Step 1: Login to the SAST portal https://sast.karnataka.gov.in/

Step 2: Login using the search empanelment.

ATTAN .	Suvarna Arogya Suraksha Trust Karnataka	HealthSprint	
upper aques?	Quality Health Care For All		
	SAST WEBSITE NEW	Website	
	User Id: Password: Please Enter Captcha Enter Captcha: Enter Captcha: Enter Captcha: Enter Captcha: Enter Captcha: Enter Captcha Log-In Reset Forgot Password? New Empanelment Request Search Empanelment Reguest Know Your Preauth Status		
Salient Features	Download SAST Notification Information-Mahiti	Powered By <u>healthsprint.com</u>	

Step 3: Click on the last history ID.

Step 4: select implants in the provider speciality wise infrastructure details

eciality	Complex secondary	Tertiary	Specialist 24x7	Emergency	Simple Secondary	Total Beds	ICU Beds	#Beds for Post-op facility	#Beds for Step-down facility	Equipment in theatres
HEART-LUNG TRANSPLANT										
HIGH END DIAGNOSTICS	☑		yes			10	1	1	1	0
HIGH END PROCEDURES			yes			10	1	1	1	0
HYSTEROSCOPIC	0				0					
IMPLANTS	2	2	0		2	00	00	00	00	О
INTERVENTIONAL NEURORADIOLO	GY 🔽	☑	yes		2	10	1	1	1	Operating microscope
INTERVENTIONAL RADIOLOGY	0				0					
INVESTIGATIONS	0	0			0					
KFD					0					
KIDNEY TRANSPLANT	2	2	6		2	4	4	4	4	monitor , dialysis machine ,ventilator
LIVER TRANSPLANT	0	0			0					
LUNG TRANSPLANT	0				0					
MEDICAL GASTRO ENTEROLOGY	2	2	yes		2	10	2	1	1	OT table , OT light , Anesthesia machine , Cautery Machine
MEDICAL ONCOLOGY	✓	2	YES		✓	10	2	0	0	Bio safety cabinet , monitors , tele laragoscope
MENTAL DISORDERS	2	2	yes	70		10	1	1	1	0

Step 5: write in the remarks column

Step 6: Select upgrade in the dropdown and submit the request

Save Authorized Applicant Info								
PreView and Print Application Form and Package Rates			Empanelment Application Form Package Rate List					
Documents	Uploaded Files(PD	OF/DOC/XLS/XLSX/JPG)*	Remarks					
Signed and Sealed Application Form	Choose File No T_1848019437823	file chosen 37_4_ApplicationForm.pdf						
Signed and Sealed Package Rate List	CANCEL	file chosen 37_1_PackageRateList.pdf						
Signed & Sealed copy of KASS undertaking Form	DOWNGRADE	file chosen 37_227_KASSForm.pdf						
Remarks *	UPGRADE							
Provider Status	Select Status 💌							
DECLARATION: 🔽 We hereby accept the Ayushman Bharat- Arogya Karnataka scheme and agree to the Package Rates indicated in the Annexure 7A,78,889 to GO:HFW/69/CGE/2018 dated 15.11.2018								
DECLARATION: 🗹 We hereby accept Karnataka Arogya Sanjeevini Scheme and agree the package rates indicated in the annexure.								
Submit Empanellment Request								

[&]quot;implants request for KASS"