Health Facility (HF) Registration Form for SSF Claim System

This form has been developed in order to collect the basic information of health facility which is required for registration in SSF Claim system.

*Required

1. HF Name *

……………………………………………………………………………………………..

2. HF Legal Form*

a) Charity   b) District Organization

c) Government   d) Private Organization

3. HF Level*

a) Health Center   b) Dispensary

c) Hospital

4. HF Care Type*

a) In-Patient   b) Out- Patient   c) In & out –Patient

5. HF Phone& Email*

a) Phone……………………………………………………

b) Email…………………………………………………..

6. HF Address

a) Province…………………………………………………   b) District………………………………………….

c) Local Level…………………………………………….   d) Ward No……………………………………………

7. EHR / OpenIMIS …………………………………..   (*Please mention the used EHR/EMR software name (if any)*)

8. Company Registration Number ……………………………………..

9. Company PAN Number ……………………………………………

10. Focal Person Details

Name…………………………………………………………………………………………

Email…………………………………………………………………………………………….

Mobile number…………………………………………………………………………………

11. Bank Details (for SSF payment)

Bank name………………………………………….   Branch………………………………………..

Account Name………………………………………….   Account No ………………………………………….

12. User Details

This refers to the claim Administrator details who can login to system and do claim process.

At least one user is required. More than one user is optional.

i. User 1

a. Name   …………………………………………………………………

b. Mobile Number   ……………………………………………………………..

c. Email   ………………………………………………………………

ii. User 2

a. Name   …………………………………………………………………

b. Mobile Number   …………………………………………………………….

c. Email   ………………………………………………………………

iii. User 3

a. Name   …………………………………………………………………

b. Mobile Number   ………………………………………………………………

c. Email   ………………………………………………………………

Name:

Designation:

Organization stamp:

Health Facility Provider / Application Compatibility Assesment

Test	Health facility provider / Application compatiblity	Date	
Name		FHIR API version	
Address			
Type*			

1. Eligibility test

SN	Investigation	Pass	Fail	Remark
a.	Show balance			
b.	Show status for each scheme			
c.	Show photo			
d.	Show name			
e.	Show age			
f.	**Stop if balance is insufficient or if inactive status**			

2. Claim Management

a.	Medical scheme and accident scheme implemented			
b.	IPD claim test			
c.	OPD claim test			
d.	Accident claim test			
	>> employer ID need to be searched			
e.	Reclaim implemented **			
f.	Claim id submitted			
g.	Critical illness implemented**			

3. Bill management

a.	show contributor SSID bold and clear			
b	show 80-20 rule for medical scheme with SSF liability in bold and clear			
c	show 100 rule for accident scheme			

4. Adjustment

a.	Adjustment service implemented			
b.	Adjustment remarks is implemented			

5. Attachment

a.	File size			
b.	Service bill			
c.	Item bill			
d.	Prescription			
e.	Discharge certificate sample if applicable			

6. Spouse claim				
a	Claim using 'S' infront of contributor			
b	spouse eligibility need to be done as per contributor			
7. Infant claim				
a	Claim using 'T' or 'J' or 'K' infront of contributor			
8. Perfomance				
	Claim landed at SSF within 10 sec			
9. Service code mapping (only for Health facility)				
a.	Service code fully mapped			
10. Others				
a.	NHFR code			
b.	Training (Attach attendance in another sheet clearly mentioning date and Participation)			
c.				
d.				
e.				

* Type can be health post, district government hospital, provincial hospital, private hospital, specialized hospital and MIS, EMR or _EHR for application compatibility

** Not applicable now

Verified by

Name:
Designation:
Information Management Division
Social Security Fund, Nepal

Name:
Designation:
Fund Management Division
Social Security Fund, Nepal

Name:
Designation:
Office: