# Medspire HMIS — RFP response template

The questions a hospital's tender asks, with our standard answers to adapt

**Medspire HMIS**
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Copy this into your tender's format. Every answer is a public claim on medspire's website; the numbers are regenerated from the build on every release.

## 1. Vendor

**Legal entity and years in business**
Telic Cognitive Systems, Vadodara, India. Product shipped sprint by sprint since 2026; 205 releases, every one tested on a working Indian hospital.

**Reference sites**
Provided on request under NDA; the hospital we build with is not named on public material.

**Support model**
Help centre with an article per screen; in-app help (F1); assistant; e-mail and WhatsApp; a named person on the floor for the first week and on the phone for the first month after go-live.

## 2. Functional scope

**Modules offered**
Front desk (9 screens); Clinical (13 screens); In-patient (IPD) (75 screens); Blood bank (11 screens); Operation theatre (13 screens); Laboratory (16 screens); Quality & safety (21 screens); Radiology (6 screens); Pharmacy (12 screens); Stores & assets (10 screens); Workforce (15 screens); Billing (13 screens); Analytics (16 screens); Reports (3 screens); Setup (23 screens)

**ABDM**
ABHA create/verify, HIP and HIU, consent manager, FHIR R4 bundles in the ABDM profiles, DPDP consent at registration — built in and demonstrable.

**GST and e-invoicing**
Tariff with GST treatment per line, room-rent rule, IRN from the IRP on B2B invoices, credit notes, GSTR-1/3B figures as reports, Tally feed.

**NABH**
Every standard that asks for a record maps to a screen; the quality module holds incidents, audits, hand hygiene, infection surveillance, M&M.

**Laboratory and radiology interfaces**
HL7 v2 to analysers, DICOM modality worklist and MPPS, no per-interface charge.

**Analytics**
14 dashboards, 98 reports with filters and drill-down; CSV, PDF and Excel export on every report; included on every plan.

## 3. Technical

**Architecture**
ASP.NET Core 10, Blazor Server, SQL Server or PostgreSQL (SQLite for demo), REST API with per-hospital keys and scopes, OAuth2 client credentials, signed webhooks.

**Hosting options**
Azure India managed tenant; the hospital's own Azure/AWS subscription; on-premise Windows/Linux server. Same build, same price.

**Data isolation**
TenantId on every row with a fail-closed global query filter; platform staff cannot read clinical data without the hospital's written request; every access logged.

**Security**
TLS everywhere, encryption at rest, ASP.NET Identity password hashing, 2FA for administrators, audit log on every read and write, hourly encrypted backups, 35-day retention, quarterly restore drills.

**Testing**
4,067 automated tests and a browser crawl of every screen on every release, published in the release notes.

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**Data ownership and exit**
The hospital's data is the hospital's; full export in open formats (CSV, FHIR, PDF) at no charge; our copies deleted 90 days after written request.

## 4. Commercial

**Pricing model**
Per licensed bed per month: Starter ₹400 (≤30 beds, monthly), Hospital ₹650 (annual, billed quarterly, users unlimited), Group on request. Exclusive of GST.

**One-time costs**
Go-live (walk, data import, training, parallel day, first month on the floor) quoted once by bed count. No per-user, per-module, per-interface, per-site charges on Hospital and Group.

**SLA**
99.5% monthly availability measured at our edge, excluding announced maintenance; service credits per the subscription agreement; RPO 1 h, RTO 4 h.

**Exit terms**
60-day exit after go-live for a full refund of unused subscription; data export and deletion as above.

## 5. Implementation

**Timeline**
50–150 beds: three to four weeks — week 1 the walk, week 2 masters and import, week 3 training by role (night shift first), a parallel day, the Sunday switch.

**Training**
Role-by-role on the hospital's own data; the help centre and in-app help afterwards; new articles weekly from the searches that found nothing.

**Data migration**
Patient master, doctors, tariff, stock with batches, open balances and bills from spreadsheets or the previous system; old clinical notes as PDFs attached to the patient.

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