सत्यमेव जयते
Government of the National
Capital Territory of Delhi

# INFORMATION BOOKLET

# HEALTH SAFETY NET

# FREE SPECIFIED SURGERIES IN PRIVATE HOSPITALS

# LIST OF 52 SPECIFIED SURGERIES

- CABG (Heart By-pass Surgery)
- Laparoscopic Gall Bladder Surgery
- Kidney & Kidney Stone Surgery (PCNL) (17 Types)
- Prostate Surgery (TURP) (2 Types)
- Thyroid Surgery (8 Types)
- Piles Surgery (9 Types)
- Laparoscopic Appendix Surgery
- Cataract Surgery
- Nasal Surgery (3 Types)
- Ear Surgery (6 Types)
- Tonsil Surgery (2 Types)
- Breast Lump Surgery

# HOSPITAL EMPANELMENT CRITERIA

- NABH Accreditation
- DGEHS/CGHS Empanelled
- Situated either in Delhi or NCR
- 48 Hospitals already empanelled under this scheme

# LIST OF 48 EMPANELLED HOSPITALS

## CENTRAL DELHI

- Delhi Heart & Lung Institute
- Tirath Ram Shah Hospital
- Jeewan Mala Hospital
- Bharti Eye Foundation
- Jeewan Nursing Home, Pusa Road

## NORTH DELHI

- Max Hospital, Shalimar Bagh
- Saroj Hospital
- Bhagwati Hospital
- Narang Eye Institute

## WEST DELHI

- Sri Balaji Action Medical Institute
- Maharaja Agrasen Hospital
- Mata Chanan Devi Hospital
- Park Hospital
- RLKC Metro Heart Institute
- Bhagat Chandra Hospital
- MGS Hospital

## EAST DELHI

- Deepak Memorial Hospital
- Metro Hospital, Preet Vihar
- Panchsheel Hospital
- Goyal Urology Centre
- Jain Hospital
- Jeewan Anmol Hospital
- Khandelwal Urology Centre

# LIST OF 48 EMPANELLED HOSPITALS

## SOUTH DELHI

- Mool Chand Hospital
- National Heart Institute
- Rockland Hospital
- Dr. Pattnaik' Eye Institute
- ILBS Hospital
- Bansal Hospital
- Batra Hospital
- Visitech Eye Centre
- Metro Heart Institute
- Shroff Eye Institute
- Centre for Sight

## GURUGRAM

- Medanta - The Medicity
- Park Hospital
- Metro Heart Institute, Palam Vihar

## FARIDABAD

- Asian Institute of Medical Sciences
- Metro Heart Institute
- Sarvodaya Hospital
- Park Hospital

## NOIDA

- Kailash Hospital, Noida
- Metro Heart Institute, Noida
- ICARE Eye Hospital
- Prakash Hospital

## GHAZIABAD

- Yashoda Hospital, Kaushambhi
- Narinder Mohan Hospital, Mohan Nagar
- Yashoda Hospital, Nehru Nagar

# ELIGIBILITY FOR REFERRAL

- Bonafide resident of Delhi
- No Income limit
- Undergoing treatment from any identified Govt Hospital
- Pre Anaesthetic Clearance (PAC) obtained
- Either date of surgery allotted beyond 30 days
- Or specified surgery not being performed in the hospital

# DOCUMENT FOR RESIDENCE PROOF

- Aadhaar Card
- Voter ID (EPIC)
- Driving Licence
- Passport
- Extract from Electoral Roll
- National Food Security Card (for Head of family only)
- Birth Certificate for children less than 5 years

# LIST OF 24 DELHI GOVT. HOSPITALS

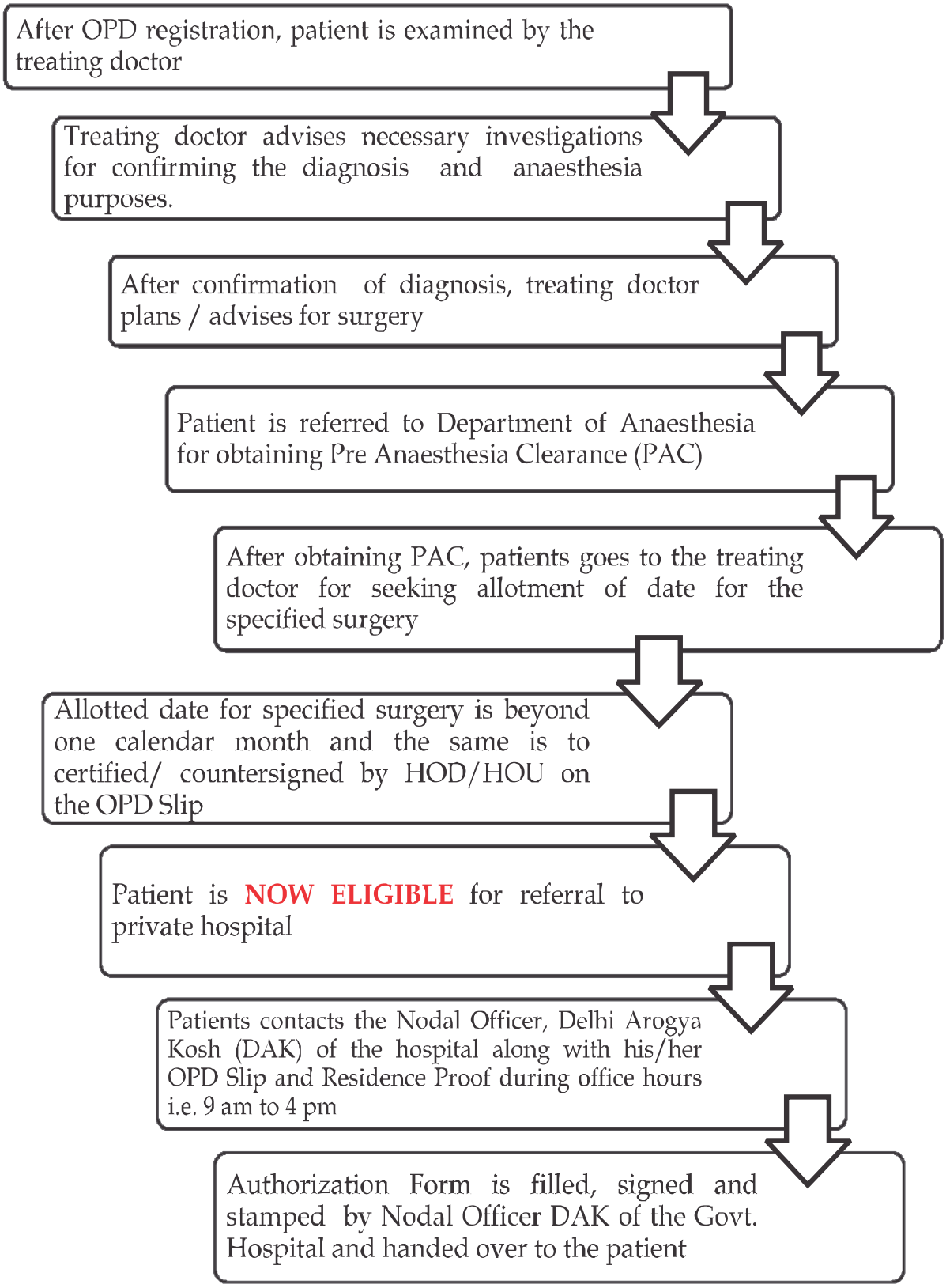
**(From where patients can be referred)**

- Lok Nayak Hospital
- GTB Hospital
- DDUz Hospital
- Baba Saheb Ambedkar Hospital
- Sanjay Gandhi Memorial Hospital
- *G.B. Pant Hospital
- Bhagwan Mahavir Hospital, Pitampura
- Dr. Hedgewar Arogya Sansthan
- Jag Parvesh Chandra Hospital, Shastri Park
- Acharya Shree Bhikshu Hospital, Moti Nagar
- Guru Gobind Singh Govt. Hospital
- Satyawadi Raja Harish Chandra Hospital
- Lal Bahadur Shastri Hospital
- Babu Jagjivan Ram Memorial Hospital
- RTRM Hospital, Jaffarpur
- Pt. Madan Mohan Malviya Hospital
- Maharishi Valmiki Hospital
- Aruna Asaf Ali Govt. Hospital
- Sardar Vallabh Bhai Patel Hospital
- Shri Dada Dev Matri Avum Shishu Chikitsalaya
- Deep Chand Bandhu Hospital
- Dr. N.C. Joshi Memorial Hospital
- Guru Nanak Eye Centre
- Attar Sain Jain Eye Hospital

* for Cardiac By-pass (CABG) surgery only

# MECHANISM FOR REFERRAL

## (Responsibility of Govt. Hospital)



# AUTHORIZATION FORM FOR FREE SURGERY
# (Front side)

**AUTHORIZATION FORM**

**OFFICE OF NODAL OFFICER (DELHI AROGYA KOSH)**

_____(Name of the Government Hospital)

**APPROVAL FOR CASHLESS SURGERY IN DAK APPROVED PRIVATE HOSPITAL**
**(To be filled by authorized signatory)**

**File No.** **Dated:**

To,
Medical Superintendent,
DAK empanelled NABH accredited Hospital

**Sub: Authorization letter for cashless surgery in DAK approved private hospital**

Sir/Madam,

This is to certify that Mr./Ms. _____ S/o,D/o,W/o_____R/o _____ has been referred by Department of_____ of this hospital for cashless surgery _____Code No. _____ (as per DGHS list) after pre-anaesthetic clearance.

