

Appendix C
(Refer to Para 11(a) of letter No
_____ dated _____)

VPCA TEAM REPORT FORM
FOR
EMPANELLED HOSPITALS

Name of Hospital Visited: _____ Date: _____

OIC Team: _____

1. Time of Arrival: _____
2. Time of Departure: _____
3. Functionaries of hospital interacted with:-

(a) _____

(b) _____

(c) _____

4. Wards Visited:-

Ser No	Ward	No of Referral Cases Admitted	Emergency Admission	Quality of Ward	Remarks

5. Details of beneficiaries whose antecedents /ECHS card details checked:-

Ser No	Name of Patient	ECHS Card No	Referral held	Admitted Since	Ward	Remarks

6. How many ECHS beneficiaries w/o referral:-

Ser No	Name of patient	Dependent Polyclinic	Nature of Ailment	Reason for being without referral	Remarks

7. No of cases in which more than one dependent on ECHS members admitted in hospitals & details:-

Ser No	Details of Primary Beneficiary	Number & Relation with Dependent	Type of Treatment	Planned / Emergency Treatment	Remarks

8. Feedback from Patients about response and satisfaction:-

- (a) Problem wrt availability of bed - Yes / No
- (b) Response of Hospital - Good / Average / Below Average
- (c) Any third party coercion by Hosp to get admitted - Yes / No
- (d) Availability of specialists - Yes / No

9. Any other inputs / Recommendations.

Date:

OIC
VPCA Team