Mobile: 9944939646	NEURO SURGERY, CARDIOLOGY, (INTERVENTIONAL AND NON INVASIVE), GASTROENTEROLOGY, NEUROLOGY, PLASTIC SURGERY, DIAGNOSTICS, CT SCAN & MRI AND ANY INVESTIGATIONS COSTING MORE THAN Rs.3000/-	SMC
18.		SHANMUGHA HOSPITALS & SALEM CANCER INSTITUTE, 20, SARADHA COLLEGE ROAD, SALEM Phone No. 0427-2315293 2319469	CARDIOLOGY & CARDIOTHORACIC VASCULAR SURGERY, NEUROLOGY & NEURO SURGERY, NEPHROLOGY, UROLOGY, UROSURGERY (EXCEPT DIALYSIS), ONCOLOGY & ONCOSURGERY INCLUDING RADIOTHERAPY, BURNS & PLASTIC, RECONSTRUCTION, PAEDIATRIC SURGERY	SMC
19.		TMS EYE HOSPITAL, SALEM 636 007.	OPHTHALMOLOGY	DMS
20.	HOSUR AREA	K. R. HOSPITAL, 979, 25TH MAIN ROAD, BSK 1ST STAGE, 50 FEET ROAD, HANUMANTH NAGAR, BANGALORE 580 050 Tel: 080 - 2675 5800 / 2675 5402, 26755901]	NEUROLOGY AND NEURO SURGERY, PEDIATRIC SURGERY, ONCOLOGY AND ONCO SURGERY, UROLOGY AND URO SURGERY, GASTRO-ENTEROLOGY AND GI SURGERY, ENDOCRINOLOGY AND ENDOCRINE SURGERY, BURNS AND PLASTIC SURGERY, RECONSTRUCTION SURGERY, SUPER SPECIALITY INVESTIGATIONS: CT SCAN, PET SCAN, ECHO CARDIOGRAPHY, SCANNING OF OTHER BODY PARTS, SPECIALIZED BIOCHEMICAL AND IMMUNOLOGICAL INVESTIGATIONS / INVESTIGATIONS COSTING > Rs. 3,000/-	SMC