He/She is authorized by Delhi Arogya Kosh (DAK) for getting the same done at your centre after producing the authorization form in original along with the photo ID presented at the referring Delhi government hospital.

He/She is a bonafide resident of Delhi and has submitted a copy of Aadhaar Card No. /EPIC (Voter ID) No. /Driving Licence No. / Extract of electoral roll No./ /Passport No./ Birth Certificate No. along with photo ID of either parent _____ as proof of resident of Delhi and is therefore eligible for seeking financial assistance through DAK for the aforementioned surgery.

Your hospital, which is empanelled under Delhi Arogya Kosh and as per the agreement entered with DAK, the billing for the aforementioned surgery shall be at DGHS approved package rate.

No payment of any kind shall be levied against or made by the authorised patient. The patient concerned shall certify on the bill regarding no payment made by him/her for the surgery and also regarding the receipt of discharge summary, medicines, reports and appointment for follow-up visit(s). A copy of the certified bill is to be provided to the patient concerned.

The certified bill(s) alongwith authorization letter(s) (in original) of the month concerned are to be sent to the O/o DAK, Room No.1, 6th Floor, Directorate General of Health Services, F-17, Karkardooma, Delhi-110032 latest by the seventh day of the subsequent month.

**Yours sincerely**

**Medical Superintendent of Hospital / Nodal Officer, DAK**
**(Signature with Seal)**

# AUTHORIZATION FORM FOR FREE SURGERY
# (Back side)

LIST OF DAK EMPANELLED PRIVATE HOSPITALS ALONGWITH FACILITIES AVAILABLE

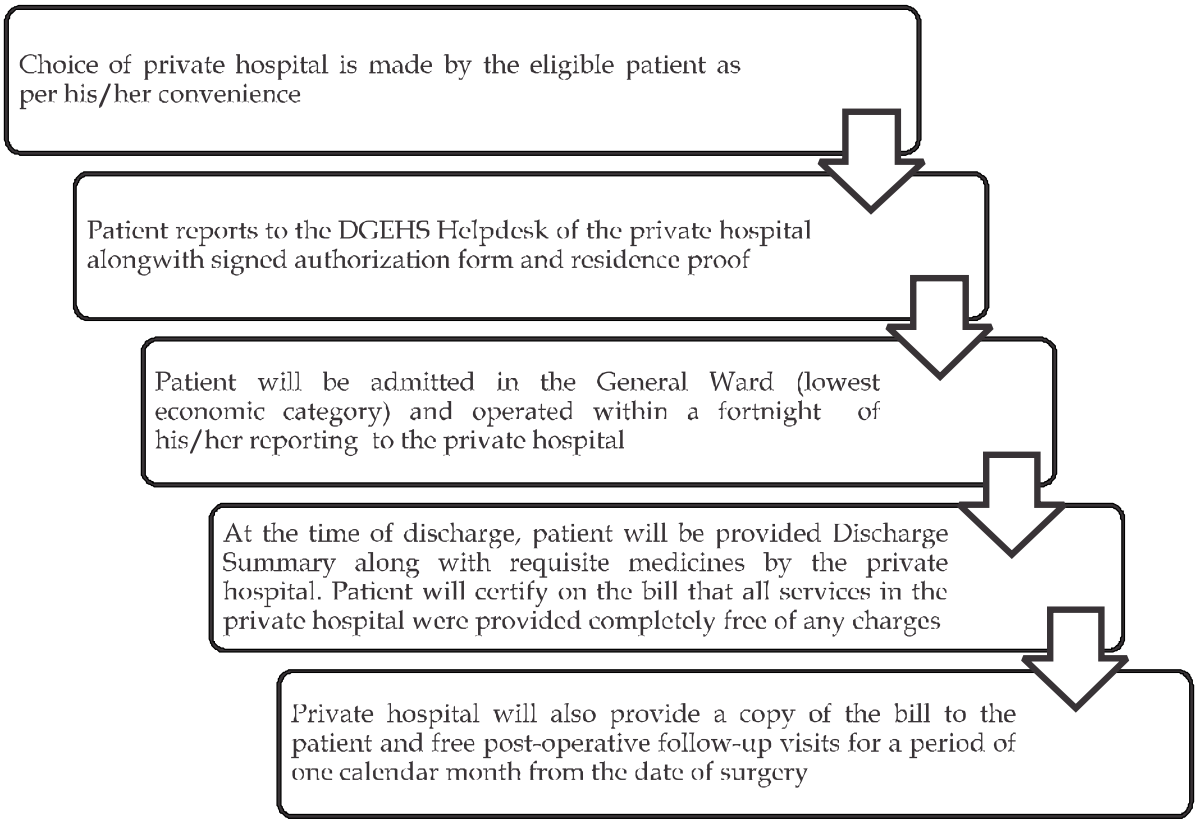
| Sl. No | Hospital | Region | Address | CABG | Uro-surgery | General Surgery | ENT | Eye |
|---|---|---|---|---|---|---|---|---|
| 1 | Tirath Ram Shah Hospital | Central | Rajpur Road, Civil Lines | Yes | Yes | Yes | Yes | Yes |
| 2 | Delhi Heart & Lung Institute | Central | Panchkuian Road | Yes | Yes | Yes | No | No |
| 3 | Jeewan Mala Hospital | Central | New Rohtak Road | No | Yes | Yes | Yes | Yes |
| 4 | Jeewan Nursing Home | Central | Pusa Road | No | Yes | Yes | No | No |
| 5 | Moitra Hospital | East | Preet Vihar | Yes | Yes | Yes | No | No |
| 6 | Deepak Memorial Hospital | East | Vikas Marg Ext. II, Sarkardooma | No | Yes | Yes | Yes | Yes |
| 7 | Gopal Hospital & Urology | East | Krishna Nagar | No | Yes | Yes | Yes | Yes |
| 8 | Jain Hospital | East | Jagriti Enclave | No | Yes | Yes | No | No |
| 9 | Jeevan Amrit Hospital | East | Mayur Vihar Phase – I | No | Yes | Yes | Yes | Yes |
| 10 | Khandelwal Hospital | East | Main Road, East, Kalkaji Nagar | No | Yes | Yes | No | No |
| 11 | Pandubeel Hospital | East | Wazirabad Road, Yamuna Vihar | No | Yes | Yes | Yes | Yes |
| 12 | Bhagwati Hospital | North | Sector-13, Rohini | Yes | Yes | Yes | Yes | Yes |
| 13 | Max Super Speciality Hospital | North | Shalimar Bagh | Yes | Yes | Yes | Yes | Yes |
| 14 | Saroj Hospital | North | Madhuban Chowk, Rohini | Yes | Yes | Yes | Yes | Yes |
| 15 | Narang Eye Institute | North | B-8, Derawal Nagar | No | No | No | No | Yes |
| 16 | Batra Hospital | South | Tughlakabad | Yes | Yes | Yes | Yes | Yes |
| 17 | Rockland Hospital | South | Qutub Institution Area | Yes | Yes | Yes | Yes | Yes |
| 18 | Metro Heart Institute | South | Ring Road, Lajpat Nagar | Yes | No | No | No | No |
| 19 | Moolchand Hospital | South | Lajpat Nagar, III | Yes | No | Yes | No | No |
| 20 | National Heart Institute | South | East of Kailash | Yes | Yes | Yes | No | No |
| 21 | Batra Hospital | South | New Friends Colony | No | Yes | Yes | Yes | Yes |
| 22 | Center For Sight | South | B 3/24, Safdarjung Enclave | No | No | No | No | Yes |
| 23 | Dr. Pathak's Eye Institute | South | C-2, Lajpat Nagar – III | No | No | No | No | Yes |
| 24 | Shruti Eye Centre | South | A-9, Kailash Colony | No | No | No | No | Yes |
| 25 | Vishesh Eye Care | South | A-10, South Extn. Part –II | No | No | No | No | Yes |
| 26 | TLBS | South | D-1, Vasant Kunj | No | Yes | Yes | No | No |
| 27 | Maharaja Agrasen Hospital | West | Punjabi Bagh | Yes | Yes | Yes | Yes | Yes |
| 28 | Mata Chanan Devi Hospital | West | G-Block, Janak Puri | Yes | Yes | Yes | Yes | Yes |
| 29 | Park Hospital | West | Chowkhandi, Moti Bagh | Yes | Yes | Yes | Yes | Yes |
| 30 | RLKC Metro Heart Institute | West | Naraina Road, Shadipur | Yes | Yes | Yes | Yes | Yes |
| 31 | Balaji Action Medical Institute | West | Paschim Vihar | Yes | Yes | Yes | Yes | Yes |
| 32 | Bhagat Chandra Hospital | West | Mahavir Enclave-II, Palam | No | Yes | Yes | Yes | Yes |
| 33 | M.A.S. Hospital | West | Punjabi Bagh | No | Yes | Yes | Yes | Yes |
| 34 | Bharti Eye Foundation | West | East Patel Nagar | No | No | No | No | Yes |
| 35 | Asian Institute of Medical Science | FBD | Sector-21, Faridabad | Yes | Yes | Yes | Yes | Yes |
| 36 | Moitra Heart Institute | FBD | Sector -16 A, Faridabad | Yes | Yes | Yes | Yes | Yes |
| 37 | Sarvodaya Hospital | FBD | Sector 8, Faridabad | Yes | Yes | Yes | Yes | Yes |
| 38 | Park Hospital | FBD | J Block Sector 10, Faridabad | No | Yes | Yes | Yes | Yes |
| 39 | Park Hospital | GGN | Sector-47, Sohna Road, Gurgaon | No | Yes | Yes | Yes | Yes |
| 40 | Moitra Hospital | GGN | Palam Vihar, Gurgaon | No | Yes | Yes | Yes | Yes |
| 41 | Medanta: The Medicity | GGN | Sector -38, Gurgaon | Yes | No | No | No | No |
| 42 | Narinder Mohan Hospital | GZB | Mohan Nagar, Ghaziabad | Yes | Yes | Yes | Yes | Yes |
| 43 | Yashoda Hospital | GZB | Nehru Nagar, Ghaziabad | Yes | Yes | Yes | Yes | Yes |
| 44 | Yashoda Hospital | GZB | Kaushambi, Ghaziabad | Yes | Yes | Yes | Yes | Yes |
| 45 | Metro Heart Institute | Noida | X-1, Sector 11-12, Noida | Yes | Yes | Yes | Yes | Yes |
| 46 | Prakash Hospital | Noida | B-37, Sector-35, Noida | No | Yes | Yes | Yes | Yes |
| 47 | Kailash Hospital | Noida | H-30, Sector- 27, Noida | Yes | No | Yes | No | No |
| 48 | ICARE Eye Hospital | Noida | F-8A, Sector-26, Noida | No | No | No | No | Yes |

