

LIST OF EMPANELLED HOSPITALS AND LABS

DELHI

SL. NO.	NAME OF THE HOSPITAL	OPD DISCOUNT	CONTACT PERSON/TEL.NO./FAX NO.
1.	Center for Sight B-5/24, Safdarjung Enclave New Delhi (CGHS) (all centres in Delhi and NCR)	10% ON OTHER THAN CGHS	S/Sh. S.Avasthi 9958422442 <u>011-41644000</u> 011=41651744
2.	Cygnus Orthocare, Safdarjung Development Area, New Delhi (CGHS)(opp. IIT main gate)	NO DIS.	Vikas 9868908051 011-45550000
3.	Deepak Memo.Hospital Vikas Marg, Delhi (CGHS)	10% ON OTHER THAN CGHS	Manoj 9711918490 <u>011-22155555</u> 011- 22379260
4.	Dharmshala Cancer Hospital & Research Centre, Dharmshala Road, Vasundhra Enclave, Delhi	10%	S.K. Gupta 9818505645 <u>011-43066358/359</u> 011-22617770 011-22618574
5.	Delhi Heart & Lung Institute, 3-MM 11, Panchkuian Road, New Delhi-110055 (CGHS)	NO DIS.	Ms. A.Bhalla 9711322286 <u>011-42999999</u> 011- 42999961
6.	Dr. B.L. Kapoor Memorial Hospital, Pusa Road, N.D	10%	Amit Negi 9953531693 <u>011-30403040</u> 011-30653015 info@blkhospital.com
7.	Escorts Heart Institute & Research Centre , Okhla Road, New Delhi	15%	Tarun Garg 9999510789 <u>011-47135000</u> 011-26825013
8.	Fortis Flt. Lt. Rajan Dhall Hospital Sector B, Pocket 1 Aruna Asaf Ali Marg, Vasant Kunj, New Delhi – 110 070.	15%	S.Rajvanshi 9953099607 <u>011-42776222</u> 011-42776221
9.	Fortis Hospital A Block, Shalimar Bagh New Delhi-110088	15%	Sahil Chadha 925009090 <u>011-45302222</u> 011-45302211
10..	Goyal Eye Hospital East Patel Nagar Delhi (CGHS)	No DIS.	Pawan Goyal 011-25881259 <u>011-25888145</u> 011-25880114

11.	Holy Family Hospital, Okhla Road. New Delhi.	NO DIS.	Fr.George P.A. 011-26845900-09 <u>011-26913225</u> _011-26913325
12.	Indian Spinal Injuries Centre , Sector – C, Vasant Kunj, New Delhi ONLY FOR (ORTHO AT CGHS)	15% OTHER THAN CGHS	Vipin 9999798689 011 42255225 ext. 201 / 202 011 42255201 (Direct) <u>011 42255202 (Direct)</u> 011-42255371
13.	Jaipur Golden Hospital, Sector-III, Rohini Delhi - 110085	15%	Ms. Poonam 9911763595 011-27525984 /85/ 86 011-27518121
14.	Jeevan Anmol Hospital, Mayur Vihar, Phase-1 New Delhi. (CGHS)	10% OTHER THAN CGHS	B. Sondhi 011-22750380 <u>011-22735237</u> 011-22755993
15.	Metro Hospital & Cancer Institute (A unit of Anand Health Care Ltd.) 21, Community Centre, Preet Vihar, Delhi-110092	10% ON OTHER THAN CGHS	Sushant Sharma 9810823555 011-22460000 011-22526671 <u>011-22524126</u> _011-22526671
16.	Metro Hospital & Heart Institute Lajpat Nagar, 14, Ring Road Lajpat Nagar-IV New Delhi (CGHS)	10% OTHER THAN CGHS	Sushant Sharma 9810823555 <u>011-42424343</u> 011-26481356
17.	Maharaja Agrasen Hospital Punjabi Bagh New Delhi.	15%	Ms. Poonam 9910172476 011-40777555 / 40777666/ <u>40777777</u> info@mahdelhi.org
18.	Mata Chanan Devi Hospital, C-1, Janakpuri New Delhi. (CGHS)	NO DIS	Dr. Nidhi Sareen 011-25610008 <u>011-25610009</u> 011-25544001
19.	Moolchand Medcity, Lajpat Nagar III, New Delhi-110024	10%	Ashish 9650100734 <u>011-42000112</u> 011=42000300
20.	Max Devki Heart & Vascular Institute, 2 Press Enclave Road, Saket New Delhi. (EAST)	20% consultation fees Rs.500/- (flat) ortho, cardio or oncology, Renal at CGHS	Raju Sharma 9818688013 <u>011-26515050</u> <u>011-26517000</u>

