

Digital Health Incentive Scheme (DHIS)

Digital Health Incentive Scheme For ABDM Adoption

Digital Health has tremendous potential to transform the Indian Healthcare scenario.

ABDM intends to support different healthcare facilities like **clinics, diagnostic centres, hospitals, laboratories and pharmacies** in adopting the ABDM ecosystem to make available the benefits of digital health for all the citizens of India.

Type of entity	Base level criteria		Incentives
Hospitals/Clinics/Nursing homes	100 transactions per month		Rs 20 per additional transaction above the base level
Diagnostic Facilities/Labs/Pharmacies	100 transactions per month		Rs 20 per additional transaction above the base level
Digital Solution Companies	For hospitals/labs/clinics/nursing homes/ pharmacies using their software	100 transactions per month per facility Minimum 10 associated facilities	Rs 5 per additional transaction above the base level
	For health locker/teleconsultation transactions	500 transactions per month per facility	Rs 5 per additional transaction above the base level
Insurance Provider	For every insurance claim transaction linked with ABHA address filled by hospital though Health Claim Exchange		Rs 500 per claim or 10 % of the claim amount, which ever is lower

NHA to incentivize the Stakeholders of the Digital Health Ecosystem

national health authority

Ayushman Bharat Digital Mission

DIGITAL HEALTH INCENTIVE SCHEME
w.e.f. 1st January 2023

Earn incentives of up to **₹ 4 crores*** under **Ayushman Bharat Digital Mission**

- Hospitals**: ₹20
- Diagnostics Facilities/Labs**: ₹15
- Digital Solution Companies**: up to ₹5

INCENTIVES per health record generated

*Terms & Conditions Apply

abdm.gov.in/DHIS 14477

Benefits will be provided to the health facilities only for transactions done by them above the base level of transactions (i.e. only the transactions above the threshold).

Documents required for registration

Registration process for Digital Health Incentive Scheme was started on 01- February-2023.

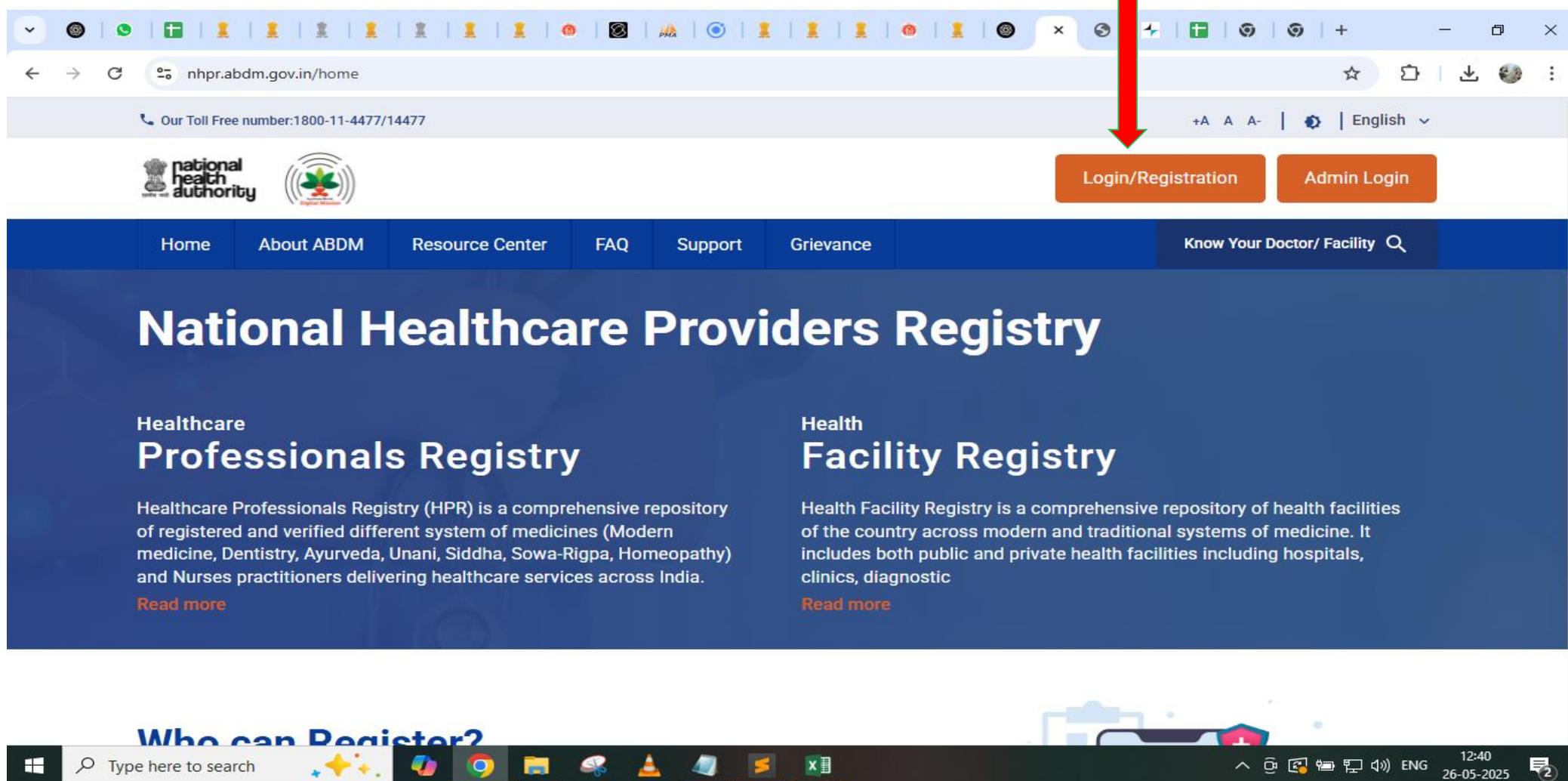
Registration links for the health facility and DSC have been created in the HFR Portal and Sandbox Portal respectively.

Documents required for Registration :

- Bank Account details
 - Name of Account Holder
 - Bank Account number
 - Name and address of Bank Branch
 - IFSC code of the branch
 - Attach cancelled cheque
 - Attach entity mandate form as per undertaking form
- PAN and copy of PAN card

Website : <https://nhpr.abdm.gov.in/home>

Click here for login and Registration → login through HPID/Username and Password



The screenshot shows a web browser displaying the National Healthcare Providers Registry website. The address bar shows the URL nhpr.abdm.gov.in/home. A red arrow points to the 'Login/Registration' button in the top right corner of the page. The page features a navigation menu with links for Home, About ABDM, Resource Center, FAQ, Support, Grievance, and Know Your Doctor/ Facility. The main content area is titled 'National Healthcare Providers Registry' and is divided into two sections: 'Healthcare Professionals Registry' and 'Health Facility Registry'. The 'Healthcare Professionals Registry' section describes the Healthcare Professionals Registry (HPR) as a comprehensive repository of registered and verified different systems of medicines (Modern medicine, Dentistry, Ayurveda, Unani, Siddha, Sowa-Rigpa, Homeopathy) and Nurses practitioners delivering healthcare services across India. The 'Health Facility Registry' section describes the Health Facility Registry as a comprehensive repository of health facilities of the country across modern and traditional systems of medicine, including both public and private health facilities including hospitals, clinics, and diagnostic centers. The footer of the page includes the text 'Who can Register?' and a search bar.

Step 1 : Click on Initiate the DHIS Workflow for DHIS

Our Toll Free number:1800-11-4477/14477

+A A A- | English



Last Login Time: 27/5/2025, 3:19:13 PM



Chen Singh

Home

About ABDM

Resource Center

FAQ

Support

Grievance



Know Your Doctor/ Facility

Search Key

Search Value

Search

Reset

SHREE RAMKARAN JOSHI DISTRICT ...