सर्जरी के लिए प्राइवेट अस्पताल का चयन मरीज स्वयं अपनी सुविधानुसार करें ।

कृपया सरकारी अस्पताल में प्रस्तुत किया गया मरीज का आई डी प्रूफ प्राइवेट अस्पताल में सर्जरी हेतु इस अधीकृत फॉर्म के साथ ले जाए एवं D.G.E.H.S (डी.जी. ई. एच. एस.) हेल्पडेस्क पर संपर्क करें ।

# MECHANISM FOR TREATMENT

## (Responsibility of Pvt. Hospital)




# FEEDBACK MECHANISM

- Feedback form to be filled by the patient/ attendant at the time of discharge.
- Patient will tick the services provided to him/her in the hospital as YES/ NO and will put his/her signature and mention name, address and mobile number.
- Feedback forms to be submitted by the hospital along with the bills & requisite documents and shall be scrutinised randomly.

# FEEDBACK FORM

GOVERNMENT OF NCT OF DELHI
C/o DELHI AROGYA KOSH
DIRECTORATE GENERAL OF HEALTH SERVICES
F-17, KARKARDOOMA, DELHI- 110032

## अन्तः रोगी विभाग संतुष्टि सर्वेक्षण

प्रिय रोगी,

आपको सेवा प्रदान का अवसर देने के लिए हम आपके आभारी हैं. आपसे अनुरोध है की आपको/ दूसरों को बेहतर सेवा देने के हमारे प्रयासों में मदद करने के लिए उचित बॉक्स को चेक करके कृपया हमें इस अस्पताल की सेवाओं पर अपनी राय और सुझाव दें। आपकी पहचान इस समय गोपनीय रहेगी। हम आपकी प्रतिक्रिया की सराहना करते हैं और आपको हमेशा हमारी सर्वोत्तम सेवाओं का आश्वासन देते हैं।

नमस्कार,
महानिदेशालय स्वास्थ्य सेवा, दिल्ली सरकार

**कृपया उचित स्थान पर (√) का निशान लगाएं।**

| | हाँ | नहीं |
|---|---|---|
| 1. क्या विशेषज्ञ ने आपको अन्तः रोगी वार्ड में उचित समय दिया ? | ☐ | ☐ |
| 2. क्या आपके अन्त रोगी विभाग में पहुँचने से पूर्व बिस्तर तैयार था ? | ☐ | ☐ |
| 3. क्या आप नर्सिंग स्टाफ एवं उनके द्वारा दी गयी सेवाओं से संतुष्ट हैं ? | ☐ | ☐ |
| 4. क्या नर्स ने आपके विशेषज्ञ द्वारा निर्देशित दवाओं को नियमित रूप से सही समय पर दिया? | ☐ | ☐ |
| 5. क्या आपका विशेषज्ञ प्रतिदिन आपके परिक्षण के लिए आता था ? | ☐ | ☐ |
| 6. क्या आप अस्पताल द्वारा उपलब्ध कराये गये भोजन से संतुष्ट हैं ? | ☐ | ☐ |
| 7. क्या आप वार्ड एवं शौचालय की स्वच्छता से संतुष्ट हैं ? | ☐ | ☐ |
| 8. क्या शल्य चिकित्सक ने आपको/ रिश्तेदारों को शल्य क्रिया की आवश्यकता से अवगत करवाया ? | ☐ | ☐ |
| 9. क्या इस अस्पताल में किसी भी दवा इत्यादि के लिए आपको अपनी जेब से खर्च करना पड़ा | ☐ | ☐ |
| 10. डिस्चार्ज के वक्त आपको दवा तथा दुबारा परामर्श हेतु कब आना है बताया गया या नहीं ? | ☐ | ☐ |

रोगी का नाम: _____ अस्पताल का नाम _____

पता : _____

मोबाइल नंबर : _____ हस्ताक्षर _____

# TO RAISE AWARENESS

*Boards displaying free surgery scheme have been affixed at conspicuous places in Delhi Government Hospitals*

## सूचना

यदि दिल्ली के किसी भी निवासी को 52 निर्दिष्ट सर्जरी के लिए इस अस्पताल के डॉक्टर (सर्जन) द्वारा एक महीने के उपरांत की लिखित तारीख (OPD पर्चे पर) दी जाती है, ऐसी परिस्थिति में वह मरीज अपनी इच्छानुसार किसी भी 48 चिन्हित NABH मान्यता प्राप्त प्राइवेट अस्पताल में अपनी सर्जरी करवा सकता है। चिन्हित प्राइवेट अस्पताल अपने जनरल वार्ड में ऐसे मरीजों की निर्धारित सर्जरी निशुल्क तथा अविलंब (एक पखवाड़ा के अंदर) करेगा। रेफरल किए गए मरीज का प्राइवेट अस्पताल में सर्जरी, दवाई, दाखिला, भोजन, सर्जरी पश्चात एक महीने तक परामर्श, इत्यादि का तमाम बिल दिल्ली सरकार का स्वास्थ्य विभाग (दिल्ली आरोग्य कोष) भुगतान करेगा तथा इन मरीजों को अपनी जेब से किसी प्रकार का खर्च वहन नहीं करना पड़ेगा। कृपया रेफरल हेतु इस अस्पताल के नोडल ऑफिसर से संपर्क करें।

