

फ़ाइल संख्या/File No: FTS No: 8127278, S-11045/36/2012/CGHS(HEC)
File Name: Extension of validity period of already empanelled HCOs under CGHS

भारत सरकार
स्वास्थ्य और परिवार कल्याण मंत्रालय
महानिदेशालय केंद्र सरकार। स्वास्थ्य
योजना (डीजीसीजीएचएस)
(अस्पताल पैनल सेल) कमरा नं. 545 ए,
निर्माण भवन, नई दिल्ली -110011



Government of India
Ministry of Health & Family
Welfare
Directorate General Central Govt.
Health Scheme (DGCGHS)
(Hospital Empanelment Cell)
Room No. 545 A, Nirman
Bhawan, New Delhi -110011
Dated 22nd February 2023

OFFICE MEMORANDUM

Subject: Extension of date for submission of Acceptance letter for terms and conditions of revised MoA by already empanelled hospitals under CGHS and the validity of empanelment till 30th April 2023 or till finalization of new rates whichever is earlier

With reference to the above mentioned subject, the undersigned is directed to draw attention to the OM No S- 11011/09/2022/ CGHS (HEC) dated the 13 September 2022, 14th October 2022 and 29th December 2022 vide which orders were issued for submission by the HCOs already empanelled under CGHS of acceptance letter for the terms and conditions of revised MoA by 28th February 2023 to the concerned Additional Director, CGHS. Since then this Ministry is in receipt of representations from various quarters for extension of time, the matter has been reviewed by the Ministry it has been now decided that the validity of empanelment of CGHS empanelled HCOs as per the existing terms and conditions of empanelment, has been extended till 30th April 2023 or till finalization of new rates, whichever is earlier.

It has also been decided that the date for submission of the acceptance letter and revised MOA has been extended till 30th April 2023.

The Additional Directors, CGHS are advised to bring the contents of this letter to the notice of all empanelled HCOs

(Dr. Anjana Rajkumar)
Director, CGHS

To

AD(HQ) / Addl.DDG(HQ), CGHS /All Additional Directors, CGHS Cities/Zones / MSD/ Nodal officer, CGHS(MCTC)

All empanelled HCOs through Additional Director of concerned City.

Copy to

PPS to Secretary, MoHFW

PPS to DG, CGHS, MoHFW

Copy for information

PS to Hon'ble HFM

PS to Hon'ble MoS, Health