IN0810056790

Approved

Ownership Government

Certificate

Address LALSOT ROAD DAUSA Dausa Rajasthan
303303

[Reset Password](#)

Add Healthcare Professional

Software Linkage

Initiate the DHIS Workflow

CLICK ON THIS Link



Eligibility Criteria for Digital health Incentive Scheme (DHIS)

Facility id: IN233293323

- The benefits under this scheme will be applicable for all public and private sector health facilities.
- All hospitals with facilities having minimum 10 beds will be eligible for this incentivization scheme.
- Maximum number of beds during a month as mentioned in the HFR registration would be considered for calculation of these incentives.
- Minimum 50 transactions per bed per month would be required by each such health facility to become eligible for the incentives.
- For Labs, minimum 500 transactions per month would be required to become eligible for this incentive program.
- For Digital Solution Companies (DSCs) to become eligible for this incentive scheme, minimum 10 healthcare facilities should be generating transactions in a monthly cycle.

Documents Required for Registration

1. Mandate Form ([Download](#))
2. Annexure-4 ([Download](#))
3. Cancelled Cheque (pdf)
4. Pan Card (pdf)

Proceed

Step 2 : Update all the fields if not populated automatically



national health authority
Ministry of Health and Family Welfare
Government of India

DHIS

HOME ABOUT ABDM RESOURCE CENTRE SUPPORT FAQ

DHIS Registration

Facility id: IN233293323

[Click here to know more](#)

Bank Details of the Beneficiary ⓘ

Profile Actions

- DHIS Registration/Updation**
- Claim Your Incentive
- History
- Log out

Facility ID /Client Id *	Facility Name /Entity Name *	Facility Manager Name *	Total Number of Beds *
IN2810000415	PMJAY TMS Bapatla AP	Raman Kumar	10
Name of Account Holder * Akshay	Bank Name * Bank of America	IFSC Code * HSDFS2323213	
Branch Name * ROAD 1 CSSD STADIUM	Bank Account Number * 34567890123	Re-enter Bank Account Number * 34567890123	
Address of Branch * DGSGDSGDSGDSGGSDGSGDSGD	Bank State * Delhi	Bank District * East	
Bank City * Select	PAN Number * DSDSS3423T		

Step 3 : Upload all the documents



national health authority
Ministry of Health and Family Welfare
Government of India

DHIS

HOME ABOUT ABDM RESOURCE CENTRE SUPPORT FAQ

DHIS Registration

Facility id: IN233293323

Profile Actions

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Documents

Upload Cancelled Cheque*

Choose file Browse

Please note only pdf/jpeg/jpg/png file types are allowed
Maximum size allowed for the attachment is 5MB



🗑️ ↺ ↻

Upload PAN Card*

Choose file Browse

Please note only pdf/jpeg/jpg/png file types are allowed
Maximum size allowed for the attachment is 5MB



🗑️ ↺ ↻

Upload Mandate Form*

[Download Mandate Form](#)

HFR_Detailed Document.pdf Browse

Please note only pdf/jpeg/jpg/png file types are allowed
Maximum size allowed for the attachment is 5MB



Upload Annexure-4 Form*

[Download Annexure Form](#)

Choose file Browse

Please note only pdf/jpeg/jpg/png file types are allowed
Maximum size allowed for the attachment is 5MB
(Annexure 4 is an undertaking by Health facility/DSC in case their bank account holder name is different from entity name/hospital/company name.)



Step 4 : tick all the checkboxes and Submit e-sign

DHIS Registration

Facility id: IN233293323

Profile Actions

DHIS Registration/Updation

Claim Your Incentive

History

Log out

Please note only pdf/jpeg/jpg/png file types are allowed
Maximum size allowed for the attachment is 5MB



Please note only pdf/jpeg/jpg/png file types are allowed
Maximum size allowed for the attachment is 5MB

(Annexure 4 is an undertaking by Health facility/DSC in case their bank account holder name is different from entity name/hospital/company name.)