### सामान्य निर्दिष्ट सर्जरी की सूची

- ☑ हार्ट की बाईपास सर्जरी
- ☑ पित्त की थैली की दूरबीन द्वारा सर्जरी
- ☑ गुर्दे (किडनी) में पथरी की दूरबीन द्वारा सर्जरी
- ☑ गर्भाशय (यूट्रस) की टी.यू.आर.पी.
- ☑ बार्इपास की सर्जरी
- ☑ बवासीर (पाइल्स) की सर्जरी
- ☑ अपेंडिक्स की सर्जरी
- ☑ थॉयरायिड की सर्जरी
- ☑ नाक व कान की सर्जरी
- ☑ गला (टॉन्सिल) की सर्जरी

### कुछ चिन्हित प्राइवेट अस्पतालों के नाम

- ☑ मेदान्ता मेडिसिटी, गुरुग्राम
- ☑ कैलाश हॉस्पिटल, नोएडा
- ☑ मेट्रो हॉस्पिटल, नोएडा
- ☑ एशियन हॉस्पिटल, फरीदाबाद
- ☑ यशोदा हॉस्पिटल, गाजियाबाद
- ☑ फोर्टिस आई सेंटर
- ☑ मूलचंद हॉस्पिटल
- ☑ पार्क हॉस्पिटल
- ☑ रॉकलैंड हॉस्पिटल, कुतुब
- ☑ साकेत मैक्सहेल्थ हॉस्पिटल
- ☑ मैक्स हॉस्पिटल
- ☑ श्री बालाजी एक्शन हॉस्पिटल
- ☑ महाराजा अग्रसेन हॉस्पिटल
- ☑ पैक्स हॉस्पिटल, प्रतापनगर बाग
- ☑ दिल्ली हार्ट एंड लंग इंस्टीट्यूट
- ☑ बत्रा हॉस्पिटल
- ☑ दीपक मेमोरियल हॉस्पिटल

अरविंद केजरीवाल
मुख्यमंत्री, दिल्ली

## ध्यान दें

1. नोडल ऑफिसर द्वारा रेफरल की प्रक्रिया मरीज के जेहोसी की जाँच में फिट होने के बाद ही की जाएगी।
2. दिल्ली के निवासी होने के प्रमाण के लिए- आधार कार्ड, वोटर कार्ड, ड्राइविंग लाइसेंस, पासपोर्ट, जन्म प्रमाणपत्र (पांच साल से कम उम्र के बच्चों हेतु), मतदाता सूची का उद्धहरण- इनमें से कोई पहचान पत्र नोडल ऑफिसर को प्रस्तुत करें।
3. रेफरल करवाने के बाद मरीज अपने द्वारा चुने चिन्हित प्राइवेट अस्पताल के हेल्प डेस्क में सरकारी नोडल ऑफिसर द्वारा जारी प्राधिकृत पत्र, अपना पहचान पत्र एवं इलाज सम्बंधित सभी दस्तावेज एवं रिपोर्ट प्रस्तुत करें।

**अधिक जानकारी के लिए नोडल ऑफिसर से 011-00000000 पर संपर्क करें**

# GRIEVANCE REDRESSAL
## (PERTAINING TO GOVERNMENT HOSPITAL)

- In case of any problem/ complaint/ grievance at the level of Govt. Hospital -

  *Inform the Medical Director/ Medical Superintendent of the hospital*
- In case the problem is not addressed within 48 hours by MD/ MS –
- Send sms on 8745051111 (Helpline)
- In case the problem is not addressed within 24 hours by the Helpline –

*Inform Dr. R.N. Das / Dr. Imteyaz (011-22306851)*
*or Send email : delhiarogyakosh@gmail.com*

***Boards regarding grievance and their redressal have been affixed at conspicuous places in Delhi Govt. Hospitals.***


# GRIEVANCE REDRESSAL
## (PERTAINING TO PRIVATE HOSPITAL)

- In case of any problem/ complaint/ grievance at the level of Pvt. Hospital -

  Inform the Medical Director/ Medical Superintendent of the hospital
- In case the problem is not addressed within 48 hours by MD/ MS –
- Send sms on 8745051111 (Helpline)
- In case the problem is not addressed within 24 hours by the Helpline –

*Inform Dr. R.N./ Dr. Imteyaz (011-22306851)*
*or Send email : delhiarogyakosh@gmail.com*

# FREE HIGH-END DIAGNOSTICS

# IN

# PRIVATE IMAGING CENTRES

# (launched on 02.03.2017)

## LIST OF TESTS

- MRI with & without contrast
- CT Scan with & without contrast
- PET CT Scan
- Radio-Nucleotide Scan
- Ultrasound (USG)
- Colour Doppler
- Mammography
- ECHO
- T.M.T.
- E.E.G.
- E.M.G.

## DIAGNOSTIC CENTRE EMPANELMENT CRITERIA

- NABH Accreditation
- DGEHS/CGHS empanelled
- Situated in Delhi
- 23 Radiological/ Imaging Centre empanelled under this scheme

# LIST OF 23 EMPANELLED CENTRES

## SOUTH DELHI

- Dr. S.S. Doda's Ultrasound Centre
- Dr. Gulati Imaging Institute
- Dr. M.L Aggarwal Imaging Centre
- Focus Imaging & Research Centre
- Focus Imaging & Research Centre
- Mahajan Imaging Centre
- C 15 MRI Diagnostics & Research Centre Ltd.
- Nueclear Healthcare Ltd (PET CT only)
- Delhi Institute of Functional Imaging (PET CT & Nueclear)

## NORTH DELHI

- Ganesh Diagnostics & Imaging Centre (also for PET CT)
- Gagan Pathology Centre
- Ganesh MRI Centre
- Must & More Healthcare Pvt. Ltd.
- Saral Diagnostics

## WEST DELHI

- Capital X-ray & Scan Clinic, Vikaspuri
- Ganesh Diagnostics, Hari Nagar
- National MRI, CT Scan & Diagnostic Centre

## EAST DELHI

- Dr. Anand's Imaging Centre (also for PET CT)
- Clinical Diagnostic Centre
- Dr. Savita Jain's
- Arun Imaging Centre
- Ganesh Diagnostics, Yamuna Vihar
- Platinum Imaging Centre

# ELIGIBILITY FOR REFERRAL

- Bonafide resident of Delhi
- No Income Limit
- Referred from any identified 30 Delhi Government Hospitals.
- Referred from any 25 Polyclinics

# DOCUMENT FOR RESIDENCE PROOF

- Aadhaar Card
- Voter ID (EPIC)
- Driving Licence
- Passport
- Extract from Electoral Roll
- National Food Security Card (for Head of family only)
- Birth Certificate for children less than 5 years

# LIST OF 30 DELHI GOVT. HOSPITALS

**(From where patients can be referred)**

- Lok Nayak Hospital (including PET CT & Nuclear)
- GTB Hospital (including PET CT & Nuclear)
- DDU Hospital (including PET CT & Nuclear)
- BSA Hospital (including PET CT & Nuclear)
- G.B. Pant Hospital (including PET CT & Nuclear)
- Sanjay Gandhi Memorial Hospital
- Bhagwan Mahavir Hospital, Pitampura
- Dr. Hedgewar Arogya Sansthan
- Jag Parvesh Chandra Hospital, Shastri Park
- Acharya Shree Bhikshu Hospital, Moti Nagar
- Guru Gobind Singh Govt. Hospital
- Satyawadi Raja Harish Chandra Hospital
- Lal Bahadur Shastri Hospital
- Babu Jagjivan Ram Memorial Hospital
- RTRM Hospital, Jaffarpur
- Pt. Madan Mohan Malviya Hospital
- Maharishi Valmiki Hospital
- Aruna Asaf Ali Govt. Hospital
- Sardar Vallabh Bhai Patel Hospital
- Shri Dada Dev Matri Avum Shishu Chikitsalaya
- Deep Chand Bandhu Hospital
- Dr. N.C. Joshi Memorial Hospital
- Guru Nanak Eye Centre
- Attar Sain Jain Eye Hospital
- IHBAS
- CNBC (including PET CT)
- DSCI
- JSSH (including PET CT)
- RGSSH (including PET CT)
- Sushrut Trauma Centre

# LIST OF 25 POLYCLINICS

**(From where patients can be referred)**

## SOUTH & CENTRAL DELHI

- DGD Timarpur
- NC Joshi Polyclinic
- DGD Ballimaran
- DGD Madanpur Khadar- II
- DGD Ber Sarai

## NORTH DELHI

- DGD Wazirpur Phase- III
- DGD Paschim Vihar, A 2 Block
- DGD Keshavpuram, B-4 Block
- DGD Sector- 4, Rohini
- DGD Pitampura CD Block
- DGD Sector-18, Rohini
- DGD Sector- 2, Rohini
- DGD Punjabi Colony, Narela
- DGD Saraswati Vihar
- Rani Bagh Polyclinic

## WEST DELHI

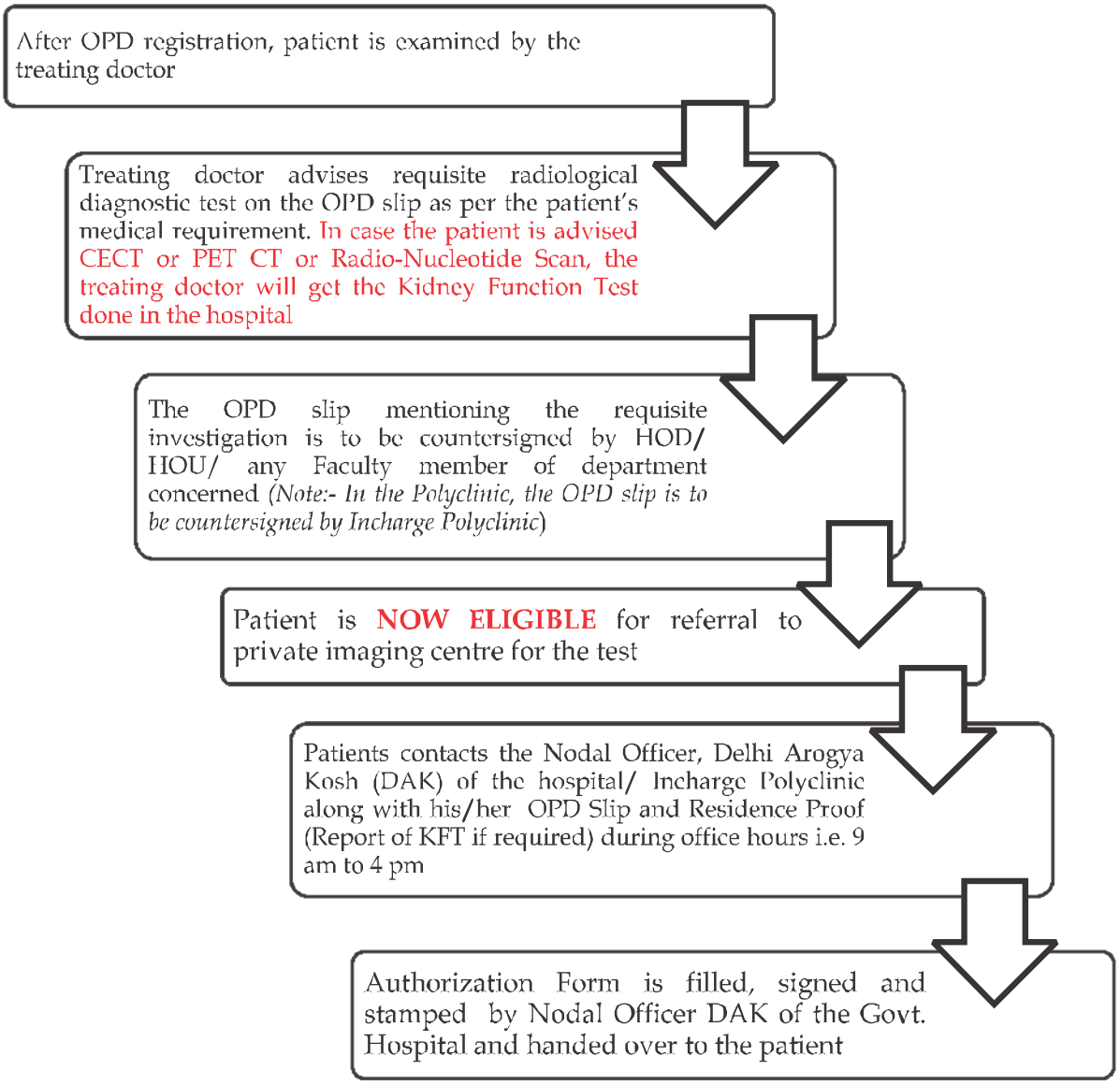
- DGD Basant Gaon
- DGD Sector-14, Dwarka
- DGD Tilak Vihar
- DGD Madipur
- DGD Pindwala Kalan

## EAST DELHI

- Kanti Nagar Polyclinic
- DGD Vivek Vihar
- DGD Nand Nagri
- DGD Gautampuri
- Kalyan Vas Polyclinic

# MECHANISM FOR REFERRAL

## (Responsibility of Govt. Hospital/ Polyclinic)



# AUTHORIZATION FORM (Front Side)

## AUTHORIZATION FORM

**OFFICE OF NODAL OFFICER (DELHI AROGYA KOSH)**

_____(Name of the Hospital/ Polyclinic)

**APPROVAL FOR CASHLESS DIAGNOSTIC/ IMAGING FACILITY IN DAK APPROVED CENTRE**
(To be filled by authorized signatory)

**File No.** **Dated:**

To,
Centre Manager,
DAK Empanelled Diagnostic/ Imaging Centre

**Sub: Authorization Letter for MRI /CT Scan/ Radio-Nucleotide Scan/ USG/ Colour Doppler/ Mammography/ ECHO/ T.M.T. / E.E.G. / E.M.G. (encircle the test advised)**

Sir/Madam,

This is to certify that Mr./Ms. _____ S/o,D/o,W/o_____ R/o _____ _____ has been referred by Department of _____ of this hospital for MRI /CT Scan/ Radio-Nucleotide Scan/ USG/ Colour Doppler/ Mammography/ ECHO/ T.M.T. / E.E.G. / E.M.G. (encircle the test advised) Code No. _____ (as per DGEHS list)

He/She is authorized by Delhi Arogya Kosh (DAK) for getting the same done at your centre

He/She is a bonafide resident of Delhi and has submitted a copy of Aadhar Card/Voter ID/Ration card/Driving Licence/ extract of electoral roll/ /Passport/ Birth Certificate bearing no. _____ as proof of resident of Delhi and is therefore eligible for seeking financial assistance through DAK for the aforementioned radiological/ imaging investigation.

Your diagnostic/ imaging centre ,which is empanelled under Delhi Arogya Kosh and as per the agreement entered with DAK, the billing for the aforementioned test shall be at DGEHS approved rate.

No payment of any kind shall be levied against or made by the authorised patient. The patient concerned shall certify on the bill regarding no payment made by him/her for the test and also regarding the receipt of the diagnostic test/ imaging report and film(where applicable) A copy of the certified bill is to be provided to the patient concerned

The certified bill(s) alongwith authorization letter(s) (in original) are to be sent to the O/o DAK, Room No.1, 6th Floor, Directorate General of Health Services, E-17, Karkardooma, Delhi-110032 latest by the seventh day of the subsequent month.

