

**Government of Telangana**  
**Aarogyasri Health Care Trust**

---

**CIRUCLAR**

**Circular No. AHCT/Emp. Dept., /2016, Date: 18/03/2017.**

Sub. AHCT – Empanelment Dept., - Treatment of Telangana State AHCT beneficiaries in the empanelled hospitals (under AHCT) of the State of Andhra Pradesh – Consent Letter of the Empanelled Hospital – Intimation - Reg.

\*\*\*\*

- 1) It is observed that, the needful patients beneficiaries of the State of Telangana under the Aarogyasri Scheme is availing the treatment in the hospitals of the State of Andhra Pradesh owing to the nearness of distance from the border areas of the State of Telangana and convenient geographical accessibility to those regions.
- 2) In view of the above, by keeping the interest of AHCT beneficiaries of the State of Telangana to get avail them the treatment facilities in the hospitals situated in the State of Andhra Pradesh, the AHCT is empanelling the interested hospitals located in the State of Andhra Pradesh to treat the Aarogyasri Telangana beneficiary approaching for treatment in the AHCT empanelled hospitals in the State of Andhra Pradesh. The empanelling of A.P Hospitals by the AHCT, is based on certain terms as agreed by the hospitals, which are as follow:
  - i. The Guidelines/ Circulars/ Aarogyasri Manual as laid down by AHCT from time to time shall be scrupulously followed by the empanelled hospital without any deviation what so ever.
  - ii. In the event, if any complaint of money collection, deficiency of services, irregularities by the hospital, default or violation of Guidelines of AHCT are noticed then, the Empanelment and Disciplinary Committee (EDC) of AHCT shall deliberate, decide and conclude the Disciplinary proceedings in the matter as per the Guidelines laid down in the EDC of AHCT. The same will be binding upon the empanelled hospital.

- iii. The Management, MEDCO, Aarogyamithra and the other staff of the empanelled hospital shall cooperate, assist and coordinate with the field staff and the personnel of AHCT relating to the patient beneficiaries of AHCT. They shall perform their respective roles towards the AHCT Telangana beneficiaries and should communicate the status of the treating beneficiary patient to their respective counterparts and superiors at AHCT.
- iv. The TDS deductions towards the Claims shall be as per the Applicable Law.

NOTE: If agrees, the empanelled hospital shall sign the Consent Letter annexed herewith.

  
Chief Executive Officer  
2/2

Encl. Annexure: Consent Letter of the Empanelled Hospital

To

1. The MD/CEO/Medical Superintendent of the Network Hospitals of AP State.
2. The GM (PMU), AHCT with a request to place in the AHCT Portal.
3. The GM (FOSS), AHCT with a request to communicate all the District Coordinators of Telangana State.

Copy to:

1. All the HoDs of AHCT for favour of information.
2. The PS to CEO, AHCT for favour of information.

## CONSENT LETTER OF THE EMPANELLED HOSPITAL

- 1) The \_\_\_\_\_ M.D/CEO/COO/Prop./Suptd./Managing Partner, \_\_\_\_\_ of the \_\_\_\_\_ Hospital (empanelled under AHCT) do hereby duly offers its consent to Aarogyasri Health Care Trust, Govt. of Telangana that, they shall scrupulously follow the above terms as envisaged in this letter and will abide by the Guidelines/Circulars/Aarogyasri Manual as laid down by the AHCT of Telangana State, from time to time.
- 2) The following details are tendered by the Hospital in pursuance to the Consent offered by the Empanelled Hospital to AHCT:
  1. Full and proper name of the Hospital as certified under the Allopathic Act.
  2.
    - i. Address of the Hospital:
    - ii. Telephone No.
    - iii. FAX:
    - iv. E-Mail address of the Hospital
  3. Specialities selected by the Hospital (Specialities and its Code)
  4. Accounts details of the Hospital:
    - i. Current Account No.:
    - ii. Name of the Account:
    - iii. IFSC Code:
    - iv. Bank Name:
    - v. Branch:
  5. Enclosures: (tick the enclosures)
    - i. Copy of the Certificate of Registration of the Hospital issued under Allopathic Act
    - ii. Cancelled Cheque
    - iii. PAN Card.

Other true copies of the documents relied by the empanelled Hospital:

Empanelled Hospital  
(Signature and seal/stamp of the Hospital)

Counter Signature  
(Dist. Coordinator of the \_\_\_\_\_ District)

