



APEX HOSPITALS KANDIVALI

Where Healing & Care Comes Naturally

6274 7000

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

ADMISSION RECORD

UHID NO 150000282 IPD NO. AHK/22-23/8 DOA / TIME 17/06/2022 - 2.33 p

DOD / Time : 19/6/22 at 8.30pm. Department : Orthopaedics Bed No. : 118

Patient's Full Name : - Gunavathi Shetty Age / Gender : 64 / Female

Address : - 1-B, 201, Neighborhood Society, Lokhandwala Township, Kandivali E

Tel. No.: Mobile : - 9138664757 Email : Sonyshettyshetty@gmail.com

Passport No. (If Foreign / National): Aadhar No. :

Doctor in Charge : Dr. Amit Munde Tel No.:

Ref. by : Self Tel. No.:

Patient Marital Status : - Widowed Occupation : Housewife Blood Group :

Patient Admitted by : - Sudhishna Shetty Address :

Tel. No.

Name of Next Kin / Responsible Person & Relationship - Sudhishna Shetty (Daughter)

MLC PC SI PI Name & Buckle No.:

Patient is covered under Mediclaim then TPA : - Star Health

Company Name : - Star Health Insurance Policy No.:

Provisional Diagnosis : left Fibula Fr Final Diagnosis :

PATIENT STATUS

Discharged ☒ Transferred to _____ Hospital

DAMA Absconded Expired

I have ascertained the facilities available at _____ Hospital.

I have read and understood the rules and regulations of the hospital and agree to abide by them.

I have been explained the charges for the class in which the patient has been admitted and have been informed of the approximate expenses.

I undertake to pay any advance / deposit as and when required by the hospital and shall pay the same promptly.

I will be responsible for settling the interim bills raised by the hospital from time to time and for making full and final settlement of the bills before discharge of the patient.

* Mediclaim Patients

In case the TPA/ Insurance Company does not settle my bill partly or fully for any reason, I undertake to pay for the same.

Patient - Sudhishna Shetty (Daughter)
Relative / Guardian (Name and Relationship)

Date 17/06/2022 Time 2.33 pm

Day / Date	Amount	Day / Date	Amount	Day / Date	Amount	Day / Date	Amount
17/06/2022	25000/-						
Remark	Remark	Remark	Remark	Remark	Remark	Remark	Remark

Shruti Tho



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GENERAL CONSENT-CUM-UNDERTAKING

All patients are requested to read, understand and sign on the following undertaking at the time of admission.

1. Mrs. Gunarathi Shetty Age: 65 years
(Full Name)
Residing at Neighbourhood Society Lokhandwala Kandivali
am getting admitted at this hospital under the care of Dr. Anil Munde
for the necessary treatment voluntarily (Name of Doctor)

I hereby state that

1. I am aware of the rules & regulations of the hospital and undertake to comply with the same.
2. I am aware of facilities & infrastructure of the nursing home/hospital.
3. I am aware of the approximate expenditure that I am likely to incur during the stay and undertake to pay it fully on discharge.
4. I undertake to collect all the papers, reports from the hospital on discharge.
5. I undertake to provide one responsible person who will be accessible at all times during my stay and authorize him to take decisions on my behalf.
6. I have disclosed my complete medical history including past surgeries, medical, illnesses, allergies and state that the information entered is true.
7. I undertake to abide by the decisions taken by the treating doctor I am aware that I have right to refuse the suggested treatment in such situation I undertake to put that in writing on my case sheet.
8. I consent to all the minor procedures, medications, examinations (e.g. Starting Mine, shaving enema, injections, administration of oral medicines, dressing etc.) during the course of my stay.
9. I am aware that the procedures will be carried out by the hospital staff and allow the same.
10. I am aware of the amenities, provision of food & beverages and working rules of the hospital. I have been told not to keep any valuable in the hospital & the hospital authorities will not be responsible in case of loss of the same.
11. I release the hospital administration from any accidents (medical as well as nonmedical) beyond the scope of administration such as natural calamities, flood, earthquakes, theft, decoity.
12. I undertake not to smoke, consume alcohol or other drugs during hospital stay.
13. I am aware about the infrastructural facilities available at the hospital, I have been the hospital wards and find the facilities to my satisfaction.
14. I am aware that the consultant along with the whole staff including nurse and doctors will as a group be taking my care.
15. I undertake to pay the required deposit on admission and pay interim bills generated in case of non payment of bills I shall choose to transfer my case to any municipal, government or charitable hospital.. I am aware that non payment of the bills shall attract required action for recovery of dues.
16. I state that I have been fully explained the exact mode of treatment, alternative modes, risks, consequences, advantage, benefits, risks, complications and sequences and have chosen the particular treatment/ procedure all the question have been answered to the fullest of my satisfaction.
17. I have disclosed all the information about my medical history, allergy, history of previous surgeries personal and family history and have confirmed that the same have been entered correctly.
18. By signing below I affirm that I have read all the clauses above / have been explained to me.

