

# ADMISSION AND DISCHARGE AGREEMENT

## TERMS AND CONDITIONS OF SERVICES

### 1. CONSENT TO PROCEDURES

The undersigned (or spouse, next of kin or guardian) consents to the procedures which may be performed during this hospitalization or on an outpatient basis including emergency treatment and which may include but are not limited to the laboratory procedures, x-ray investigation, medical and surgical treatment or procedures, anesthesia or hospital services rendered for the patient under the general and special instruction of the undersigned's consultant physician or surgeon. In situations / circumstances where a patient is unable to give consent, consent given by spouse, next of kin or a guardian shall be deemed consent given by the undersigned.

### 2. NURSING CARE

This hospital provides only general duty nursing care. If the undersigned's condition is such as to need the services of a special duty nurse, it is agreed that such must be arranged by the undersigned. The hospital shall not in any way be responsible for failure to provide the same and is hereby released from any or all liability arising from the fact that the said undersigned is not provided with such additional care.

### 3. MEDICAL TREATMENT

If the undersigned's condition is such as to need more intensive medical / surgical treatment, the undersigned will be transferred to a hospital of his / her own or family's choice.

### 4. CONSUMABLES, MEDICATIONS, MEDICAL AND SURGICAL SUPPLIES

These shall be prescribed and provided by the hospital accordingly and undersigned concerned will be charged the predetermined rates as set by the hospital. The hospital reserves the right to review prices of all consumables, medications, medical and surgical supplies and other items from time to time as it deems fit.

### 5. LEGAL RELATIONSHIP BETWEEN HOSPITAL AND CONSULTANT

All consultant-physicians and surgeons furnishing services to the undersigned, including anesthesiologist are independent contractors employed by the patient and not employees or agents of the hospital. The undersigned is under the care and supervision of his / her consultant-physician or surgeon and it is the responsibility of the hospital and its nursing staff to carry out the instructions of such consultant-physician or surgeon. It is the responsibility of the undersigned's consultant-physician or surgeon to obtain the undersigned's consent for medical or surgical treatment, special diagnostic or therapeutic services rendered to the undersigned.

### 6. DEPOSITS

The undersigned is required to pay deposit upon admission, and the amount varies depending on the type of treatment. Payment can be made by cash or credit card. **Personal cheques are not accepted.** For emergency admission, deposits have to be paid within 24 hours from admission. Guarantee Letter (GL) from Insurance and Corporate are acceptable at the discretion of the hospital and must be presented during admission. In the event that the undersigned could not produce the GL upon admission, the undersigned would have to pay the relevant deposits which will be refunded during discharge if GL is subsequently produced. GL must be provided within 24 hours upon admission. Additional deposits will be required when the expenses incurred during the patient's hospital stay exceed the initial deposit paid or the limit specified in the GL.

## **7. REFUND OF DEPOSIT BALANCE**

The undersigned is eligible for a refund after receiving the final GL from insurance/TPA/Corporates if the amount of the deposit exceeds the actual amount owe (after all charges and payments made). For full refund of deposit, Official Receipt is required to be presented to the Cashier Counter during office hour. Refund of payment will be made based on the initial payment mode. Please allow up to 12 working days to process the refund for credit or debit card. For refund of payment by cash of more than RM400, it will be done through IBG transfer. In the event that the undersigned is not able to collect the refund herself/himself, a consent form must be provided and presented by the authorized person to the cashier counter on the day.

## **8. AFTER HOURS SURCHARGE**

The undersigned accepts and agrees that a surcharge shall be levied on the undersigned for the services provided by the hospital and/or medical consultants to the undersigned on Sundays, Public Holidays and after office hours, i.e. after 6:00 pm on weekdays and after 12:00 pm on Saturday.

## **9. RELEASE OF INFORMATION**

The hospital will obtain the patient's consent and authorization to release medical information other than basic information concerning the patient except in those circumstances when the hospital is permitted or required by law to release information. The undersigned patient agrees that to the extent necessary to determined responsibility for payment and to obtain reimbursement, the hospital and / or consultant-physician or surgeon may disclose portions of the patient's record including his / her medical record to any person/ entity which is or may be responsible for all or any portion of the hospital's and / or consultant physician's or surgeon's charges.

