Hospital Care Network Provider Empanelment Module (HCNP EM) for Diagnostic/Imaging Center: Software Application User Guide

29 Sep 2021

Rajasthan Government Health Scheme

Nodal Officer: Project Director, Rajasthan Government Health Scheme, Second Floor, D Block, Vitta Bhawan, Janpath, Jaipur

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Helpline No. : 181

SSO Log in Page

❖ **Login through SSO ID:** User shall login through their SSO ID and password.

Rajasthan Single Sign On v14.7
One Digital Identity for all Applications

English | हिन्दी

G2G APPS

| 8 |

G2C/ G2B APPS

| | 9

IDENTITIES

1, 6 5, 2 3, 2 9 2

| Login | Registration |

Digital Identity (SSOID/ Username)

Password

5 4 2 4 4 5   Enter Captcha

Login

👍 I Forgot my Digital Identity (SSOID). Click Here

👍 I Forgot my Password. Click Here

RGHS Icon Page

❖ **Link for RGHS (Icon):** RGHS icon will be displayed on SSO website which redirects user to HCNP Request Tab.

❖ **Health Care Network Provider (HCNP Request Tab):** HCNP request tab for empanelment of diagnostic/imaging center will be displayed on menu page.

❖ User shall click on HCNP request tab and shall apply by filling out the details to proceed further for registration.

❖ **Health Care Network Provider (HCNP Tab):** User will be communicated through e-mail in case of approval or rejection. Post approval of HCNP request, user will get the access of HCNP registration tab and the same will be displayed on menu page. User shall click on HCNP registration tab to proceed further for registration through application form.

❖ **Health Care Network Provider Application Form (Profile Form):** User shall fill up the profile details that involves facility details, facility Incharge, nodal officer details, clinical registration details.

Facility Incharge/Nodal Officer Details

Name of Facility Incharge *

Ramesh Chand

Mobile No. *

9871573247

Phone No. *

9871573247

Official e-mail *

rghs.rajasthan@GMAIL.COI

Name of Nodal Officer *

Ramesh Chand

Mobile No. *

9871573247

Phone No *

9871573247

Email ID *

rghs.rajasthan@GMAIL.COI

Name of Authorized Signatory *

Ramesh Chand

Mobile No. *

9871573247

Phone No *

9871573246

Email ID *

rghs.rajasthan@GMAIL.COI

Clinical Registration Details

Registration No.*

123146245 3743

Registration Date*

15-09-2021

❖ **Health Care Network Provider Application Form (Profile Form):** Post filling up the complete profile details. User shall click on next for entering into finance form.

Certification / Accreditation

✔ NABL	NABL Expiry Date	
	15-09-2021	
CGHS	CGHS Expiry Date	
	29-09-2021	

HOME   NEXT

❖ **Health Care Network Provider Application Form (Finance Form):** User shall fill up the finance form that involves banking details and other financial details.

Rajasthan Government Health Scheme

Profile Details | **Finance** | Infrastructure | Human Resources | Upload Documents

BANKING DETAILS

Payee Name*	PAN Card Holder's Name*	PAN No*	Service Tax Registration No.
1111111111	1111111111	1111111111	1111111111

GST No.	Name of Bank*	Bank Account No.*	Branch Address with Pincode*
1111111111	1111111111	1111111111	111111111144

IFSC Code*	MICR*	TDS Vendor Type*	TDS Section code*
1111111111	1111111111	1111111111	1111111111

Finance Form (2/2)

❖ User shall make payment of application fee of Rs. 5000/- and can download the PBG format.
❖ User to click on next for entering into infrastructure form.

Application Fee: Rs 5000.00   **MAKE PAYMENT**   Transaction successful   Transaction Receipt

📄 DOWNLOAD PBG FORMAT

PREVIOUS   **NEXT**

Infrastructure Form (1/2)

❖ **Health Care Network Provider Application Form (Infrastructure Form):** Post filling up the complete financial details. User shall fill up the infrastructure form involves details of premises, non-expandable equipment's, expandable equipment's casualty medical service, details of other services/facilities.

Infrastructure Form (2/2)

Expendable Equipment

- ☐ Chemicals
- ☑ Media
- ☐ Glassware
- ☑ Stationary

Details of Other Services/Facilities

- ☑ Reception & Billing
- ☐ Air-conditioned Lab
- ☐ Power back up
- ☐ Basic Signages
- ☐ Waiting area with public utilities and Safe drinking water (mini. 10 patients)
- ☐ Legal/Statuary requirements
- ☐ Grievance Registration and disposal mechanism
- ☐ Patient information and education
- ☐ IT Hardware requirements (desktop/laptop with internet, printer, webcam, scanner/ fax, bio-metric device etc.
- ☐ Records Maintenance: Maintain complete records as required on day-to-day basis
- ☐ Display of Charges (Rates)
- ☐ Fire Safety
- ☐ Security Services
- ☐ Central Sterile Supply Department
- ☐ Biomedical Waste Disposal System

PREVIOUS   NEXT

Human Resource Form

❖ **Health Care Network Provider Application Form (Human Resource Form):** Post filling up the complete infrastructure details. User shall fill up the human resource form involves the details of qualified consultants, staff details etc.

❖ **Health Care Network Provider Application Form (Document Upload Form):** Post filling up the complete human resource details. User shall upload the documents as per the requirement mentioned below in snapshot.

Financial Details

CA Audited Receipts

(Financial statement to prove working in Rajasthan for last 2 years indicating the annual turnover for relevant financial year (not annualized) and it should not include, student fees, Rental income like cycle/Scooter Stand, Canteen income etc.)

*Not applicable for Diagnostic/Imaging Centre

| Choose file | Browse |

Application Fees

| Choose file | Browse |

PBG Doc

| Choose file | Browse |

Document Uploading Form (3/4)

Infrastructure

PCPNDT Act Certificate

| Choose file | Browse |

Pollution Control Board Certificate

| Choose file | Browse |

Fire Safety Certificate

| Choose file | Browse |

AERB Registration Certificate

| Choose file | Browse |

Human Resources

TDS Deduction Certificates of Consultants(Upload in Single PDF Only)

| Choose file | Browse |

Document Uploading Form (4/4)

❖ **Health Care Network Provider Application Form (Document Upload Form):** Post filling up the complete registration form, user shall provide online affidavit cum declaration and submit the form successfully.

Online Affidavit cum Declaration

1. It is Certified that the particulars given above are correct and eligibility criteria are satisfied

2. That Diagnostic Laboratory/Imaging Centre shall not charge RGHS beneficiaries higher than the CGHS rates

3. That the rates have been provided against a facility/procedure/investigation actually available at the Organization.

4. That if any information is found to be untrue, Diagnostic Laboratory/Imaging Centre would be liable for de-recognition by RGHS. The Organization will be liable to pay compensation for any financial loss or physical and or mental injuries caused to RGHS beneficiaries..

5. That Diagnostic Laboratory//Imaging Centre has the capability to submit bills and medical records in digital format and that all Billing will be done in electronic format and medical records will be submitted in digital format.

6. The Diagnostic Laboratory/Imaging Centre will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence.

7. That Diagnostic Laboratory/Imaging Centre has not been derecognized by CGHS or any State Government or other Organizations.

✔ I declare that all the information submitted by me are correct.

PREVIOUS   PREVIEW   SUBMIT

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THANK YOU