Name of the Patient: Gunarathi ShettySignature of the Patient: [Signature]Date: 17/06/2022Time: 2.33 pm**Witnesses :**

1. Name Rishi Anilshik Gupta Signature: [Signature]
Date: 17/06/2022 Time: 2.33 pm
2. Name _____ Signature: _____
Date: _____ Time: _____



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GENERAL INSTRUCTION & RULES AND REGULATION

1. CHECK IN & CHECK OUT TIME - 12 TO 12 MID NIGHT.
2. Deposit should be paid on admission and/or before surgery in cash/credit card/debit card. Also applies to cashless patients.
3. Excess deposit (in case of cashless patients; post approval) will be refunded by cheque only.
4. No half day charges
5. For Cashless, intimation to the hospital and the TPA is must within 24 hrs between 9.30 a.m. - 5.30 p.m. on working days.
6. Food provided is complementary to the patient & it is as per the dietician's advice which is chargeable.
7. Please keep the patients valuable with the relatives to ensure safety. Hospital management is not responsible for any theft or loss of goods, money or valuables.
8. Billing time (all week days except Sundays) - 10 a.m. to 6 p.m.
9. For billing queries contact the billing department from 2 p.m. to 4 p.m. only.
10. Additional charges are lavished for special care required for sero-positive patient.
11. Early morning discharge before 9. a.m., inform billing department the previous day before 6 p.m.
12. No discharge on Sunday, except: a) emergency and b) on completion of the billing the previous day before 6 p.m.
13. Hospital maintains personal staff and other necessary facilities to enable your concerned physician and/or surgeon to carry out medical diagnostic and/or surgical therapy/therapies. Hospital shall not, be responsible for any mishap, arising out of such therapy/therapies of operation.
14. I have read the general instructions & rules and regulation and/or been explained the same in the language I understand and I agree to abide by them.

Name of the Patient: Ganavathi shettySignature of the Patient: [Signature]Date: 17/06/2022Time: 2.33 pm**Witnesses :**1. Name Abhishek UpsonSignature: [Signature]Date: 17/06/2022Time: 2.33 pm

2. Name _____

Signature: _____

Date: _____

Time: _____



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FOR CLEARANCE:

17/6/22 → CBC, ASL-F, HBAIC, HEN
HBSAG, HCV, RFT, BT, CT, PT, INR (LFT)

17/6/22 — CXR - PA ✓
X- (2) Ankle. lat. view

17/6/22 — 2 Dechar ✓
17/6/2022

18/6/22 - (LF) ORIFT. plating ✓
18/6/2022

18/6/22 - X-Ray (1) Ankle Apical ✓
18/6/2022

18/6/22 - ~~Portable~~ portable ✓
18/6/2022

19/6/22 Discharge clearance ✓
19/6/2022
Jayashree

DISCHARGE NOC

1. I am satisfied with the service provided in Apex Hospitals Kandivali East.
2. The Hospital bills has been explained to me by Apex Hospitals Kandivali staff.
3. I am satisfied with the final bills & I do not have any issues pertaining to the bills.
I agree to pay full and final bills.
4. The Hospital was explained me that they are not in CGHS panel.
5. I have received all documents and reports pertaining to the treatment.

FOR DISCHARGEADMIN: PraveenBILLING/TPA: DeviHOUSEKEEPING: PraveenDOCTOR: Dr. FraPHARMACY: PraveenNURSING: PraveenMRD: PraveenLAB: PraveenRECEIVED SIGNATURE: PraveenRELATION OF PATIENT: DaughterDATE & TIME: 19/6/2022
9.21 PM

3



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MEDICAL RECORD DEPARTMENT CHECKLIST

Name : <u>Gumvathi Shetty</u>	Age : <u>64</u>	Gender : <u>Fe.</u>
Doctor Name : <u>Dr. Amit munda</u>	IPD No : <u>AHK-22-23/3</u>	
Ward : <u>correl 118</u>	DOA : <u>17/06/2022</u>	DOD : <u>19/6/22</u>