## **10. AUTHORIZATION OF PAYMENT OF INSURANCE BENEFITS TO THE HOSPITAL**

The undersigned authorizes, whether he / she signs as patient or patient's agent, directs payment to the hospital of any insurance benefit otherwise payable to or on behalf of the patient for this hospitalization or for these outpatient services, at the rate not exceeding the hospital's regular charges. It is agreed that payment to the hospital pursuant to this authorization by an insurance company or health plan shall discharge the said insurance company of any or all obligations under the policy to the extent of such payment. It is understood by the undersigned that he / she is finally responsible for charges not covered by this authorization.

The undersigned is required to make a full settlement in the event he/she is unable to wait for the Final Guarantee Letter upon discharge.

## **11. ADMISSION TIME FOR PRE-SCHEDULED MORNING SURGERY**

The undersigned understand that if patients scheduled for morning surgeries (8.00am to 12.00pm) are advised to be admitted A DAY PRIOR to the surgery, preferably after 4.00pm. The hospital does NOT guarantee the availability of rooms if the undersigned admit on the day of surgery.

## **12. ROOM AND DISCHARGE**

The hospital does not pre-book rooms. Room type request is subject to availability. Insurance or corporate patient with room above their guaranteed limit will have to pay the difference according to the hospital room type or the co-payment imposed by the Insurance or Corporate.

Only single bedded is allowed for a companion to stay overnight.

All rooms are fully air-conditioned with attached bathroom. Single and double bedded rooms have TV and telephone.

The undersigned who is allowed solid food intake, will receive complimentary meal which is not transferable. CAH does not serve complimentary meals to family members, relatives and friends of the Patient. Guest can order guest meals from the cafeteria and payment will have to be made directly to the cafeteria. Lunch will not be served on the day of discharge should the discharge takes place before 12pm. Complimentary meal for patient is only applicable for hospital with in-house café.

Daily nursing charges are not included in our room charges.

For safety reasons, NO electrical appliances are allowed in the room, except battery operated equipments, e.g. mobile phone and laptop. Mobile phones must always be in silent mode to not interrupt your neighbor and no video recording is allowed.

A full day room rate will be charged from the time of admission to the time of discharge, check out time is 12pm. A minimum charge of

room rate is 1 day even though the undersigned was to discharge before 12pm the following day. A half day room rate will be charged for discharge after 12pm and a full day room rate will be charged for discharge after 6.00pm.

Kindly allow 2 — 3 hours to process your discharge bills.

Note : Any service tax imposed by the Custom and Excise Department will be borne by the undersigned.

### **13. PERSONAL VALUABLES**

The hospital will not be liable for loss or damage, howsoever caused, to any monies, jewelry, electronics equipments, mobile phone, clothing or other personal properties belonging to patient and/or visitors while on our premises.

All valuables should be locked at all time and such valuables left unattended in the hospital shall be at patient's own risk.

### **14. VISITING HOURS**

General ward visiting hour is from 9.00am to 9.00pm. Critical care are as, i.e ICU, HDU visiting hour is between 10.00am to 1.00pm and 4.00pm to 8.00pm.

The hospital do not encourage visitors to bring children along for visits. However, if children do visit, the hospital require your cooperation to ensure that they be restrained from running around and making any undue noises in the wards and patients' room.

Visitors must ensure that mobile phones are always on silent mode and no video recording is allowed. Mobile phone are strictly prohibited in ICU.

### **15. FINANCIAL OBLIGATIONS**

The undersigned is liable to pay the account of the hospital promptly in accordance with the regular rates and terms of the hospital. The undersigned further authorizes the hospital to apply any excess funds after payment in full of the charges for the services rendered towards any outstanding account for any prior services rendered and for which the undersigned is responsible. In the event the hospital institutes legal proceedings to recover monies due to the patient's account, the undersigned agrees to indemnify the hospital for the legal expenses incurred by the hospital.

### **16. SERVICES OF SUMMONS**

The undersigned irrevocably agrees that any notice or other documents including Summons or Writ of Summons and Statement of Claims of any documents or papers connected therewith in respect of any legal action in connection with this agreement to the Terms and Conditions of Services herein contained shall be validly served to me and/or guarantor at the address stated herein and conclusively deemed to have been received by me, the undersigned and/or guarantor after the expiry of forty eight (48) hours after the time of posting.

### **17. GOVERNING LAW**

This Agreement shall be governed by and construed in accordance with the laws of Malaysia.

The undersigned patient certifies that he / she has read the above conditions, received a copy thereof and agrees to be bound thereunder. Where the undersigned is other than patient, the undersigned warrants that he / she has the patient's authority to accept the above conditions on behalf of the patient.