

CERTIFICATE OF UNDERTAKING

1. It is certified that the particulars regarding physical facilities and experience/expertise of specialty are correct.
2. That Hospital shall not charging lesser rates from any other non-CGHS patients than the rates charged for CGHS / CGHS notified rates.
3. That the rates have been provided against a facility/procedure actually available at the institution.
4. That if any information is found to be untrue, Hospital will be liable for de-recognition by CGHS. The institution will be liable to pay compensation for any physical and or mental injuries caused to its beneficiaries or any financial loss caused to CGHS beneficiaries by its action.
5. That the Hospital has the capability to submit bills / medical records in electronic format. That all billing will be done electronic format and medical records will be submitted in Electronic format.
6. That the Hospital will allow a discount of 10% on notified rates when payment is made by cash and discount of 10% on payments that are made within 07 days from the date of submission of the bill to CGHS.
7. The Hospital will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence.
8. That the center has not been derecognized by CGHS or any state Government or other Organizations, after being empanelled.
9. That no investigation by central Government/ any State Government or any statutory Investigating agency is pending or contemplated against the Hospital.
10. The Hospital will duly communicate any changes in the infrastructure and manpower at the time of empanelment.
11. The hospital will provide all necessary information about patients of CGHS treated to the CGHS authorities as when required.

SIGNATURE OF APPLICANT OR AUTHORISED AGENT