**Yours sincerely**

**Medical Superintendent of Hospital/ Nodal Officer, DAK**
**(Signature with Seal)**

Note:
*Only for patients requiring Contrast Enhanced CT scan/ Radio-nucleotide scan:*

*It is certified that as per the available reports his/her creatinine level is less than 1.3 mg/dl and urea level is less than 60 mg/ dl during the last month.*

**Medical Superintendent of Hospital/ Nodal Officer, DAK**
**(Signature with Seal)**

# LIST OF DIAGNOSTICS CENTRE

| S.No | Diagnostic Centre | Address | Name of Contact Person & Mb. No. | Region | MRI/ CT Scan | Nuclear | USG | Doppler | Mammography | ECHO | TMT | EEG | EMG |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Dr. [illegible] Research Centre | [illegible], New Delhi | Dr. [illegible] [illegible] | South & Central | Yes | | Yes | Yes | Yes | Yes | | | |
| 2 | Dr Gulati Imaging Institute | J-16, Hauz Khas Enclave, Near Aurobindo Marg, New Delhi- | Mr. [illegible] [illegible] | South & Central | Yes | | Yes | Yes | Yes | Yes | Yes | | |
| 3 | Dr. M.L. Aggarwal Imaging Centre | A-1/161, Safdarjung Enclave, New Delhi-110 029 | Dr. M.L. Aggarwal [illegible] | South & Central | | | Yes | Yes | | | | Yes | |
| 4 | Prime Imaging & Research Centre | D-3, Green Park Extn., New Delhi- 110 16 | Mr. Amit Sharma [illegible] | South & Central | Yes | | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 5 | Prime Imaging & Research Centre | H-3, Green Park Extn., New Delhi- 110 16 | Mr. Navneet Garg [illegible] | South & Central | Yes | | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 6 | Shivalik Imaging Centre | K-9, Hauz Khas Enclave, New Delhi- 110 16 | Mr. Ayush Dhar [illegible] | South & Central | Yes | | Yes | Yes | Yes | | | | |
| 7 | CDS MRI Diagnostics & Research Centre Pvt. | D-3, Green Park Extn., New Delhi- 110 16 | Dr. Sandeep Sharma [illegible] | South & Central | | | Yes | | Yes | | | | |
| 8 | Delhi Institute of Functional Imaging | 4, Kanwaljit Park, Near DCP Office, Hauz Kaus, Delhi-110016 | Mr. Anil Mishra [illegible] | South & Central | | Yes | | | | | | | |
| 9 | Clinical Diagnostic Centre | 89, Hargovind Enclave, Delhi-110092 | Mr. [illegible] Bhatt [illegible] | East | | | Yes | | | Yes | | | |
| 10 | Dr. Anand Imaging & Neuro Res. Centre | G-14, Preet Vihar, Vikas Marg, Karkardooma, Delhi-110092 | Mr. R.K. Tripathi [illegible]<br>Dr. Geeta Anand [illegible] | East | Yes | Yes | Yes | Yes | Yes | Yes | | | |
| 11 | Dr. Sachin Gupta Aman Imaging Centre | D-29, Vivek Vihar, Delhi-95 | Mr. Bhageshwar [illegible] | East | | | Yes | Yes | Yes | Yes | Yes | | |
| 12 | Ganesh Diagnostics & Imaging Centre | G-78, Yamuna Vihar, Delhi | Dr. [illegible] [illegible] | East | | | Yes | | | | | | |
| 13 | Platinum Imaging Centre | 5, Dayanand Vihar, Delhi-110092 | Dr. Rahul Agarwal [illegible] | East | Yes | | Yes | Yes | | Yes | | | |
| 14 | Ganesh Diagnostics & Imaging Centre | 109, Sector-A-1, Sector-9, Near Deepak Chowk, Rohini, Delhi- | Dr. [illegible] [illegible] | North | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | Yes |
| 15 | Gagan Pathology Centre, Sector-7, Rohini | H.No-22, Pocket-5-Dt, Sector-7, Rohini, Delhi-110085 | Mr. Raj - kumar [illegible] | North | | | Yes | Yes | Yes | Yes | Yes | Yes | |
| 16 | Ganesh MRI Centre | CSC/OCT-7 Sector-5, Rohini, Delhi | Dr. [illegible] [illegible] | North | | | Yes | Yes | Yes | Yes | Yes | | Yes |
| | Mind & Muscle Healthcare Pvt. Ltd. | K-39, Mall Road Near Metro Station, Sector-18, Rohini, New Delhi | Mr. A. K. Gupta [illegible] | North | Yes | | Yes | Yes | | Yes | Yes | Yes | Yes |
| 18 | Sahil Diagnostics | [illegible] Vihar, Delhi-110 [illegible] | Mr. Deepak Khanna [illegible] | North | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | |
| 19 | Sahil Diagnostics | B-1073, Saraswati Vihar, Delhi-110 [illegible] | | North | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | |
| 20 | Central X-ray & Scan Clinic, Vikaspuri | C-3, New Rohtash Park, Vikaspuri, New Delhi-110 018 | Mr. Sunder Dawra [illegible] | West | | | Yes | | Yes | Yes | | | |
| 21 | Ganesh Diagnostics & Imaging Centre | C-1, Tilak Nagar, New Delhi | Mr. Vinod Sharma [illegible] | West | | | Yes | | | | | | |
| 22 | Nucleus Multi Diagnostic Diagnostic centre | 19/37, Basin Bahak Road, Punjabi Bagh, Delhi-26 | Mr. Ajit Kumar [illegible] | West | | | Yes | Yes | | Yes | Yes | | |

AUTHORIZATION FORM (Back Side)

# AUTHORIZATION FORM FOR PET CT

**to be issued by GBPH, LNH, GTBH, DDUH, BSAH, RGSSH, JSSH & CNBC**

# (Front Side)

## AUTHORIZATION FORM FOR PET CT Scan

**OFFICE OF NODAL OFFICER (DELHI AROGYA KOSH)**

_____**(Name of the Hospital/ Polyclinic)**

**APPROVAL FOR CASHLESS DIAGNOSTIC/ IMAGING FACILITY IN DAK APPROVED CENTRE**
**(To be filled by authorized signatory)**

**File No.** **Dated:**

To,
Centre Manager,
DAK Empanelled Diagnostic/ Imaging Centre

**Sub: Authorization Letter for PET CT**

Sir/Madam,

This is to certify that Mr./Ms. _____ S/o,D/o,W/o_____ R/o _____ _____ has been referred by Department of _____ of this hospital for PET CT scan Code No. _____ (as per DGEHS list)

He/She is authorized by Delhi Arogya Kosh (DAK) for getting the same done at your centre.

He/She is a bonafide resident of Delhi and has submitted a copy of Aadhar Card/Voter ID/Ration card/Driving Licence/ extract of electoral roll/ /Passport/ Birth Certificate bearing no. _____ as proof of resident of Delhi and is therefore eligible for seeking financial assistance through DAK for the aforementioned radiological/ imaging investigation.

Your diagnostic/ imaging centre ,which is empanelled under Delhi Arogya Kosh and as per the agreement entered with DAK, the billing for the aforementioned test shall be at approved rate.

No payment of any kind shall be levied against or made by the authorised patient. The patient concerned shall certify on the bill regarding no payment made by him/her for the test and also regarding the receipt of the diagnostic test/ imaging report and film(where applicable). A copy of the certified bill is to be provided to the patient concerned.

The certified bill(s) alongwith authorization letter(s) (in original) are to be sent to the O/o DAK, Room No.1, 6th Floor, Directorate General of Health Services, F-17, Karkardooma, Delhi-110032 latest by the seventh day of the subsequent month.

**Yours sincerely**

**Medical Superintendent of Hospital / Nodal Officer, DAK**
**(Signature with Seal)**

*It is certified that as per the available reports his/her creatanine level is less than 1.2 mg/dl and urea level is less than 60 mg/ dl during the last month.*

