



Rothshield Healthcare (TPA) Services Limited

Corporate Office : 402, Raheja Chambers, Nariman Point, Mumbai - 400 021. India
Tel. : +91 22 22022147 / 22048144 Fax : +91 22 22854415 Tollfree No. : 1800 228 144
E-mail : info@rothshield.co.in Website : www.rothshield.co.in TPA Licence No. 030

Date:

To,

Dear Sir / Madam,

Subject: Empanelment of your esteemed Diagnostic Centre / Medical Centre with our TPA services.

We would like to introduce ourselves as a Third Party Administrator vide IRDA license no. 030 dated 16th July 2007. Apart from our core Business consisting of Mediclaim settlement and cashless Hospitalization to the insured, we are also into the services of providing quality healthcare services such as pre policy health checkup for life and non life insurance companies on a pan India basis.

In this regard, we request you to please find enclosed the following documents for duly filling up the same and sending to us as per the instructions.

- Two sets - Memorandum of Understanding copy.
- Questionnaire to obtain details of various technical facilities available at your Medical Centre / Diagnostic Centre.

You are requested to fill in all the columns and rows in detailed & complete the documentation as per the following guidelines to complete the empanelment process.

Memorandum of Understanding: Based on the acceptance, both the MOU copies should be signed and one copy of the same should be forwarded to our head office / branch office. The other copy of the MOU should be retained by the medical centre / diagnostic centre for their records. If required separate sheets can be attached.

Diagnostic Center's Infrastructure details (Facilities Available): All details requested in the information sheet should be furnished (all in capital letters). The columns not filled in would be considered as not available.

You are also requested to provide the following necessary documents (**mandatory**), as per our (client) insurance companies requirement.

1. Copy of Diagnostic Centre Registration Certificate.
2. Copy of Registration & degree certificate of all the doctors & the technicians associated with the medical centre / diagnostic centre.

Medical test rate list pertaining to various insurance companies shall be forwarded to you, once they are finalized.

Service charge: Our service charges will be 7.5% of the total billed amount.

We look forward for your prompt response. In case you require any further clarification, please feel free to call Rothshield Healthcare TPA Services Limited (022-22022147 / 22048144), Email: info@rothshield.co.in

Assuring you of our best services and attention at all times.

Thanking You,

With Regards,

Provider Networking Dept.
For Rothshield Healthcare (TPA) Services Ltd.

Memorandum Of Understanding
ROTHSHIELD HEALTHCARE (TPA) SERVICES LIMITED

&

MEDICAL SERVICE PROVIDERS (DIAGNOSTIC CENTRE)

This Agreement made on _____ between **Rothshield Healthcare (TPA) Services Ltd.** a company duly registered under The Companies Act, 1956, having its Corporate Head Office at 402 Raheja Chambers, Nariman Point, Mumbai-400021, hereinafter referred to as **TPA** (which expression shall unless it be repugnant to the context or meaning thereof shall deem to mean and include its successors and assignees) being the **first Part** and _____ (**Name of the Medical Service Provider**), referred to as **MSP** (which expression shall unless it be repugnant to the context or meaning thereof shall deem to mean and include its successors or assignees) being the **other part**.

Whereas, **TPA** is a HealthCare Service Organization providing various health related services to their clients through Insurance companies which includes amongst them insured individuals & groups, corporate, life and general health insurance companies and for this purpose **TPA** has created a network of service providers and is in process of enhancing the network and as whereas the **TPA** has approached the **MSP** to give medical & diagnostic services (of which he is capable of) to the beneficiaries at agreeable cost, and as whereas the **MSP** is willing to provide such services and the cost of which will be ultimately be settled by **TPA** as per the standard rates of the respective Insurance Companies. Now this agreement witnesseth herein:

The MSP agrees to provide the necessary services on the terms and conditions, mentioned herein:

1. **MSP** will be responsible for providing its services such as, conducting pre-insurance policy medical check ups of the Proposed that includes Medical examination, ECG, Pathological & Radiological tests, Cardiological Investigations and any other test as specified by various Insurance companies.
2. **MSP** shall tabulate the data; medical reports in the specified format as forwarded by the **TPA**, send hard and soft copies of the report to the **TPA** and further should retain such necessary data for the next 6 months, from the date of reporting without discarding / deleting from the Diagnostic center's data storage systems.
3. **Turn Around Time (TAT)** should be maintained on the highest level by handing over the medical reports to TPA representative / sending by courier to the **TPA** office on the same day of the client's appointment. **MSP** should inform **TPA** within 48 hrs about any changes in Facility, Personnel, and Address that they undergo.
4. **TPA** will inform the proposed about the **MSP** (Diagnostic Center / Medical Centre) and their details for taking up the health check up.
5. **MSP** will verify the identity of the proposed (by means of photo credit card / voter's id / Passport or any other valid identity proof) before providing the listed services, which is **MANDATORY** during his all visits to the **MSP**. The identity verification slip should be signed by both client & examining doctor.
6. Medical test carrying pre-requisite formalities like fasting etc. should be informed to the client by the **MSP**.

7. **MSP** has to inform the **TPA** through telephone/ fax /e-mail, once the medical reports are ready for dispatch. The medical reports should be delivered to **TPA** by courier / In-person as per standing instruction of the **TPA** on the same day of medical appointment to maintain the TAT (Turn around time).
8. The **MSP** shall not ask the proposed / client for any payments for the services rendered to him / her unless specifically mentioned by **TPA** to collect the same from proposed / client.
9. **TPA** shall make all payments in respect of the Final Bills directly to the **MSP** within the mutually agreed period of **45 days**.
10. The **MSP** shall charge according to the tariff mutually agreed upon for every Insurance company and approved by the **TPA**.
11. **Payments shall be made after deduction of taxes at source, as applicable and TPA's service charges.**
12. The **MSP** shall ensure delivery of the highest quality standards and shall strictly adhere to all medical and ethical practices as specified by IMA..
13. In case of any errors / omissions/alterations related to procedures, processes and /or methodologies pursued by the **MSP**, they would be held responsible for the same. These irregularities in the medical reports / service deliverables would attract appropriate deductions from the test charges initially and subsequently it would lead to de-empanelment of the **MSP**.
14. **MSP** hereby agree that it is an independent entity rendering professional medical services & any discrepancy/ wrong reporting is its sole responsibility & liable for any damages/ claims etc. from the examinee as per prevailing laws of India.
15. **MSP shall maintain utmost data confidentiality on such data and shall not share the same with any third party unless and otherwise authorized by TPA.**
16. The agreement will commence from the date on which it is signed and will remain in force till either of the parties terminates the contract by providing the advance notice as required by this agreement.
17. After completion of the first six months of agreement, Quality review for the particular **MSP** will be done by the **TPA** and the improvements required would be conveyed.
18. The Agreement may be terminated by any of the parties by giving one-month prior written notice to the other party. However if there is any given contract which has to be serviced the **MSP** shall complete rendering of all such services committed prior to the serving of termination, without exception unless and otherwise instructed by **TPA**.

By signing below each party agrees to the terms of this agreement.

Diagnostic Centre / Medical Centre:

Name of the Centre: _____

Address in full: _____

Through Shri/ Smt/Dr. _____

Sign _____

Date _____

SEAL: _____

Name of the Third Party Administrator : **M/s. Rothshield Healthcare (TPA) Services Ltd.**

Address in full: 402, Raheja Chambers, Nariman Point, Mumbai-400021

Tel: (022) 22022147 / 22048144. Fax: (022) 22854415

Email : **info@rothshield.co.in**

Through : **Harsha Padia** _____

Sign : _____



Date : _____

Seal : _____

PLEASE SEND THIS COPY BACK TO US FOR OUR REFERENCE

Memorandum Of Understanding

ROTHSHIELD HEALTHCARE (TPA) SERVICES LIMITED

&

MEDICAL SERVICE PROVIDERS (DIAGNOSTIC CENTRE)

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17. After completion of the first six months of agreement, Quality review for the particular **MSP** will be done by the **TPA** and the Improvements required would be conveyed.
18. The Agreement may be terminated by any of the parties by giving one-month prior written notice to the other party. However if there is any given contract which has to be serviced the **MSP** shall complete rendering of all such services committed prior to the serving of termination, without exception unless and otherwise instructed by **TPA**.

