**Annexure-B**

**Undertaking**

(to be printed on letter head)

I, ………………………………………… (Name of Medical Director/ Medical Superintendent of …………………………………………………………………….. (Name of Hospital), being in-charge of the facility, hereby undertake and give consent for the following:

1. To abide by the Reimbursement/ Limited Cashless/ Empanelment policies issued by Health Department, Haryana and amended from time to time.
2. To charge the Haryana Government beneficiaries, as per the 1340 fixed rate packages/implants or non-package rates, as the case may be, as prescribed in the Reimbursement/ Limited Cashless/ Empanelment policies of Health Department, Haryana and amended from time to time, and not to overcharge.
3. To provide medical facilities on cashless basis for the 7 medical conditions, as mentioned in Policy for Limited Cashless Medical Facilities, 2017 and amended from time to time and also to any amendment done in future.
4. To provide comprehensive cashless services in future, whenever, Haryana Government decides to implement the Comprehensive Cashless Health Scheme.
5. To allow health teams designated by Health Department for surprise checks, on short advance notice, and to cooperate with such teams in carrying out such surprise checks, as per the SOPs.
6. To display information regarding empanelment with Haryana Government and provision of limited cashless services at conspicuous place.
7. To provide information regarding number of Haryana State beneficiaries treated, data regarding national programs, cases of notifiable diseases, birth & death records, etc. to concerned authorities.
8. To possess all the valid statutory licenses/ certificates/ registrations and renew the same well within prescribed time.
9. To continue to maintain the quality standards to highest level, for all the healthcare services.
10. To share the healthcare facilities (Ambulance/ ICU/ OT/ indoor/ burn/ mortuary services/ Lab/ diagnostic services/ etc.) for general public and cooperate with State Health Authority during any epidemic/ war/ force majeure/ disaster.

**Signatures & Stamp**