Undertaking

- I, hereby, declare that, the entries made by me pertaining to the number of beds in Health Facility Registry are true to the best of my knowledge. I, further, hereby, undertake to present the original documents immediately upon demand by the National Health Authority. *
- I, hereby, declare that, the entries made by me pertaining to the bank details in Health Facility Registry are complete and true to the best of my knowledge. I, further, hereby, undertake to present the original documents immediately upon demand by the National Health Authority. *
- I declare that I wish to enroll in this Digital Health Incentive scheme and will adhere by all the policies and guidelines as issued by National Health Authority. *

Submit E-sign

DHIS Registration

Facility id: IN233293323

Profile Actions



DHIS
Registration/Updation



Claim Your Incentive



History



Log out

DHIS E-Sign Facility

Your registration for DHIS yet to be digitally signed

Click on Proceed to complete the digital signature
process

Proceed

Neelendra Test 123 – IN3510000262

DHIS Registration

Profile Actions

 **DHIS Registration/Updation**

 Claim Your Incentive

 History

 Log out

UPLOADS

Upload Cancelled Cheque*

Choose file

Browse

Please note only pdf/jpeg/jpg/png file types are allowed
Maximum size allowed for the attachment is 5MB

Upload Mandate Form* [Download Mandate Form](#)

Choose file

Browse

Please note only pdf/jpeg/jpg/png file types are allowed
Maximum size allowed for the attachment is 5MB

Upload PAN Card*

Choose file

Browse

Please note only pdf/jpeg/jpg/png file types are allowed
Maximum size allowed for the attachment is 5MB

Upload Annexure-4 Form [Download Annexure Form](#)

Choose file

Browse

Please note only pdf/jpeg/jpg/png file types are allowed
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(Annexure 4 is an undertaking by Health facility/DSC in case their bank account holder name is different from entity name/hospital/company name.)

Undertaking

I declare that I wish to enroll in this Digital Health incentive scheme and will adhere by all the policies and guidelines as issued by National Health Authority. *

Submit E-Sign

E- Sign Template

To Whom It May Concern

The following information's are submitted in Health Facility Registry of Ayushman Bharat Digital Mission:

Facility Id:	IN4234224434
Facility Name	XYZ Hospital
Name of Account Holder :	sdfsdsdfs
Bank Name:	Imaging
Bank Account Number:	345345345345
Branch Name:	4m3n4hh
IFSC Code:	345343dfgd32
PAN Card Number:	Evdf4343434
Address of Acc. Holder:	Fgdfgdfg,drt5wer343dfg
City & State:	Sdfdsf, Gujrat
Upload Mandate Form:	Yes/No (Automatic fetch if information is attached)
Upload Cancelled Cheque:	Yes/No (Automatic fetch if information is attached)
Upload PAN Card:	Yes/No (Automatic fetch if information is attached)

I, hereby, declare that, the above information and details provided by me are complete and true to the best of my knowledge. I, further, hereby, undertake to present the original documents immediately upon demand by the NHA.

I, further declare that, my enrolment in the scheme may be cancelled at any stage, if I am found ineligible and/or the information provided by me are found to be incorrect.

I, further, hereby declare that, I shall be solely responsible for my involvement in any kind of undesirable/in-disciplinary activities, and shall be liable for punishment as per the law of the land. I, further understand that, the NHA shall in no way be held responsible for my any such action.

- Name: AkhileshKumarRai
- Healthcare Professional ID Number: 53-5532-0230-4871
- Mobile Number: 8465417483
- Email ID: akhilshaim@gmail.com
- Digital Signature:

Digitally signed by
Date: 2022.06.23 11:49:45 IST
Reason: NA
Location: NA



Thank You