21.	Max Super Specility Hospital West Block, Press Enclave, Saket, New Delhi	20% consultation fees Rs.500/- (flat) ortho, cardio or oncology, Renal at CGHS	Raju Sharma 9818688013 <u>011-26515050</u> <u>011-26517000</u>
22.	Max Medi Centre (Only for diagnosis and eye treatment) Panchsheel New Delhi	20% discount on diagnostic	Raju Sharma 9818688013 011-26499870 011-26499880 011-26499860
23.	Max Hospital Pitampura, (near TV Tower) New Delhi-110034	20% CONSULTATION Rs 500/- (flat) Ortho, Cardio, Oncology, Renal at CGHS	Sarpreet Singh 9999703092 <u>011-47351844</u> 011-47357229
24.	Max Balaji Hospital Patparganj, Delhi	20% CONSULTATION Rs 500/- (flat) Ortho, Cardio, Oncology, Renal at CGHS	M. Rehman 9899978860 011-27951844 011- 22235563
25.	Max Super Speciality Hospital Shalimar Bagh FC - 50, C & D Block, Shalimar Bagh New Delhi 110 088.	20% CONSULTATION Rs 500/- (flat) Ortho, Cardio, Oncology, Renal at CGHS	Ms. Pooja Tiwari 9015499945 011- 66422222 011- 6642 2233
26.	Primus Super Speciality Hospital 2, Chandra Gupta Marg Chanakya Puri New Delhi (CGHS)	NO DIS.	P.K.SINGH 9953722892 011-66206630 <u>011-66206640</u> 011-66206650 01126112633
27.	Rajiv Gandhi Cancer Institute & Research Centre Rohini , Delhi	10%	Ms. Mita Gosh 9873688996 <u>011-47022222</u> 011- 27054001 011-27051037
28.	Rockland Hospital, B-33-34, Qutab Institutional Area New Delhi. (CGHS)	10% ON OTHER THAN CGHS	Lalji Patel <u>8800197138</u> 011-4122222 011-41688752-64 <u>011-41688765</u>
29.	Rockland Hospital, Sector-12-B, Dwarka, New Delhi(CGHS)	10% ON OTHER THAN CGHS	
30.	Sir Ganga Ram Hospital Rajinder Nagar New Delhi	NO DIS.	Neeraj 9818441844 011-25735205 <u>011-25735206</u> 011-25861458
31.	St. Stephen's Hospital Tiz- Hazari Delhi.	NO DIS	Subrata Sen 9868399258 <u>011-23966021-27</u> 011-23932412

32.	Saket City Hospital (GM Modi Hospital) Mandir Marg, Press Enclave Road New Delhi - 110017	10% ON OTHER THAN CGHS	Tarun Sahu 9899199988 <u>011-40699999</u> 011-26963801
33.	Sharp Sight Centre Vikas Marg, Delhi (CGHS) (full chain of SSC in Delhi/NCR)	NO DIS.	ArchanaVedi 9582211733 9999055514(w.Delhi) 9811034007(S.Delhi) 9999405599(E.Delhi) 9899534441 (Gzbd)
34.	Sunder Lal Jain Charitable Hospital, Ashok Vihar, Delhi-110052 (CGHS)	NO DIS	Aggarwal 9818055792 011-47030900, 011-47030921, 011-47030936 sljhosp@ndf.vsnl.net.in