21.	HOSUR AREA	BHAGWAN MAHAVEER JAIN HEART CENTRE, MILLERS ROAD, BANGALORE Contact Person :Dr. Chethana M.S Tel No: (9180-41999300, 9180- 22257333)	CARDIOLOGY, CARDIOVASCULAR, CARDIO-THORACIC SURGERY AND ALL DIAGNOSTIC FACILITIES.	SMC
22	TRICHY	MARUTHI HOSPITAL, TRICHY 620 017	ORTHOPEDECS,NEUROLOGY	DMS
23		KAVERI MEDICAL CENTRE, No:1, K. C. Road, TENNUR, TRICHY-17  Phone No:0431- 2742300 0431-4022525,55	CARDIOLOGY AND CARDIO THORACIC VASCULAR SURGERY, NEUROLOGY & NEURO SURGERY, PAEDIATRIC SURGERY, ONCOLOGY AND ONCO SURGERY,UROLOGY AND URO SURGERY (EXCEPT DIALYSIS) ENDOCRINOLOGY AND ENDOCRINE SURGERY, BURNS AND PLASTIC SURGERY, RECONSTRUCTION SURGERY.	SMC
24		MAHATHMA EYE HOSPITAL, TRICHY 620 018	OPHTHALMOLOGY	DMS
25		A.G.EYE HOSPITALS, TRICHY 620 017	OPHTHALMOLOGY	DMS
26		JOSEPH EYE HOSPITAL, TRICHY 620 001	OPHTHALMOLOGY	DMS
27	KARUR	DR G.C. HOSPITAL 30 NORTH PRADAKSHANAM ROAD, KARUR-639001 Dr.Rajnikant Mb: 9942941900	HIP & KNEE REPLACEMENT SURGERIES	SMC
28	COIMBATORE	KOVAI MEDICAL CENTRE & HOSPITAL LTD, 3209, AVINASHI ROAD, COIMBATORE 641 014. Tel. Ph: 0422-4323800	CARDIOLOGY AND CARDIOTHORACIC VASCULAR SURGERY,NEUROLOGY AND NEURO SURGERY, PEDIATRIC SURGERY, ONCOLOGY AND ONCO SURGERY, UROLOGY AND URO SURGERY, GASTRO-ENTEROLOGY AND GI SURGERY, ENDOCRINOLOGY AND ENDOCRINE SURGERY, BURNS AND PLASTIC SURGERY, RECONSTRUCTION SURGERY. SUPER SPECIALITY INVESTIGATIONS: CT SCAN, MRI, PET SCAN, ECHO CARDIOGRAPHY, SCANNING OF OTHER BODY PARTS, SPECIALIZED BIOCHEMICAL AND IMMUNOLOGICAL INVESTIGATIONS & ANY OTHER INVESTIGATION COSTING MORE THAN RS. 3,000/- PER TEST.	SMC
29.		SREE ABIRAMI HOSPITAL PVT LTD., 33, MADUKKARAI ROAD, SUNDARAPURAM, COIMBATORE 641 024.  Contact person: Shri B. Shakthivel, Manager-Administration. Phone: 2672972 Fax: 2674367 Cell: 97509-72976	CARDIOLOGY & CARDIO THORACIC, NEUROLOGY & NEURO SURGERY, ONCOLOGY & ONCO SURGERY, NEPHROLOGY & NEPHRO SURGERY, UROLOGY & URO SURGERY (EXCEPT DIALYSIS), PAEDIATRIC SURGERY, PLASTIC & RECONSTRUCTIVE SURGERY & CT FOR OPD PATIENTS ON RECOMMENDATION OF SUPER SPECIALISTS IN THE HOSPITAL.	SMC
30		GR HOSPITAL, 30 RAM GARDENS, SOWRIPALAYAM ROAD, COIMBATORE-641028 PH: 0422-2315717,2317012	CARDIOLOGY & CARDIO THORACIC, UROLOGY & URO SURGERY (EXCEPT DIALYSIS), NEUROLOGY & NEURO SURGERY	SMC
31.		LALITHA HOSPITALS, COIMBATORE-12	ORTHOPEDECS, NEPHROLOGY, ONCOLOGY, NEUROLOGY	DMS
32.		KONGUNADU HOSPITALS, PVT LTD, COIMBATORE 641 012	ORTHOPEDECS, NEPHROLOGY, ONCOLOGY, NEUROLOGY	DMS
33		SHEELA CLINIC, COIMBATORE 641012	ORTHOPEDECS, ONCOLOGY	DMS
34		K.G.HOSPITALS, COIMBATORE 641 018	CARDIOLOGY, ORTHOPEDECS, NEPHROLOGY, ONCOLOGY, NEUROLOGY	DMS
35		PSG HOSPITALS, COIMBATORE 641 -004.	CARDIOLOGY, ORTHOPEDECS, NEPHROLOGY, NEUROLOGY	DMS
36		SRI RAMAKRISHNA HOSPITAL, COIMBATORE 641 044	CARDIOLOGY, ORTHOPEDECS, NEPHROLOGY, ONCOLOGY, NEUROLOGY	DMS
37		ASHWIN POLY CLINIC PVT LTD, COIMBATORE 641 012	CARDIOLOGY, ORTHOPEDECS, NEPHROLOGY, ONCOLOGY, NEUROLOGY.	DMS
38		KTVG GROUP HOSPITALS, COMBATORE 641 011	CARDIOLOGY, ORTHOPEDECS, NEPHROLOGY, ONCOLOGY, NEUROLOGY	DMS
39		THE EYE FOUNDATION, COIMBATORE 641 002.	OPHTHALMOLOGY	DMS
40		SENTHIL HOSPITAL 8/1 R&R LAY OUT RS PURAM COIMBATORE 641002 C/O DR MADUSUDAN MB 9443269131/ LL'0422-2549222	HIP & KNEE JOINT REPLACEMENTS	SMC

