



Accreditation is the process of evaluating a healthcare organization's performance against predefined standards set by healthcare professionals. By achieving accreditation, a healthcare organization makes a substantial commitment to comply with those standards and strives continuously to improve its services.

Simply put, healthcare accreditation improves the safety and quality of health and related services provided to the public in an effort to improve their performance.

Healthcare organizations seek accreditation because:

1. It offers an objective evaluation of the organization's performance.
2. Builds up confidence amongst its clients.
3. Helps in recruiting top quality staff.
4. Encourages the organization to make efforts in quality improvement.

Paramount realizes the importance of having reliable information to enable one to make health related decisions in critical situations. Thus, we have evolved a yardstick for evaluation and certification of healthcare providers. This acts as a report card for assisting the public in making decisions and stimulates the organization in giving their best at all times.

Even before starting the accreditation process, we have laid down certain norms, which the provider has to satisfy and which are as follows:

1. The provider shall treat the beneficiaries in a humble manner.
2. They shall follow good business practices.
3. The provider will extend priority admission facilities to the beneficiaries.
4. The provider will have his facility covered by proper indemnity policy including error, omission and professional indemnity and agrees to keep such policies in force during entire tenure of the agreement.
5. The provider shall ensure the best medical treatment is extended to the beneficiary.
6. The provider shall endeavor to have an officer in the administration department assigned for insurance/contractual patient and the officers will have to lease the various types of medical benefits offered by different insurance plans.
7. The agreement is subject to the detailed schedule submitted by the provider, agreed by us.

8. The provider shall allow our officials to visit the beneficiary and also check the indoor papers/treatment being given to the beneficiary. Access to billing and medical records will be permitted as and when necessary.
9. The provider agrees to comply with the statutory requirements and follow applicable laws. They also agree to comply with future requirements of insurers like standardized billing, ICD 10 coding, etc.
10. The provider agrees to have audits on periodical basis as and when necessary by the audit team.
11. The provider agrees to display their status of preferred service provider of Paramount Healthcare at their reception/admission desk.

The provider will instruct their consultants to keep the beneficiaries only for the required number of days of treatment and conduct only required investigations and treatment for the ailment for which he is admitted.