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FARIDABAD (NCR)

S.No	NAME OF HOSPITAL	OPD DISCOUNT	CONTACT PERSON/TEL.NO./FAX NO.
1.	Escort Hospital and Research Centre, Neelam Chowk, Bata Road, Faridabad, Harayana.	15%	Taranpuri 9711988729 0129-2466200 <u>9717010101</u> 0129-2426586

GURGAON (NCR)

S.No.	NAME OF HOSPITAL	OPD DISCOUNT	CONTACT PERSON/TEL.NO./FAX NO.
1.	Colombia Asia Hospital Palam Vihar Gurgaon. (CGHS)	15%	Ms. R. Hingorani 9582475497 <u>0124-39898969</u> 0124-3022022
2.	Medanta - The Medicity Sector - 38 Gurgaon.	15%	Aditya Bahadur 9650004921 0124-4141414 <u>0124-4411441</u> 0124-4834111
3.	Fortis Healthcare, Sect.41, Gurgaon	15%	Ramesh Gupta 9971554370 0124 4921021, 0124 4921071, <u>0124 4921033</u> 0124 492 1041
4.	Max Health Care, Gurgaon, Block-B, Shushant Lok, Phase-I, Gurgaon.	20% CONSULTATION Rs 500/- (flat) Ortho, Cardio, Oncology, Renal at CGHS	Raju Sharma 9818688013 <u>0124-6623000</u> 0124-6623111

NOIDA (NCR)

S.No.	NAME OF HOSPITAL	OPD DISCOUNT	CONTACT PERSON/TEL.NO./FAX NO.
1.	Kailash Hospital & Heart Institute, H-33, Sec.27 NOIDA (CGHS)	10% ON OTHER THAN CGHS	Manish Aggarwal 8826007191 0120-2445566 <u>0120-2466666</u> 0120-2552323 0120-2533333
2.	Kailash Hospital Ltd. 23, KP- 1, Greater NOIDA. (CGHS)	10% OTHER THAN CGHS	Manish Aggarwal 8826007191 0120-2322222 0120-2321111 0120-2322227
3.	Metro Hospitals & Heart Institute (Cardiology Wing) X-1, Sector 12 NOIDA (CGH)	10% ON OTHER THAN CGHS	Sushant Sharma 9810823555 0120-2533491 <u>0120-4366666</u> 0120-2533487
4.	Metro Hospitals & Heart Institute (Multispeciality Wing) L-94, Sector -11, NOIDA. (CGHS)	10% ON OTHER THAN CGHS	Sushant Sharma 9810823555 <u>0120-2522959</u> 0120-2442555
5.	Prakash Hospital Pvt. Ltd. D-12,12-A,12-B, Sec.-33, NOIDA (CGHS)	NO DIS.	Dr. Siddiqui 9810532534 0120-2505264 <u>01202505265</u> 0120-2505757
6.	Max Hospital Sect.19, NOIDA	20% CONSULTATION Rs 500/- (flat) Ortho, Cardio, Oncology, Renal at CGHS	Raju Sharma 9818688013 <u>0124-6623000</u> 0124-6623111
7.	Fortis Hospital, Sector 62, NOIDA	10% ON OTHER THAN CGHS	Rahul Bhatnagar 9871999424 <u>0120-2400222</u> 9899920511 E.mail.noida@fortishealthcare.com
8.	I Care Eye Hospital, Sector-26, NOIDA (CGHS)	NO DIS.	Dr. Chaudhary <u>9811880015</u> 0120-2477600-602, 2555969,2558274 0120-2556389

GHAZIABAD (NCR)