41	TIRUPUR	REVATHI MEDICAL CENTRE, 10, VALAYANKADU ROAD, KUMAR NAGAR (WEST) TIRUPUR-641 603. Contact Person: M.P.Karthik Phone No: 0421-4332211, 4332200	CARDIO AND CARDIOTHORACIC, NEURO AND NEURO SURGERY, UROLOGY AND URO SURGERY (EXCEPT DIALYSIS)	SMC
42	TIRUPUR	SRI KUMARAN HOSPITALS, 774, P.N. ROAD, NEAR NEW BUS STAND, TRIPUR-641 602. Phone No:0421-433000	CARDIOLOGY, CARDIO THORASIC, PEADIATRICS, NEUROLOGY AND NEURO SURGERY, AND DIAGNOSTIC CENTRE.	SMC
43	MADURAI	MEENAKSHI MISSION HOSPITAL AND RESEARCH CENTRE, MADURAI 625 107	CARDIOLOGY, ORTHOPEDICS, NEPHROLOGY, ONCOLOGY, NEUROLOGY	DMS
44		MADURAI KIDNEY CENTRE AND TRANSPLANTATION RESEARCH CENTRE, MADURAI 625 020	NEPHROLOGY.	DMS
45		APOLLO SPECIALITY HOSPITAL, LAKE VIEW ROAD, K.K.NAGAR, MADURAI 625 020. Contact Person: T. Murugesan. PRO. Mobile: 9842124111	CARDIOLOGY & CARDIO THORACIC VASCULAR SURGERY, ONCOLOGY & ONCO SURGERY.	SMC
46		THE INSTITUTE OF ORTHOPEDIC RESEARACH & ACCIDENT SURGERY, (ICRAS). MADURAI 625 020	ORTHOPEDECS	DMS
47		QUALITY CARE HOSPITAL PVT LTD, MADURAI 625 010	ORTHOPEDECS	DMS
48		VADAMALAYAN HOSPITALS 9-A, VALLABAI ROAD, CHOKKIKULAM, MADURAI 625 002. Contact Person: Jayakumar Mobile 9943128628	CARDIOLOGY & CARDIO THORACIC SURGERY, UROLOGY & URO SURGERY (EXCEPT DIALYSIS), NEUROLOGY & NEURO SURGERY, ONCOLOGY & ONCO SURGERY	SMC
49	SIVAGANGA	VIZHIAGAM EYE HOSPITAL, SIVAGANGA 630 710	OPHTHALMOLOGY	DMS
50	THENI	MANI HOSPITAL PVT LTD, THENI 625 531	ORTHOPEDECS	DMS
51	PALANI	PRIYA HOSPITAL, PALANI 624 601	ORTHOPEDECS	DMS
52	DINDIGUL	CITY HOSPITALS, DINDIGUL 624 005	ORTHOPEDECS, NEUROLOGY	DMS
53	TIRUNELVELI	SHIFA HOSPITAL, 82, KAILASAPURAM MIDDLE ST., TIRUNELVELI JUNCTION Ph No: 0462-2333245/ 2323041 to 45	CARDIOLOGY AND CARDIO THORACIC, NEURO AND NEUROSURGERY, UROLOGY AND UROSURGERY (EXCEPT DIALYSIS), PEADIATRIC RECONSTRUCTIVE SURGERY.	SMC
54		KIDNEY CARE CENTRE, TIRUNELVELI 627 001	ORTHOPEDECS, NEPHROLOGY	DMS
55	TUTICORIN	SUNDARAM ARULRAJ HOSPITALS, 145/5-B, JEYARAJ ROAD, TUTICORIN 628 002. TEL: 0461-2320061, 2322661 Fax: 0461- 2338661	CARDIOLOGY & CARDIOTHORACIC, NEUROLOGY & NEURO SURGERY, UROLOGY & UROSURGERY (EXCEPT DIALYSIS)	SMC
56	KANYA- KUMARI	DR.J.MATHIAS HOSPITAL, NAGERCOIL 629 003.	NEPHROLOGY	DMS
57		VASANTHAM HEALTH CENTRE (P) LTD, DENNISON ROAD, NAGERCOIL 629 001 CONTACT PERSON: Dr.S.Bhaskaran, Administrative Officer, Tel. Phone No: 04652-222526, 222626, 233877	CARDIOLOGY & CTVS (CLOSED HEART SURGERY), NEUROLOGY, UROLOGY & UROSURGERY	SMC
58		BEJAN SINGH EYE HOSPITAL, NAGERCOIL	OPHTHALMOLOGY	DMS

