

Quality and Accreditation Institute

Centre for Accreditation of Health & Social Care



Change Adapt Improve

FEE STRUCTURE FOR GREEN HEALTH CARE FACILITY ACCREDITATION PROGRAMME

Issue No.: 01 | January 2021

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1. Fee structure for Green Health Care Facility (according to size of GHCF) operating within India

| Size of Health Care Facility | Assessment Criteria | | Accreditation Fee | |
|------------------------------|--|--|-----------------------|--------------------------------|
| | Final Assessment/ Renewal Assessment | Surveillance | Application Fee (Rs.) | Annual Accreditation Fee (Rs.) |
| Up to 50 beds | Two-man days (1x2) | One-man day (1x1) | 10000 | 25000 |
| 51-250 beds | Two-man days (1x2)/ Four-man days (2x2) | One-man day (1x1)/ Two-man days (2x1) | 20000 | 50000 |
| 251-500 beds | Four-man days (2x2)/ Six-man days (2x3) | Two-man days (2x1)/ Four-man days (2x2) | 30000 | 75000 |
| More than 500 beds | Six-man days (2x3)/ Six-man days (3x2) | Four-man days (2x2)/ Six-man days (2x3) | 40000 | 100000 |

NOTE: The man-days given above are indicative and may change depending on the facilities and size of the Health Care Facility. A nominal fee may be charged for remote or hybrid assessment.

In addition to the above-mentioned fee, GST@18.0 % or as applicable from time to time to be paid.

Assessment Charges: In addition to the above fee, facility shall bear the cost of following (In case of On-site/ Hybrid Assessment):

- a. Travel of the assessment team
- b. Accommodation and meals

Fee Payment:

All payments through Bank Transfer shall be made.

Bank Transfer details are:

Beneficiary name: Quality and Accreditation Institute Pvt. Ltd.

Bank Account number: 003105031612

Bank Details: ICICI Bank Limited, K-1, Senior Mall, Sector 18, Noida-201301, India

Bank IFSC Code: ICIC0000031

Bank Swift Code: ICICINBBNRI

PAN No.: AADCI3230L

GSTIN: 09AADCI3230L1ZK

Note: Any bank charge for transfer of fee is to be paid by the Facility.

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