S.No.	NAME OF HOSPITAL	OPD DISCOUNT	CONTACT PERSON/TEL.NO./FAX NO.
1.	Yashoda Hospital i) Yashoda Hospital & Research Centre Ltd. Nehru Nagar, Ghaziabad. ii) Yashoda Superspeciality Hospital H-1, Kaushambi, Ghaziabad. (CGHS)	NO.DISCOUNT	P.N.ARORA <u>0120-4182000</u> _0120-2752168 0120-4181900

JAIPUR

S.N O.	NAME OF HOSPITAL	OPD DISCOUNT	CONTACT PERSON/TEL.NO./FAX NO.
1.	Santokba Durlabhji Memorial Hospital, Bhawani Singh Marg, Near Rambagh Circle, Jaipur.	NO DIS.	Vijay S. Taragi 9929607084 <u>0141-2566251-58/</u> 0141-5110209

LIST OF EMPANELLED LABS

S.NO.	NAME OF THE LABORTARORY	TELEPHONE NO.
1.	Dr. D.K. Gulati Path Lab, A-20, Community Centre, Ashok Vihar, Delhi (CGHS)	011-25624283
2.	Diwan Chand Satayapal Agarwal X-Ray Clinic, 10-6, Kasturba Gandhi Marg, New Delhi – 110 001. (20% DISCOUNT)	011-23329887 011-23322497
3.	Dr. Lal Path Labs Pvt. Ltd. 54, Eskay House, Hanuman Road New Delhi. (20% DISCOUNT) All over India- Pls. Note : Discount not available on franchise centre of Dr.Lal Path Labs.	011-23361329 011-23342046 Manoj Guleria 8527999141
4.	Dr. Mukul's Diagnostics Clinic, 6-39, Shivalik New Delhi – 110 017. (CGHS)	011-26692555 011-26692487

PLEASE NOTE THAT THE NAME OF CONTACT PERSON IN HOSPITALS IS GIVEN AS PER RECORDS AVAILABLE IN THE DIVN.

General Information/Forms:

- FOR TREATMENT IN ANY CGHS EMPANELLED HOSPITAL, THE RESPECTIVE HOSPITAL IS EMPANELLED ONLY AT CGHS SCHEDULE OF CHARGES AND ALL PROCEDURES/TREATMENT/INVESTIGATIONS ARE PAID BY STC TO THE RESPECTIVE HOSPITAL AT CGHS RATES ONLY. IF ANY BENEFICIARY OPTS FOR HIGHER COST OF DEVICE ETC. IN LIEU OF LISTED UNDER CGHS DURING A PROCEDURE, THE DIFFERENCE, IF ANY, WOULD BE BORNE ONLY BY THE BENEFICIARY OF STC AT HIS/HER OWN WILL.

ISSUANCE OF AUTHORISATION LETTER TO EMPANELLED HOSPITAL:

- IN NORMAL COURSE, THE AUTHORISATION LETTER IS ISSUED ON PRODUCTION OF PRESCRIPTION FROM THE DOCTOR OF EMPANELLED HOSPITAL ADVISING ADMISSION TO THE BENEFICIARY;
- IN CASE OF EMERGENCY STC BENEFICIARY CAN GO DIRECTLY TO ANY EMPANELLED HOSPITAL LISTED ABOVE ALONG WITH THE MEDICAL CARD ISSUED BY STC. IN THAT CASE AUTHORISATION LETTER TO THE RESPECTIVE HOSPITAL IS FAXED ON RECEIVING INFORMATION FROM THE HOSPITAL/BENEFICIARY. HOWEVER, THE BENEFICIARY IS ADVISED TO COLLECT THE ORIGINAL LETTER FROM STC AND SUBMIT THE SAME WITH THE HOSPITAL AUTHORITIES BEFORE DISCHARGE FOR BILLING PURPOSE ;

ENTITLED ROOM CATEGORY:

Ex- JGM & Abv. : S.Room,

Ex-AM /SOM-IIup to DGM : Semi-Pvt.

Ex GR I - Ward -

OPD ENTITLEMENT:

R. 30,000/- p.a. - EX-CMD/DIR,
R. 22,500/- p.a. Ex-ED/CGM/GM
R. 18,000/- p.a. EX-CMM UPTO SOM-II,
R. 15,000/- p.a. GR.I UPTO SOM-I

INDOOR TREATMENT CEILING

EX-EMPLOYEES PRIOR TO NOV. 2008 - 95% OF THE ADMISSIBLE BILLED AMOUNT TO BE BORNE BY STC & 5% TO BE BORNE BY EX-EMPLOYEE/SPOUSE.

CEILING CADRE-WISE FOR EX-EMPLOYEES RETIRED AFTER NOV. 2008

EX-CMD/DIR	Rs. 5.00 lacs p.a.
Ex-ED/CGM/GM/JGM	Rs. 4.10 lacs p.a.
EX-CMM /DGM UPTO SOM-II	RS. 3.45 lacs p.a.
GR.I UPTO SOM-I	Rs. 2.50 lacs p.a.

MEDICAL SECTION CONTACT PERSONS & PHONE NOS.

GM- SH. SAMIT MOHAPATRA	- OFF 011- 23462161, M.No.9971128126
JGM- SH. T.KERKETTA	- OFF. 011-23462090, M.No.8527656080
DM- SMT. SARITA JAIN	- OFF. 011- 23462220, Res.No.22243775
AM - SH. SUSHIL KUMAR	- OFF. 011 -23462374, Res.No.23650321

Rs.10/- stamp paper duly attested by oath commissioner/notary/AFFIDAVIT(DEATH)

I _____ aged _____ (date of birth _____) wife/husband of
late/Shri/Smt. _____ r/o _____ do
hereby solemnly affirm and declare as under:-

1. That my husband/wife late Sh./Smt. _____ Ex _____
Who worked as _____ in the office of _____ has expired on _____.
A copy of the Death Certificate is enclosed.
2. That I am not employed anywhere/working in the office of _____
and not drawing any medical facility including cash as perks from my office. A
certificate issued by my office in this regard is also enclosed.

DEPONENT

VERIFICATION

Verified that the content of the above affidavit are correct to the best of my knowledge and
belief and nothing has been concealed there from.

DEPONENT

AFFIDAVIT RS. 10/- STAMP PAPER (LOST MEDICAL CARD)

I S/o/W/o r/o.....

is hereby solemnly affirm and state as under:-

That my medical card no. has been lost.

FIR to this effect has been lodged(copy enclosed)

I also undertake that in case the same is found and misused, I shall indemnify the same to STC.

DEPONENT

VERIFICATION

Verified at New Delhi that the contents of my above said affidavit are true and correct and nothing material has been concealed there from.

DEPONENT

OPD CLAIM FORM

**PROFORMA FOR CLAIMING REIMBURSEMENT FOR OPD TRETMENT
FOR RETIRED EMPLOYEES/SPOUSE OF RETIRED EMPLOYEES**

Certified that I have spent more than Rs.on medical as OPD expenses during the period:

April, _____ to September, _____
October, _____ to March, _____

I request that an amount of Rs.....may kindly be reimbursed to me.

Further, it is certified that my spouse is alive*/not alive

I certify that I am not gainfully employed/gainfully employed but not availing medical facility from my present employer (certificate enclosed)

It is certified that my spouse is not employed/employed but not availing medical facility from his/her employer (certificate enclosed)/already available with Personnel Division.

I undertake that there is no change in the particulars furnished by me at the time of submitting my application for issuance of Medical Card to me.

Signature.....

Name Of The Retired Employee.....

Name Of The Spouse Of The Deceased Employee.....

Residential Address.....

OPD REIMBURSEMENT AMOUNT(P.A.)

-Director/CMD	:	Rs. 30,000/-
-GM/JGM/CGM/Ex-Director	:	Rs. 22,500/-
-SOM-II/AM/CMM/DGM	:	Rs. 18,000/-
-Grade-I up to SOM-I	:	Rs. 15,000/-