Sir H. N. Reliance Foundation Hospital
RESPECT FOR LIFE

Raja Rammohan Roy Road,
Prarthana Samaj, Girgaon,
Mumbai - 400004
Call Centre: 1800221166
Website: www.rfhospital.org

ADMISSION CONSENT FORM

I, the undersigned hereby give my consent for admission to Sir H. N. Reliance Foundation Hospital and request and authorize the hospital to provide care and administer diagnostic, radiological and/or therapeutic procedures and treatment through various clinical departments, doctors, nurses, technicians, physiotherapists, dieticians and paramedical staff as may be deemed necessary or advisable and /or make necessary referrals to other doctors/specialists in and outside the Hospital. I am given to understand that observers, intern, students may participate in care delivery as a part of their learning's and experience under supervision and I am aware that I can deny their participation by informing my Primary Physician.

I, also hereby authorize Sir H. N. Reliance Foundation Hospital and/or its representative to release my medical documents to government, my employers, agencies, insurance companies/TPA or others who are financially liable for my hospitalization.

I have been explained the estimated cost/advance required for the treatment would be Rs. _____in _____Bed category. I undertake full responsibility of clearing all dues payable to the hospital during the stay. My tariff will be dependent on the room category selected on admission.

I am aware, as per the provisions of section 269ST of Income Tax Act, 1961 (Act) and Rule 114B of the Income Tax Rules, 1962, Sir H. N. Reliance Foundation Hospital will not receive any cash of Rs.2 Lacs and more in aggregate from a person in a day; or in respect of single transaction; or in respect of transactions relating to one event or occasion from a person, otherwise than by an account payee cheque or an account payee bank draft or by electronic clearing system through a bank account. I understand, that I will have to provide a copy of my PAN card, before discharge, to avail the tax credit for the same.

As per ministry of finance notification no.03/2022 dated 13th July 2022 room charges exceeding Rs.5000/- per day per person receiving health care services attract GST @ 5%. This is not applicable on ICU, CCU, NICU & ICCU room charge I, the undersigned or my attendant/family member shall take care of my valuables and belongings.

I understand that the Hospital strongly recommends to have my next of kin/attendant/Family member for all invasive/ non- invasive procedures including surgeries as a social / good practice of the Hospital. When called upon _____(name of relative/attendant), _____(my relationship with the patient) will be available as & when needed by the hospital. However, if my next of kin/attendant/family member are not available, I give my unrestricted consent to act on the consents already provided by me.

I, shall abide by all the rules and regulations of the hospital. I hereby agree to abide by the hospital Covid Testing Policy, as applicable from time to time.

Do you have any Mediclaim policy: Yes ☐ No ☐

If Yes, please specify the name of TPA & Insurance company

Insurance Company: _____ **TPA:** _____

Please submit your insurance papers at our hospital TPA desk within 24 hrs. to avail the cashless facility.

Requested By: _____ **Signature:** _____ **Request taken by:** _____

☐ **Patient or** ☐ **Legally Authorised Representative Sign:**	**Date:** **Time:**
Name of Legally Authorised Representative:	**Relationship with Patient:**
Interpreter Name:	**Interpreter's Sign:**
Residence Address:	

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GENERAL INSTRUCTIONS CHECKLIST

Sr. No.	Particulars	Y/N
1	Financial counselling done by providing estimate.	Y ☐ N ☐
2	Emergency charges @1.5 times of the regular rate will be applicable for any procedures/MRI/ surgeries/doctor visits on Sundays, Hospital Holidays or after working hours (10 pm - 6 am) of respective departments / on an emergency basis.	Y ☐ N ☐
3	Upgradation and Down gradation requests need to be registered with Patient Experience team. Downgraded rates will be applicable from allotment date. Upgradation will be applicable from admission date.	Y ☐ N ☐
4	Refund above Rs. 20000/- will be through Electronic Transfer, within 07 working days. Kindly submit a cancelled cheque before discharge.	Y ☐ N ☐
5	Billing cycle is 11 am to 11 am. Kindly vacate the bed within 30 minutes of bill settlement.	Y ☐ N ☐
6	Please do not carry any valuables and belongings in the patient room.	Y ☐ N ☐
7	Children below 12 years, outside food, consumption of alcohol, smoking, chewing gum and/or spitting are strictly prohibited.	Y ☐ N ☐
8	Maternity Cases: Billing for Mother and Baby will be separate. Bed category of baby will be same as mother's bed category.	Y ☐ N ☐
9	**International Patients:** All International patients will be charged as per the prevailing International tariff. Passport, Medical Visa, Form C and Residential proof is mandatory on admission.	Y ☐ N ☐
10	Admission Form & Consent Form, RFID, labels	Y ☐ N ☐
11	Extra meal will be charged separately.	Y ☐ N ☐
12	I shall abide by hospital's policy of attendant and visitor passes and will be responsible to compensate for any damage or loss of the cards.	Y ☐ N ☐
13	I have been briefed that based on the clinical condition I shall be shifted to Discharge Lounge till the final approval is received from my insurance company.	Y ☐ N ☐
14	I have been informed that Photography and Videography is prohibited in the Hospital premises. No mobile phones are allowed inside the ICU.	Y ☐ N ☐

☐ **Patient or** ☐ **Legally Authorised Representative Sign:**	**Date:** **Time:**
Name of Legally Authorised Representative:	**Relationship with Patient:**
Interpreter Name:	**Interpreter's Sign:**

Patient Experience Team: _____