SR.NO	PARTICULAR	YES/NO	NO.OF PAGES
1	Summary (Discharge, Death, Transfer)	✓	(2)
2	Admission Form	✓	(2)
3	Billing Details	✓	(4)
4	Investigation Reports — Pathology (Routine, special)	✓	(1)
5	Radiology (x-ray, CT scan, MRI)	✓	
6	Sugar Chart	✓	(1)
7	Case Sheet	✓	(1)
8	Progress Notes	✓	(6)
9	Nurses Notes	✓	(4)
10	Emergency Nursing Assessment Form		
11	Initial Nursing Assessment Form	✓	(1)
12	Vulnerable Consent	✓	(1)
13	Vulnerable Assessment	✓	(2)
14	Nursing Daily Assessment Form	✓	(3)
15	CONSENTS	✓	
	A) High Risk Consent	✓	(1)
	B) Operation consent / Anesthesia consent	✓	(1)
	C) pre-operative anesthesia assessment	✓	(1)
	D) pre-operative check list		
	E) Operation /procedure sheet	✓	(1)
	F) Anesthesia monitoring form	✓	
	G) Surgical safety checklist	✓	
	H) post - operative record sheet	✓	
	I) Recovery room transfer checklist	✓	
16	Profile for undergoing angiography	✓	
17	Pre-Angiography/angioplasty preparation	✓	
18	Cath lab consent form	✓	
19	Nursing observation during/after the procedure	✓	
20	Transfer checklist	✓	
21	Drug chart & diet chart	✓	(2)
22	Intake output chart /TPR chart	✓	(3)
23	MLC Copy	✓	
24	Daily Billing	✓	(1)
25	Feedback Form	✓	(1)
26	Death certificate	✓	
27	Others	✓	

Staff Name Sri Sureshi Chavem

Date 19/6/2022



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Medical Record Checklist

Name Gunvati Shetty Age 64 Years Gender : M ☐ F ☒
 UHID NO 150000282 IPD NO 22-2813 Ward / Bed 1st Floor -118
 Doctor's Name : Dr. Amit munde. DOD 19/6/22

Indicator	Yes/No/NA	Remarks
Initial assessment form completed within 30min by consultant / CMO	yes.	
Does the case sheet have proper <u>discharge</u> /DAMA/Death / Transfer summary	yes	
Does the case sheet have proper legible medication order sheet	yes	
Consultant review the date, time and sign with in 24 hrs	yes	
Daily progress notes with date, time, legibility and signature	yes	
General consent present or not	yes	
In case of HIV test is done is there consent for HIV test	No	
med consent for procedures when necessary	No	
the case sheet have completed nutritional assessment	yes	
the case sheet have proper OP and post OP notes	yes	
Informed consent for procedures (if patient is not able to give next of kin with relationship) sign, name, date and time	yes	
If surgery pre-operative assessment with provisional diagnosis	yes	
Transfer notes to OT	NO	
Anaesthesia informed consent	yes	
Pre anaesthesia assessment in words / pre anaesthesia plan	yes	
Anaesthesia monitoring	yes	
OT pre - op anaesthesia reevaluation	NO	
Safe surgery check list signed by doctors	NO	
Operative notes, post op plan of care	yes	
OT / recovery post anaesthesia status	NO	
Transfer out from OT / transfer out recovery area/ critical care	NO	
Proper discharge summary		
• Diagnosis	yes	
• No abbreviations	yes	
• Investigation report	NO	
• Surgery notes	yes	
• Medication order with doses	yes	
• Prevention care aspects .	yes	
• Date of follow up	yes	
• When to obtain urgent care	yes	
• How to obtain urgent care (contact details)	yes	
• Primary consultant sign!..	yes	

Date & Time :

29/06/22
5:28pm

Name & Signature:

Karbut



Apex Hospitals Kandivali

Akurli Rd., Near Lodha Woods & Mahindra Gate no.4,
Lokhandwala Township, Kandivali (E), Mumbai - 400101.
Contact No.: 022-62747000

Website:-www.apexgroupofhospitals.com
Email:-info@apexhospitals.in
GST No.: 27AACFN8496M1ZG

Admission Form

UHID	: 150000282	I.P. No.	: AHK/22-23/3
Patient Name	: MRS. GUNAVATHI SHETTY	Age/Sex	: 65 Yrs/Female DOB: 17/06/1957
Guardian Name	: S/O#	Patient Catg.	: SELF PAID
Local Address	: NEIGHBOUR HOOD SOCIETY LOKHANDWALA KANDIVALI EAST KANDIVALI EAST MUMBAI MAHARASHTRA INDIA	Payer Catg.	: SELF PAID
Local City	: MUMBAI	Marital Status	: Married
Permanent Address	: MUMBAI MAHARASHTRA INDIA	Kin Name	: SUDHISHNA SHETTY
Permanent City	: MUMBAI	Emergency Contact No.	: , 7738664757
Tel (R)	:	Nationality	: Indian
Mobile	: 7738664757	Admission Date	: 17/06/2022 14:31
Religion	: HINDU	Discharge Date	:
Admitting Doctor	: Dr Amit Munde	Source	: OPD
Doctor Team	:	Specialisation	: ORTHOPAEDICS
Secondary Doctor	:	Bed Category	: MULTIBED
Bed No	: 2261	Floor	: MULTIBED
Bill Category	: MULTIBED		

