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SMART HEALTH AND EDUCATION CARE FOUNDATION

Administrative Office- 2nd Floor, Mehra Estate,
CTS Number 68, L.B.S. Marg Vikhroli (West) Mumbai Maharashtra-400079

HOSPITAL EMPANELMENT / TIE-UP APPLICATION FORM

1. Hospital Details-

*Hospital Name: _____

*Registration No.: _____

*Type of Hospital: _____ ☐ Government ☐ Private ☐ Trust ☐ Charitable

Establishment Year: _____

2. Address-

Complete Address: _____

City: _____ District: _____ State: _____ PIN Code: _____

3. Contact Details-

*Authorized Person Name: _____

*Designation: _____

*Mobile No.: _____

*Email ID: _____

*Landline No.: _____

4. Medical Facilities Available

☐ General Medicine ☐ General Surgery ☐ Orthopaedics

☐ Gynecology & Obstetrics ☐ Pediatrics ☐ Cardiology

☐ ICU/NICU ☐ Emergency (24×7) ☐ Diagnostic Lab

☐ Pharmacy ☐ Ambulance ☐ Other: _____

5. Documents Attached

☐ Hospital Registration Certificate ☐ PAN Card Copy

☐ GST Certificate (if applicable) ☐ NABH/NABL Certificate (if available)

☐ List of Doctors & Specialities ☐ Bank Details (Cancelled Cheque/Passbook Copy)

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6. Purpose

This Memorandum of Understanding (MoU) between Smart Health and Education Care Foundation, Mumbai, and _____ Hospital is being signed to make healthcare more accessible and affordable, by providing special discounts on medical services to eligible patients associated with the Foundation.

7. Discount Facility

The Hospital will provide discounts to patients authorized by Smart Health and Education Care Foundation as follows:

* Doctor consultation fees: Up to 25% discount

* Tests (Pathology/Diagnostic Tests): Up to 30% discount

* Hospital services/procedures: Up to 40% discount

* Medicines (if applicable): Up to 15% discount

* Surgery : Up to 30% discount

* Hospital Will Provide 3% to foundation on every billing

Total discount range: 15% to 40% (as mutually agreed)

Discounts will only apply upon presentation of a valid Smart Health Card/Authorization Letter issued by the Foundation.

.8. Hospital Responsibilities

The Hospital agrees to:

1. Provide appropriate and quality healthcare services to patients.
2. Grant discounts to authorized patients of the Foundation as per established regulations.
3. Maintain confidentiality of patients' treatment and medical records.
4. Provide emergency assistance as per available facilities.

9. Foundation Responsibilities

The Foundation agrees to:

1. Refer only registered and authorized beneficiaries to the Hospital.
2. Inform patients about the Hospital's services and rules.
3. Maintain close coordination with the Hospital.

5. Payment Terms

The patient will pay for the services received by the patient, unless otherwise arranged in writing between the parties.

10. Validity Period

This MoU will be effective for one (1) year from the date of signature and may be renewed with the consent of both parties.

11. Termination

Either party may terminate this MoU by giving 30 days' prior written notice.

12. Confidentiality

1. Both parties will keep confidential any confidential information obtained during this Agreement and will use it solely for the purposes of this MoU.

2. Confidential information will include, without limitation, the following:

* Patients' names, addresses, mobile numbers, and identifying information;

* Patients' medical history, test reports, illness, and treatment information;

* Hospital medical records, bills, and financial statements;

* Information regarding financial assistance, donations, funding, and beneficiaries provided by the Trust;

* Internal processes, documents, reports, and business/administrative information of both parties.

3. Neither party will share, publish, or publicly disclose the other party's confidential information to any third party, entity, media, social media, or other medium without prior written permission.

4. The use or public display of patient personal and medical information will only be made with the necessary consent of the patient or their authorized guardian/representative and in accordance with applicable laws.

5. The following information will not be considered confidential information:

* Information that is already publicly available;

* Information legally obtained from a third party;

* Information required to be disclosed by law, court, government authority, or regulatory body.

6. If either party is legally required to disclose confidential information, it will, where legally permitted, provide written notice to the other party as soon as possible.

7. Both parties will also oblige their employees, officers, doctors, volunteers, agents, and authorized representatives to adhere to this confidentiality obligation.

8. The confidentiality obligations will continue even after the termination of this MoU for as long as the relevant parties are notified of the confidentiality obligations.

13. Declaration by Hospital:

We declare that all information provided in this application form is correct and true. If our hospital is selected for empanelment with the Smart Health and Education Care Foundation, we will adhere to the rules, terms, conditions, and service standards mutually agreed upon by both parties. The final terms of service will be governed by the agreement (Agreement/MoU) to be executed separately.

Hospital Representative Name: _____

Designation: _____

Signature & Hospital Seal: _____

Date: __/__/__

Office Use Only

Application No.: _____ Date of Inspection: _____

Status: ☐ Approved ☐ Pending ☐ Rejected