**Medical Superintendent of Hospital / Nodal Officer, DAK**
**(Signature with Seal)**

# AUTHORIZATION FORM FOR PET CT

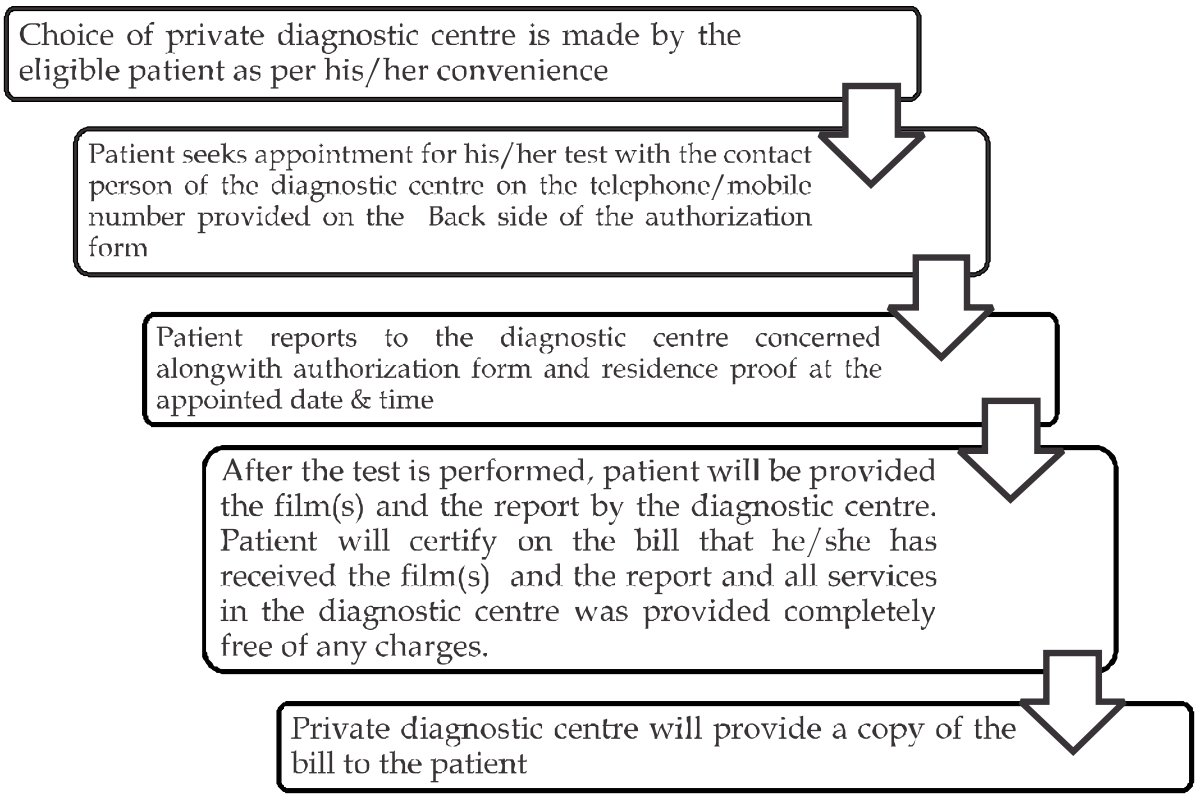
**to be issued by GBPH, LNH, GTBH, DDUH, BSAH, RGSSH, JSSH & CNBC**

## (Back Side)

| S.No | Diagnostic Centres | Address | Name of Contact Person | Contact Number |
|---|---|---|---|---|
| 1 | Nuceleur Healcare Ltd. | Plot No. 260-261, Tribhuvan Complex, Ishwar Nagar, New Friends Colony, ND-65 | Hemant<br>Ankit<br>Priyanka<br>Dr. Clara | 9643315868<br>9873315869<br>011-42445445<br>011-43025445 |
| 2 | Dr. Anands Imaging & Neuro. Res. Centre | G-14, Preet Vihar, Vikas Marg, Karkarimore, Delhi-110092 | Mr. S.K. Tripathi<br>Dr. Geeta Anand | 9810317635<br>9810054229 |
| 3 | Ganesh Diagnostics & Imaging Centre | 109, Pocket A-1, Sector-8, Near Deepali Chowk, Rohini, Delhi- 110034 | Dr. Ravin | 9810183948 |
| 4 | Delhi Institute of Functional Imaging | 14, Kaushalya Park, Near DCP Office, Hauz Khas, Delhi- 110016 | Mr. Anil Mishra | 9811727080 |

# MECHANISM FOR TEST

## (Responsibility of Diagnostic Centre)



# TO RAISE AWARENESS

*Boards displaying free diagnostics scheme have been affixed at conspicuous places in Delhi Government Hospitals.*

## सूचना

यदि दिल्ली के किसी भी निवासी, जिसका इलाज इस अस्पताल/पॉलीक्लिनिक में चल रहा है तथा डॉक्टर ने उसे MRI/CT Scan/Ultrasound/Mammography/ECHO/TMT/EEG/EMG जाँच करवाने की सलाह OPD पर्ची पर लिख कर दी है, ऐसी परिस्थिति में मरीज अपनी इच्छा एवं सुविधानुसार किसी भी 21 चिन्हित प्राइवेट रेडियोलोजी सेंटर +41 चिन्हित प्राइवेट अस्पताल में जाँच निशुल्क करवा सकते हैं। रेफरल किए गये मरीज का चिन्हित प्राइवेट रेडियोलोजी तथा चिन्हित प्राइवेट अस्पताल में किए गये समस्त खर्च (बिल) दिल्ली सरकार का स्वास्थ्य विभाग (दिल्ली आरोग्य कोष) भुगतान करेगा तथा इन मरीजों को अपनी जेब से किसी प्रकार का खर्च वहन नहीं करना पड़ेगा। डॉक्टर द्वारा जाँच लिखने के बाद कृपया रेफरल हेतु इस अस्पताल/पॉलीक्लिनिक के नोडल ऑफिसर/इंचार्ज से संपर्क करें।

### सामान्य निर्दिष्ट जाँच की सूची

- ☑ एम.आर.आई. (प्लेन/कॉन्ट्रास्ट)
- ☑ सी.टी. स्कैन (प्लेन/कॉन्ट्रास्ट)
- ☑ अल्ट्रासाउंड
- ☑ कलर डॉपलर
- ☑ मैमोग्राफी
- ☑ इकोकार्डियोग्राफी (इको)
- ☑ ट्रेडमिल टेस्ट
- ☑ ई.ई.जी. तथा ई.एम.जी.

### कुछ चिन्हित प्राइवेट रेडियोलोजी सेंटर के नाम

- ☑ ऑप्टा इमेजिंग सेंटर, ग्रीन विहार
- ☑ पेरेटियम इमेजिंग, कड़कड़डूमा
- ☑ गणेश डायग्नोस्टिक्स, रोहिणी
- ☑ मक्स एंड मोर, रोहिणी
- ☑ डॉ एम.एस. डोगा अल्ट्रासाउंड, पुसागेट
- ☑ डॉ. गुप्ताज इमेजिंग, ग्रीन पार्क एक्ट.
- ☑ महाजन इमेजिंग सेंटर, ग्रीन खास
- ☑ गणेश डायग्नोस्टिक, बसुधा विहार
- ☑ मेडिटरन एक्सरे एंड स्कैन, विकासपुरी
- ☑ मेहरान डायग्नोस्टिक सेंटर, पंजाबीबाग
- ☑ सी-15 डायग्नोस्टिक्स, ग्रीन पार्क एक्ट.
- ☑ डॉ. सविता जैन अग्रवाल इमेजिंग, विवेक विहार
- ☑ डॉ. एम.एल. अग्रवाल इमेजिंग, सफदरजंग एन्क्लेव
- ☑ गणेश डायग्नोस्टिक्स, हरी नगर

## ध्यान दें

अरविंद केजरीवाल
मुख्यमंत्री, दिल्ली

1. सी.टी. कॉन्ट्रास्ट आदि से पहले किडनी फंक्शन टेस्ट (खून की जाँच) इस अस्पताल/पॉलीक्लिनिक से करवाना अनिवार्य है।
2. अस्पताल में नोडल ऑफिसर द्वारा रेफरल की प्रक्रिया मरीज को डॉक्टर द्वारा OPD पर्ची पर जाँच की सलाह लिखने के बाद तथा सम्बंधित विभाग के सीनियर डॉक्टर के प्रतिहस्ताक्षर के उपरांत ही की जाएगी तथा पालीक्लीनिक में इंचार्ज द्वारा रेफरल की प्रक्रिया मरीज को डॉक्टर द्वारा OPD पर्ची पर जाँच की सलाह लिखने के बाद की जाएगी।
3. दिल्ली के निवासी होने के प्रमाण के लिए- आधार कार्ड, वोटर कार्ड, ड्राइविंग लाइसेंस, पासपोर्ट, जन्म प्रमाणपत्र (पांच साल से कम उम्र के बच्चों हेतु), मतदाता सूची का उद्धरण- इनमें से कोई पहचान पत्र नोडल ऑफिसर को प्रस्तुत करें।
4. रेफरल करवाने के बाद मरीज अपने द्वारा चुने गये चिन्हित प्राइवेट डायग्नोस्टिक सेंटर से व्यक्तिगत या फोन के माध्यम से संपर्क कर जाँच हेतु समय प्राप्त करें तथा सम्बंधित व्यक्ति को सरकारी नोडल ऑफिसर द्वारा जारी प्राधिकृत पत्र, अपना पहचान पत्र एवं इलाज सम्बंधित सभी दस्तावेज एवं रिपोर्ट प्रस्तुत करें।