**DMSP - PACKAGE - LIS**

**DMSP PACKAGE RATES**

Sl. No.	Procedure	Proposed Rates (In Rs.)
<b>CARDIOLOGY &amp; CARDIO THORACIC SURGERY</b>		
a.	Coronary By-pass Surgery CABG	1,26,000
b.	Valve Replacement	1,26,000
c.	Correction of Congenital Complex Heart Diseases	1,26,000
d.	Coronary By-pass Surgery Post Angioplasty	1,26,000
e.	Coronary Balloon Angioplasty	83,700
f.	Balloon Angioplasty in the Valvotomy	78,500
g.	Open Heart Procedure	1,26,000
h.	Mitral Valvotomy	38,260
i.	Open Mitral Valvotomy	1,15,000
j.	Mitral Valve Replacement	1,20,000
k.	Aortic Valve Replacement	1,26,000
l.	Double Valve Replacement	1,26,000
m.	Total Correction of Tetralogy of Fallots	1,26,000
n.	Permanent Pacemaker Implementation	10,000 + Cost of Pacemaker
<b>2 ORTHOPAEDIC SURGERY</b>		
1.	Total Hip Replacement	61,200 + Implant
2.	Total Knee Replacement	81,900 + Implant
a)	Open Reduction & Internal fixation of Long Bones	10,000
3.	Amputation of Legs:	
a.	Below Knee	7,650
b.	Above Knee	10,700
<b>3 NEPHROLOGY / UROLOGY</b>		
1.	Renal Transplantation	1,03,300
2.	Lithotripsy	10,000
3.	Peritoneal Dialysis Procedure Per sitting	1,000
4.	Haemodialysis Procedure Per sitting	1,500
5.	Nephroureterectomy	12,000
<b>CARDIOLOGY &amp; CARDIO THORACIC SURGERY</b>		
a.	Coronary By-pass Surgery CABG	1,26,000
b.	Valve Replacement	1,26,000
c.	Correction of Congenital Complex Heart Diseases	1,26,000
d.	Coronary By-pass Surgery Post Angioplasty	1,26,000
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3.	Peritoneal Dialysis Procedure Per sitting	1,000
4.	Haemodialysis Procedure Per sitting	1,500
	Nephroureterectomy	12,000

**CHECK LIST FOR REFERENCE TO PVT HOSPITALS**

1. Attested photocopy of the I.D.card. of the ESI beneficiary  
(Empanelled Hospital to make sure that the name of the patient's name is included in the card and the card has the photograph of the patient on it).
2. Original eligibility certificate for Super Speciality Treatment *for the treatment period* issued by Branch Office Manager
3. Reference letter issued by the Medical Superintendent of referring ESI Hospital.
4. Photocopies of the prescriptions issued by Specialist of ESI Hospital.

**CHECK LIST FOR PREPARATION OF BILLS**

1. Attested photocopy of the I.D.card. of the ESI beneficiary  
(Empanelled Hospital to make sure that the name of the patient's name is included in the card and the card has the photograph of the patient on it).
2. Original eligibility certificate for Super Speciality Treatment *for the treatment period* issued by Branch Office Manager
3. Photo copy of the reference letter issued by the Medical Superintendent of referring ESI Hospital.
4. Photocopies of the prescriptions issued by Specialist of ESI Hospital.
5. Emergency certificate issued by the treating super specialist of the tie-up hospital and countersigned by M.S. of the ESI Hospital, wherever applicable.
6. Attested photocopy of the discharge summary.
7. Bill in original (as per the rates in Annexure-I) duly verified by Super Specialist under his signature and stamp.
8. Photocopies of the treatment papers including investigation reports.
9. Essentiality certificate -B signed by the M.S. of the Super Specialty Hospital, treating Super Specialist and the ESI insured person (I.P)
10. Verification Report as per the format.

