

BILLING POLICY AND
GUIDELINES

MAX HOSPITAL – Patparganj

FY 24-25

As on 01.04.2024

Billing policy & Guidelines

GENERAL INSTRUCTIONS

1. Registration Charges

Onetime OPD registration charges of INR.200/- shall be charged to all new patients coming to Max Hospital for the first time.

2. Out Patient Consultation

- a) In the night between 20:00 hrs and 8:00 hrs 20% extra as Emergency charges would be levied on all Investigations and Procedures except Blood Bank, Dialysis Procedure and Govt regulatory items.
- b) On call: Between 20:00 hrs and 8:00 hrs an Emergency call to a Specialist doctor (On call), an Additional Fee of 100% of Normal Tariff will be charged.
- c) For administering an injection, a supportive Prescription is mandatory. In case Patient is not carrying a prescription then he needs to consult the EMO/SR by paying the consult first and get a Prescription then only will the injection be administered.
- d) Admission following OP consultation in the Specialty Doctor who offered OP consult, then only one IP visit shall be booked for the same Specialty Doctor during first 24 hrs of OP Consult for the same Patient.
- e) All OPD/Post Discharge Reports, if not collected by the patient within a month of investigation will be destroyed.

3. Follow-up Visit policy for IPD patients

- a) One follow-up OPD Consultation with 100% discount within one week of a surgical case shall be billed as "First free follow-up consult after discharge" and Post Discharge Suture & Staple removal will be complimentary but consumables will be charged on actual.
- b) All patients coming for follow up in OPD within 3 days (to discuss the reports) shall be billed as zero consult.

4. Triage Billing Policy

- a) Triage Bed Charges: Triage stay (Emergency) charges @ 550/- per hour (First Hour Free) up to a maximum of eight hours. Beyond 8 hrs if the patient stays in the ER, charges shall be applicable as per economy/opted room category.

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- b) Triage stay shall not be more than 8 hours without justified approval from Head Emergency / Critical Care.
- c) Patient is admitted as inpatient from Emergency, Triage bed charges shall not be levied
- d) Patient is admitted as inpatient from Emergency, EMO charges shall be levied.
- e) If patient getting discharge directly from triage and patient stay is less than 8 hours, all services shall be levied as per OPD rates.
- f) Triage tariff do not include EMO/ SR/ Specialty doctor Visit/ Investigation / Procedure/ Consumables / Medicines, which will be billed additionally.
- g) Visit charges of in house EMO will be INR. 700/-. If a Consultant visits Triage, the charges are as per the Pricing Policy and only one consultation visit either EMO/SR or Consultant shall be charged.
- h) Day Emergency / Triage Visit i.e. between 08:00 & 20:00 hours will be charged as per OPD rates. Night emergency visit in the triage area (On call consultants) will be charged at twice the normal OPD rates.
- i) If the Specialist Doctor is present in the OPD, no extra charge for Emergency reference except for normal tariff will be levied.

5. MLC Charges

In MLC cases an additional charge of INR. 1,260 shall be levied to cover extra cost incurred by hospitals. This shall only be applicable for MLC cases where patient gets admitted to our hospital and also applicable for Outside registered MLC cases. This shall not be applicable for cases where there is direct discharge from Triage/ER and CGHS/PSU patients.

6. OT Bookings

- a) According to the Surgery Non Refundable OT Booking Advance is to be made by the Patient.
- b) At any given point of time OT Booking amount shall not be refunded except on medical ground / non availability of OT/ surgeon/ Equipment's. While refunding the amount a written approval from the Primary consultant and the GM-Ops is mandatory.

7. Advance Policy

- a) For Planned procedures 100% of the estimate amount to be collected as advanced. If 100% of the estimated amount has not been cleared / deposited then surgery

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clearance shall not be given. Surgery clearance shall be issued post the deposit of requisite advance.

- b) For Emergencies and non-procedure observation patients following advances to be taken, (Unless the consultant fills an estimate in this case 80% of estimate):

Room Type	Advance Amount slab
Suite	INR. 55,000/-
Classic Deluxe	INR. 45,000/-
Single	INR. 35,000/-
Double	INR. 30,000/-
Economy	INR. 25,000/-
ICU	INR. 75,000/-
NICU/PICU	INR. 40,000/-

- c) (TPA) Retail Customers/ Individual policy Holders: Advance to be taken (as per policies / Protocols set up by units) where in patients walks in without authorization letter. Even in case of authorization letter nominal deposits can be asked to recover non-medical items.
- d) The advance should be refunded (on the basis of authorization / after deducting for the items which are not covered by the TPA's) to the customer at the time of discharge by cash or cheque.
- e) For TPA or Corporate patients, hospital may ask Patient to deposit advance money as per policy of the patient; or INR. 5000/- for Corporate patients and INR. 10000/- for Individual policy holders to cover cost of non-medical / admissible items, which are not paid by TPAs. Unutilized amount should be refunded at the time of discharge. The Patient needs to sign a consent letter promising that in case TPA denies the payment of treatment, the entire payment will be made by the patient and the issues with TPA will be sorted by Patient.
- f) Interim bill to be informed to the patient whenever the balance advance amount is less than INR. 10,000/-. At any given time we should have a credit of INR. 10,000/-. For ICU patient's available balance must be INR. 50, 000/- .
- g) Face sheet is to be signed by the patient only. In case of minor or Unconscious Patient attendant or guardian has to sign the face sheet.

