



UTI Infrastructure Technology And Services Limited Insurance Division

**UTI Tower, Plot No. 3, Sector 11, CBD BELAPUR,
NAVI MUMBAI - 400614**

Bill Processing Agency for Ex-Servicemen Contributory Health Scheme

Hospital Information System (HIS)

A. Hospital Name: _____

B. Established in (Year): _____ Regd No.: _____

C. Popular Name: _____

D. ECHS Region under which user ID to be issued: _____

E. Preferred User ID (Alphanumeric – Max 8 characters): _____

F. Ownership:

- Proprietorship Partnership Private Limited
 Public Limited Charitable Trust

G. PAN Number: _____

H. Does Hospital has (NABH /NABL / CAP / JCI Accreditation) Please tick and enclose appropriate copy.

I. Address: _____

City _____ State _____ Pin Code _____

Contact Number(s) _____ Fax: _____

Mail ID _____

Website _____

J. Type of Emp Facility:

- Dental Diagnostic Imaging Centre Hospital

Signature for Dir Regional Centre

K. Number of Beds:

- More than 100 Between 51 and 99 More than 30 More than 300

L. Scope of Empanelment (Clinical Services Provided by the Hospital)

Clinical Services	NABH/NABL/ Super Speciality	Wef
Cardiology		
Cardiothoracic Surgery		
Coronary Care Unit		
Day Care Treatment Endoscopy (Diagnostic & Therapeutic)		
Dentistry & Oral Surgery		
Dermatology		
Dialysis		
Emergency Medicine & Surgery		
ENT		
Fertility Regulation		
Gastroenterology		
General Medicine		
General Surgery		
Gynecology		
Obstetrics		
Intensive Care Unit (Adult)		
Intensive Care Unit (Pediatric)		
Intensive Care Unit (Neonatal)		

Clinical Services	NABH/NABL/Su per Speciality	Wef
Laser Treatment (Pl. Specify Procedure Done/Available)		
Nephrology		
Neurosurgery		
Nuclear Medicine		
Oncology		
Medical Oncology		
Radiation Oncology		
Surgical Oncology		
Ophthalmology		
Orthopaedic Surgery		
Joint Replacement		
Organ Transplant		
Plastic & Cosmetic Surgery		
Physiotherapy & Rehabilitation Medicine		
Respiratory Medicine		
Surgical ICU		
Plastic & Cosmetic		

Signature for Dir Regional Centre

M. Scope of Empanelment (Diagnostic / Laboratory Services Provided by the Hospital / DC)

Diagnostic Services	NABH/NABL/ Super Speciality	Wef	Laboratory Services	NABH/NABL / Super Speciality	Wef
Diagnostic Imaging			Clinical Bio- Chemistry		
CT Scanning			Clinical Microbiology		
DSA Lab			Clinical Immunology		
Gamma Camera			Clinical Pathology		
MRI			Blood Transfusion Services		
PET			Molecular Diagnostics		
Ultrasound					
X-Ray-Conventional					
X-Ray-Digital					

N. Statutory / Regulatory Requirements (Enclose Detailed Annexure)

Furnish the list of applicable Statutory / Regulatory requirements the organization is

Government by _____

O. Rate List for ECHS beneficiaries

Hard Copy Soft Copy (CD)

P. Bank Details

Name of Bank : _____

Branch : _____ City: _____

A/C No. : _____

A/C Name : _____

A/C Type : _____

IFSC Number : _____ MICR No. : _____

Name and Designation of Authorized Signatory: _____

Signature for Dir Regional Centre

PS: Crossed Cancelled cheque need to be attached**

Q. Contact Details

I. CMD/MD/CMO

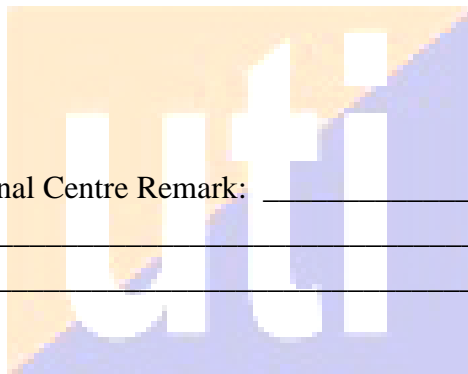
Name : _____
 Designation : _____
 Mobile : _____ Land Line: _____
 Fax Number : _____ Email: _____

II. Coordinator for ECHS

Name : _____
 Designation : _____
 Mobile : _____ Land Line: _____
 Fax Number : _____ Email: _____
 Alternate official : _____ Email: _____

Authorized Signatory for Hospital

Name:
 Designation:
 Seal & Date:



Director Regional Centre Remark: _____

Signature for Dir Regional Centre

For UTI ITSL Office Use:

Checked & verified all the documents. If found Satisfied

Hospital Code No : _____
 User ID : _____
 Password : _____

Project Lead (IT)

AVP (Insurance)

Head Insurance

Annexure: Self-Assessment Guide

Kindly provide the following mandatory annexures as applicable:

- I. Copy of MOA with ECHS with Anex-I (Scope of Empanelment) & Anex-II (Approved rate list with soft copy).
- II. Copy of PAN Card.
- III. Specimen copy of Cheque.
- IV. Income Tax Clearance - If eligible. Sales
- V. Tax Clearance - If eligible.
- VI. NABL/NABH Certificates with Anex (Scope of Accreditation).