By signing below each party agrees to the terms of this agreement.

Bank Details : (PLEASE FILL IN BLCOK LETTERS ONLY)

- 1) Bank Account Name : _____
- 2) Complete 16 Digit Bank A/c. No. _____
- 3) Bank Name : _____ 4) Branch Name : _____
- 5) Branch Serial No. _____ 6) IFSC No. _____
- 7) Bank complete Address _____

Diagnostic Centre / Medical Centre :

Name of the Centre : _____

Address in full : _____

Through Shri/Smt/Dr. _____

Sign _____

Date _____

SEAL : _____

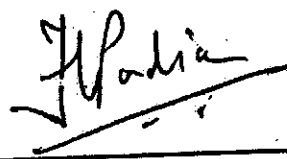
Name of the Third Party Administrator : **M/s. Rothshield Healthcare (TPA) Services Ltd.**

Address in full : 402, Raheja Chambers, Nariman Point, Mumbai - 400 021.

Tel : (022) 22022147 / 22048144 Fax : (022) 22854415

Email : info@rothshield.co.in

Through : **Harsha Padia** _____

Sign :  _____

Date : _____

Seal : _____

FACILITIES AVAILABLE - EVALUATION OF DIAGNOSTIC CENTRE

(To be duly filled in by the DC and returned to Rothshield's office)

Name of the DC/MSP : _____

Address : _____

Tahsil : _____ District : _____ City : _____ Pin code : _____

State : _____ Landmark, to reach _____

(Distance in Kms. from Main Bus Stop / Station) : _____

STD Code : _____ Tel. No. : _____ Fax : _____

Mobile : _____ Email : _____ Website : _____

Contact Person : _____ Phone : _____

General Facilities :

Reception : **Yes / No** **AC / Non AC** Common Toilet : **Yes / No**

Car Parking Facility : **Available / Not-Available**

Working Hrs from _____ to _____ Sunday working Hrs _____

Medical Facilities:

Full Medical Examination Report (FMR / MER): **Yes / No**

Pathological Investigations: **Yes / No**

Stress Test / TMT: **Yes / No.**

ECG: **Yes / No**

X-ray Dept.: **Yes / No**

Ultrasonography: **Yes / No**

	In-house	Outsource Yes / No
Pathology Test		
Anti HCV		
PSA		
Electrolytes		
HIV		
GGTP		
T3, T4, TSH		
HBA1C		
Hormone Study		
PFT		
OGTT		
HBsAg		
Micro Albumin		

Cardiology	In-house	Outsource Yes / No
2 D Echo		
TMT / Stress Test		
Color Doppler		
Radiology		
CT Scan		
USG		
Barium Studies		
X-Ray		
MRI		
Miscellaneous		
Computerised- Reporting		
Report Scan Facility		

Whether Presently servicing any insurance companies for there health check-ups : **Yes / No**
If yes which are the TPA s involved?

Home Visit Facility:

Could you perform Home Visits: **Yes / No.**

If yes kindly specify the area covered and timing. _____
Portable Equipments Available for home visit:

1. Portable X- Ray Y / N
2. ECG Machine Y / N
3. Weighing Machine Y / N
4. Doctors Identification card and others: _____

DETAILS OF MEDICAL / HEALTHCARE CONSULTANTS
 (Full time Employed / part time Attached with the DC / Medical Centre)

Sr.	Specialist	General Physician*	Cardiologist*	Pathologist	Radiologist	Female Doctor/MBBS
1	Name of the Doctor					
2	Age & Sex M/F					
3	Degree					
4	Year passed And University					
5	MBBS Registration & Years of Experience					
6	Whether Home visits are provided					

(*) Degree certificate of all consultants & technicians required for internal audit purpose by the TPA & Insurance client (mandatory requirement)

Authorised Signatory : _____

Signature : _____ Seal / Stamp _____

Payment to be made in favour of : _____

PAN No. : _____

FOR OFFICE USE ONLY :

Approved for Medical Investigations : Yes / No

Provider Code No. _____