# VERIFICATION REPORT

To  
The State medical Commissioner,  
ESI Corporation,  
143 Sterling Road,  
Chennai 34.

Sir,

Sub: **Verification Report** for payment for the Super Specialty Treatment of the Patient

Shri. -----of I.P.shri. -----

of Ins.No. ----- ESI Hosp. -----

1. Name of the I.P.-----
2. Insurance Number-----
3. Name of patient & Relationship with I.P. ----
4. Name of the Dispensary-----
5. Diagnosis/Treatment procedure-----
6. Date of Admission-----
7. Date of Surgery-----
8. Date of Discharge-----
9. Name of the pvt. Hospital-----
10. Bill Number-----
11. Bill Amount-----

## Certified that

1. I have verified the identity of the patient.
2. The treatment imparted by the private tie up hospitals is in accordance with the diagnosis in the reference letter issued by this ESI Hospital.
3. The treatment was essential in nature

**MEDICAL SUPERINTENDENT  
ESI HOSPITAL  
(Signature with Seal)**

Enclosures as per check list



Essentially Certificate-cum-statement of expenditure certified by treating specialist (to be submitted in duplicate)

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(Strike out whichever is not applicable)

- 1. Name of the patient and relationship with the card holder :-
- 2. Details of expenditure:

(A) OPD Treatment Diagnosis

- (I) Name of the Hospital :
- (II) Total No. of vouchers:
- (III) Amount claimed.

(indicate serial number of individual vouchers with name and address of the shops with date against each sub heading in a separate annexure wherever required).

	(Amount claimed)	Amount admissible (for official use.)
(a) Medicine	-----	-----
(b) Consultation Fees (specify number of consultations.)	-----	-----
(c) Laboratory Charges (Break-up in a separate annexure.)	-----	-----
(d) Disposable Surgls-Sundries.	-----	-----
(e) Special devices like hearing aid/ Artificial appliances etc. (Specify).	-----	-----
(f) Miscellaneous (Specify)	-----	-----
Total.	-----	-----

(B) Indoor Treatment Diagnosis \_\_\_\_\_

(To be marked N.A. wherever necessary).

(Details of Hospital Bill and other vouchers pertaining to the period of indoor treatment).

- (a) Name of the Hospital with address :
- (b) Period of Bill : From \_\_\_\_\_ To \_\_\_\_\_
- (h) Amount claimed,

(Indicate serial No. of individual vouchers with name and address of shops with date against each sub heading in a separate annexure wherever required).

Amount Claimed.    Amount Admissible  
(for Office use)

(ii)	Charges for :		
(a)	O.T.	_____	_____
(b)	O.T. Consumables	_____	_____
(c)	Anesthesia	_____	_____
(d)	Procedure	_____	_____
(iii)	Medicines	_____	_____
(iv)	Implants like pacemaker joint replace- Ment, Coronary Stent etc. (details).	_____	_____
(v)	Artificial devices (details)	_____	_____
(vi)	Lab charges. (Break-up given in Annexure).	_____	_____
(vii)	Sp. Nurse/ Aya If any	_____	_____
(viii)	Miscellaneous	_____	_____
	Total	_____	_____

Signature of Claimant  
Name in Block Letters.  
Address & Telephone No. if any.

1. Certificate that the relevant bills/ vouchers have been verified by me and the expenditure shown above is correct and the treatment services provided are essential and minimum that required for the recovery of the patient.
2. Certified that the services of special Nurse/ Ary were required from \_\_\_\_\_ To \_\_\_\_\_ that were absolutely essential for the recovery of the patient.
3. Specific procedure/ Operation performed was \_\_\_\_\_.

*Signature of the Treating Specialist*

With official seal.

Countersigned by Medical Superintendent  
of the Hospital with seal (For Indoor treatment only.)

(for Office use)