**अधिक जानकारी के लिए नोडल ऑफिसर से 011-00000000 पर संपर्क करें**

# GRIEVANCE REDRESSAL
## (PERTAINING TO GOVERNMENT HOSPITAL)

- In case of any problem/ complaint/ grievance at the level of Govt. Hospital -

  *Inform the Medical Director/ Medical Superintendent of the hospital*
- In case the problem is not addressed within 48 hours by MD/ MS –
- Send sms on 8745051111 (Helpline)
- In case the problem is not addressed within 24 hours by the Helpline –

*Inform Dr. R.N. Das / Dr. Imteyaz (011-22306851)*
*or Send email : delhiarogyakosh@gmail.com*

***Boards regarding grievance and their redressal have been affixed at conspicuous places in Delhi Govt. Hospitals.***


# FEEDBACK MECHANISM & GRIEVANCE REDRESSAL
## (PERTAINING TO PRIVATE DIAGNOSTIC CENTRE)

- Random calls shall be made to the patients by Delhi Arogya Kosh for seeking their feedback.
- In case of any problem/ complaint/ grievance at the level of Pvt. Diagnostic Centre-
- Inform the Incharge of the Centre
- In case the problem is not addressed within 24 hours by Incharge of the Centre–
- Send sms on 8745051111 (Helpline)
- In case the problem is not addressed within 24 hours by the Helpline –

*Inform Dr. R.N. Das / Dr. Imteyaz (011-22306851)*
*or Send email : delhiarogyakosh@gmail.com*

# FREE TREATMENT OF EWS PATIENTS IN IDENTIFIED PRIVATE HOSPITALS

## OBLIGATION

- Orders of Hon'ble Supreme Court of India and Hon'ble High Court of Delhi
- Private hospitals which were allotted land at concessional rates by various land owning agencies, namely, DDA; L&DO; MCD & DUSIB, are under an obligation to provide 10% IPD and 25 % OPD, completely free of any charges to the eligible EWS patients
- 635 free beds available in 44 identified private hospitals

## EARLIER SCENARIO

- The occupancy of free beds was sub-optimal (less than 33% free beds were occupied)
- Monitoring was weak
- Low awareness amongst general public
- Referral mechanism was complicated
- Eligibility criteria linked to BPL status

## PRESENT SCENARIO

- Referral/ admission facilitated through Liaison Officers and Patient Welfare Officers posted in private and government hospitals
- Awareness increased
- Monitoring strengthened (online monitoring)
- Eligibility criteria changed and linked to minimum wages of an unskilled worker (presently Rs. 13,350/- per month)
- Occupancy of free beds increased to an optimal level

# LIST OF 44 IDENTIFIED PRIVATE HOSPITALS

## SOUTH DISTRCT

- Batra Hospital
- National Chest Institute
- National Heart Institute
- Delhi ENT Hospital & Research Centre
- Fortis Vasant Kunj
- Max Smart
- Indian Spinal Injuries Centre
- Pushpawati Singhania Research Institute
- Venu Eye Institute
- Fortis Hospital, Okhala
- Max Super Specialty Hospital East Wing
- VIMHANS
- Guru Harkishan Hospital

## SOUTH-WEST DISTRCT

- Bensups Hospital
- Rockland Hospital
- Venkateshwar Hospital

## NORTH DISTRICT

- Vinayak Hospital
- Jivodaya Hospital

## NORTH WEST DISTRICT

- Bhagwan Mahavir Hospital
- Khosla Medical Institute
- Saroj Hospital & Heart Institute
- Bhagwati Hospital
- Jaipur Golden Hospital
- Sunder Lal Jain Charitable Hospital
- Max Super Specialty, Shalimar Bagh

# LIST OF 44 IDENTIFIED PRIVATE HOSPITALS

## WEST DISTRICT

- Action Cancer Hospital
- Mata Chanan Devi Hospital
- Maharaja Agrasen Hospital
- Mai Kamli Wali Ch. Hospital
- Sri Balaji Action Medical Institute
- M.G.S. Hospital
- RLKC Metro Hospital
- Jankidas Memorial Hospital

## EAST DISTRICT

- Bimla Devi Hospital
- Jeevan Anmol Hospital
- Shanti Mukund Hospital
- Dharmshila Hospital
- Deepak Memorial Hospital
- Max Super Specialty, Patparganj
- Amar Jyoti Ch. Trust
- Kottakkal Arya Vaidyashakla

## CENTRAL DISTRICT

- Primus Super Specialty Hospital
- Sir Ganga Ram Hospital

## NORTH EAST DISTRICT

- Delhi Red Cross General Maternity & Child Hospital

# DOCUMENT FOR ELIGIBILITY

- National Food Security Card (NFSC)
- BPL Card
- Income Certificate issued by Revenue Department
- Self Undertaking

# UNDERTAKING PROFORMA

माननीय सर्वोच्च न्यायालय तथा दिल्ली उच्च न्यायालय द्वारा चिन्हित निजी अस्पतालों में निःशुल्क ईलाज हेतु वचन पत्र

मैं ..... पुत्र/पुत्री/पत्नी ..... आयु ..... वर्ष ..... निवासी .....
और वर्तमान निवासी ..... यहाँ पर घोषणा करता/करती
हूं कि मेरा/मेरे रिश्तेदार श्री मैं/मेरे रिश्तेदार की वार्षिकी + सिल्क आय रूपये 13350/— (दिल्ली सरकार द्वारा आर्थिकरूप से न्यूनतम मासिक वेतन) से कम है जिसका सत्यापन किया जाता है। मुझे सूचित किया गया है कि मैं/मेरे रिश्तेदार का निःशुल्क ईलाज निजी अस्पताल में होगा

मुझे यह जानकारी और ज्ञात है कि यह सुविधा केवल उन गरीब मरीजों को ही दी जाती है, जिनकी वार्षिकी मासिक आय दिल्ली सरकार द्वारा आर्थिकरूपसे न्यूनतम मासिक वेतन से कम है ।

**यदि मेरे इस बयान में कोई असत्यता पायी जाती है तो ईलाज में जो भी खर्चा होगा वह वापस लिया जाएगा और कानूनी कार्यवाही भी की जाएगी ।**

रोगी या उसके रिश्तेदार के हस्ताक्षर — अंगूठे का निशान बांए हाथ यदि पुरुष/दाये हाथ यदि स्त्री — रोगी का नाम व पता

सत्यापन

सत्यापित करता हूं कि दिल्ली में दिनांक..... मात्र.....2017 को दिया लिखे गये तथ्य सत्य और सही हैं। जहां मेरे ज्ञान का सम्बंध है इसमें कोई रोक छिपाई नहीं गई है ।

**यदि उपर लिखें गये विवरण में कोई भी गलती पाई जाती हैं तो उसके लिए मैं और रोगी/उसके परिवार पूरी तरह से उत्तरदायी होगे ।**

रोगी या उसके रिश्तेदार के हस्ताक्षर — अंगूठे का निशान बांए हाथ यदि पुरुष/दाये हाथ यदि स्त्री — रोगी का नाम व पता

# REFERRAL MECHANISM

## (Through Government Hospital)

Patient undergoing outdoor/ indoor treatment from government hospital

Treating doctor refers the patient to Nodal Officer EWS stationed at Special Referral Centre/ Desk either on his own or on patient's request

Nodal Officer verifies the genuineness of poverty of the patient and refers him/her to an identified private hospital with requisite facilities as per the choice of the patient

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# EWS PATIENT REPORTING DIRECTLY TO IDENTIFIED PRIVATE HOSPITAL

EWS patient, having requisite documents, requiring outdoor treatment, reports to the Nodal Officer, EWS of the private hospital concerned who is stationed in the Special Referral Centre

Nodal Officer EWS verifies the document / undertaking and refers the patient for his outdoor/ indoor treatment to the doctor concerned

In case of emergency admission, Nodal Officer, EWS informs the Nodal Officer of the linked Government Hospital regarding the case and for verifying the genuineness of poverty of such patient within 48 hours

# MONITORING MECHANISM

- Liaison Officers posted in identified private and government hospitals for facilitating admission and treatment of EWS patients.
- Real time availability of free beds displayed on Delhi Government Website
  http://dshm.delhi.gov.in/mis/(S(4gyspu3dws1uzywhesidw45s))/Private/frmViewMapinBlock.aspx
- EWS Cell created in DGHS
- Weekly; Monthly; Quarterly report of EWS patients from identified private hospitals
- Monitoring Committee constituted for inspecting identified private hospitals