

BHAMASHAH SWASTHYA BIMA YOJANA

CHECK LIST For Private Hospitals

Name of the officer: Designation:..... Mobile No.....

District:..... Name of institution:..... Date:.....

1. Is the copy of the agreement executed between Insurance Company and the Private Hospital. (Please see the copy of the agreement) Yes/ No
2. Is Bhamashah swasthya yojana desk established in the institute? If yes provide the number of counters. Yes/No.
3. Checklist for Hardware at each counter:

S.No	Item	Yes/No.	Remark
1	Computer		
2	UPS		
3	Multi function Printer (Printer cum Scanner)		
4	Internet connection (Min. 2MBPS)		
5	Web Camera		
6	Digital camera		
7	Sitting chairs at least 2		
8	Table		
9	stationary		

4. Location of BSBY desk (easily accessible for the patient) Yes/No.

5. In-charge Office details:

a. Name of the in-charge officer:

b. Designation of the in-charge officer:.....

c. Mobile No.:.....

- d. Is the in-charge officer trained under Bhamashah Swasthya Bima Yojana? Yes/No.

6. OPD findings :

- a. Is the concerned consultant marking the package code on the patient prescription slip while recommending the patient in IPD? Yes/No.

- b. Is the code written on the prescription is readable. Yes/No.

- c. Does the doctor/consultant know the scheme thoroughly with all the details? Yes/No.

For any queries please contact: 0141-5142525

Site : www.Raiswasthya.nic.in

mail id: hchvra@gmail.com

BHAMASHAH SWASTHYA BIMA YOJANA

7. In-door patient Department Findings :

a. How many patients are admitted on the date and out of them how many are benefitted under BSBY scheme?

(No. of pts under BSBY/Total No. of pts)

/

b. Is there any information provided to the patient by other means i.e doctors, nursing staff, ward boys.

Please mention.....

8. Is the patient bringing any identity related to Bhamashah Swasthya Bima Yojana to the institute? Yes/No

9. Hardware as per list enclosed is available? Yes/No

10. Is Swasthya Margdarshak appointed or not and if not whom job has been assigned? Yes/No

11. Whether the empanelled hospital has following facilities:-

S. No.	Item	Yes/No	Remark
1.	It should have at least 30 inpatient beds.		
2.	It should be equipped and engaged in providing medical and surgical facilities along with diagnostic facilities i.e providing of Pathological tests, X-ray and other general investigations etc., for the care and treatment of injured or sick persons as in-patients; including but not limited to provision of diagnostic facility through a tie up with an established diagnostic centre outside the hospital on a cashless basis.		
3.	General Ward: Facility of a separate male and female wards		
4.	A well equipped operation theatre		
5.	It should have qualified doctor(s) and nurses, (necessary certificates with respect to their qualifications to be produced during empanelment)		
6.	Round the clock in house/tied up blood bank facility		
7.	Round the clock availability of qualified anaesthetist either in house or on call		

12. Hospital received User ID and Password to run software. Yes/No

13. Whether Swasthya Margdarshak received required training. Yes/No

14. Whether hospital is informed to display the available packages. Yes/No

For any queries please contact: 0141-5142525

Site : www.Raiswasthya.nic.in

mail Id: hshvra@gmail.com

BHAMASHAH SWASTHYA BIMA YOJANA

15. If yes whether the list is displayed outside the hospital.

Yes/No

16. Whether hospital is aware that no OPD charges are to be collected from IPD Bhamashah beneficiaries.

Yes/No

17. Kindly provide your Feedback/suggestions for smooth implementation of BSBY Scheme in the hospital:

.....

.....

.....

.....

.....

.....

Signature of the officer

Date :

-----X-----