(Shruti Jha)

Declaration

Above Category has been opted by me and all expenses involved in the course of treatment during admission have been explained to me. We agree to make all the payments before discharge as per policy of the Hospital. In case I/we change from lower to higher category, I/we undertake to pay the charges as per higher Category from the date of admission. Also I shall be responsible for whatever money or valuables I bring to the hospital and keep the same entirely at my own risk. In case, authorization for cashless service is not received from the medical insurance company/empanelled company/TPA sponsored on time. I/we hereby undertake to clear my dues before discharge.

I/we hereby give consent to the Hospital for carrying out treatment of my patient including medical examination, investigations, medical treatment, vaccination and immunization, to the use of medical information for research purpose and insurance coverage. This Consent is not applicable for invasive procedures or other procedures for which separate consent is required.

I/We, Mrs./Mr Sudhishna Shetty Relation Daughter Mob No. 7738664757
Shall be responsible regarding the payments of the bill of our Patient.

The Hospital has a policy of advance deposits. Please ensure that your patient accounts remains in credit. Kindly cooperate by collecting your patient's provisional accounts statement every alternate day from the billing counter before 12 noon. Please ensure that the required amount is deposited by 2:00 PM. the Above mentioned Information is correct to the best of my knowledge. Signature of the Patient or Attendant

Signature of the Patient or Attendant

**Apex Hospitals Kandivali**

Akurli Rd., Near Lodha Woods & Mahindra Gate no.4,
Lokhandwala Township, Kandivali (E), Mumbai – 400101.
Contact No.:-022-62747000

Website:-www.apexgroupofhospitals.com

Email:-info@apexhospitals.in

GST No.:-27AACFN8496M1ZG


PRE- ADMISSION RECORD CUM GENERAL CONSENT FORM

To be Filled by the Patient/Attendant in Capital Letters

Patient's Name	Mrs. GUNAVATHI SHETTY	DOB	17/06/1957	Age/Sex	Female/65 Yr 0 Mth 0 Days	MRD Number	150000282
Patient Occupation		Religion	HINDU	Nationality		Marital status	
Father/Husband Name				Mother Name			
Permanent Address	NEIGHBOUR HOOD SOCIETY LOKHANDWALA KANDIVALI EAST			Village/Town		District	
State	MAHARASHTRA	Country	INDIA	Contact no. with STD/ISD Code		Mobile No.	
Local Address	NEIGHBOUR HOOD SOCIETY LOKHANDWALA KANDIVALI EAST			Village/Town		District	
State	MAHARASHTRA	Country	INDIA	Name of the Corporate/PSU/TPA		Cash/Corporate/PSU/TPA	
Emergency Contact Name				Contact No.	7738664757		

GENERAL INSTRUCTION & RULES AND REGULATION

1. CHECK-IN & CHECK OUT TIME - 12 TO 12 MIDNIGHT.
2. Deposit should be paid on admission and/or before surgery in cash/credit card/debit card. Also applies to cashless patients.
3. Excess deposit (in case of cashless patients; post-approval will be refunded by cheque only.
4. No half day charges
5. For Cashless, intimation to the hospital and the TPA is must within 24 hrs between 9.30 a.m. - 5.30 p.m. on working days.
6. Food provided is complementary to the patient & it is as per the dietician's advice which is chargeable.
7. Please keep the patients valuable with their relatives to ensure safety. Hospital management is not responsible for any theft or loss of goods, money, or valuables.
8. Billing time (all weekdays except Sundays) - 10 a.m. to 6 p.m.
9. For billing queries contact the billing department from 2 p.m. to 4 p.m. only.
10. Additional charges are lavished for special care required for seropositive patients.
11. Early morning discharge before 9. a.m., inform the billing department the previous day before 6 p.m.
12. No discharge on Sunday, except: a) emergency and b) on completion of the billing the previous day before 6 p.m.
13. I have read the general instructions & rules and regulations and/or been explained the same in the language I understand and I agree to abide by them.


Signature Patient/ Attendant