8. Mode of payment and Refund Policy

- a) We accept payment by cash, credit cards and drafts.

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- b) Demand drafts should be in favour of **Balaji Medical & Diagnostic Research Centre”**
- c) All cash refunds of INR. 10000 & above and Payment made through Credit card for INR. 5000 & above will be refunded through cheque within 7 working days.
- d) RTGS will be transferred within 24 hours or next working day of discharge of the patient. The detail of RTGS will be sent via email to the patient/attendant.
- e) In usual circumstances admission cannot be cancelled unless until patient is unfit for surgery. In such circumstances refund will be given only with the prior written approval of Director/ HOD / GM-Ops.
- f) All refunds (OPD/ IPD) should be countersigned by the Duty Manager / Head–FO.
- g) No individual credit is allowed. In exceptional cases a credit is extended up to 30 days.

9. Financial Clearance for Surgery

- a) Full advance (100%) of Estimate or as per protocol for TPA/ Corporate patients.
- b) Undertaking should be given before the surgery from the operating surgeon.
- c) Emergency surgery should be certified by the surgeon and recorded in the patient's file, due approval should be taken from DMS/ GM-Ops before giving the financial clearance.
- d) Any emergency surgery clearance should be escalated by the Duty Manager on shift through email to GM-Ops/ Dy Medical Superintendent/ Head- Front office.

10. Daycare Billing Policy

- a) Day Care room charges will be applicable up to Eight (8) hours. Beyond Eight hours Rs. 250 per hour till 12 hrs and beyond 12 hrs full day as per the opted room category will be charged.
- b) In case of Day Care surgical procedures, Primary Surgeon shall not charge IPD Consultation but one visit of a different specialty doctor is allowed. In Medical Day Care cases, however, the primary treating doctor shall charge one IPD Consultation.
- c) In day Care-Surgeon fee, Doctor Visit and other charges will be charged equal to double room category.
- d) If patient gets admitted as inpatient from Day Care to Double or higher than double, all charges will be applicable as per occupied Room Type. But if patient gets admitted to category lower than double, room rent will be applicable as per occupied room type & charges for surgery will be applicable as per Double room.

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11. IPD Billing Policy

a) Billing Cycle

1. Billing cycle will start from time of admission and is from 11:00 am to 11:00 am. Therefore 11:00 am is the checkout time for discharge. This policy however is not applicable in case of Day Care.
2. Minimum half day charge is applicable for any admission. Up to 8 hours of Stay will be billed as Half Day Stay and beyond Eight (8) hours shall be billed as Full Day.
3. 12 hour Billing cycle shall be followed for Private Nursing/GDA. Even if the service is availed for less than 12 hours, full charges shall be levied.
4. At the time of discharge, a grace period of Two (2) hours will be given and shall not attract additional charges. Grace period of 2 hours is only applicable beyond Eight (8) hours of stay.

b) Room Policy

1. Room tariff includes standard fittings in the room according to the type of Occupancy / Laundry Services / House-keeping services.
2. Room rent charges do not includes any professional fees like RMO Fess, Diet Charges, Dietician Visit, MRD charge and Equipment charges etc.
3. Any additional Food & Beverage for anybody (Patient/Attendants) will be charged on MRP Basis.
4. If the Patient's Attendant retains the room while the Patient is in HDU / ICU / Nursery, additional charges for the Room and Food & Beverage would be levied separately.
5. In such cases Room would be provided subject to availability & approval from Unit Operations Head.
6. ICU tariff includes Room rent, RMO charges and Pulse Oxymeter.
7. ICU Tariff does not include Specialty Doctors Visit / Ventilator / Investigations / Procedures / Consumables and Medicines.
8. Nursery tariff Includes Bed charges, SPo2 monitoring, Cardio Respiratory monitoring and Warmer.
9. NICU tariff Includes services of Nursery and Infusion pump, Pulse Oxymeter, Phototherapy & Oxygen.
10. The Room charges do not include any Therapeutic procedure / Ventilator or Ventilator Initiation charges and Oxygen charges.

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11. When a patient is admitted through Emergency and the desired type of room is not available, then whichever type of room is available will be offered to Patient and charges will be applicable as per offered room type.

c) Admission Charges

One time charges of INR.350 to be charged from all IP admissions except those who are admitted in Triage (Non admissions) and Pre-ADT (Non admission).

d) Medical History Assessment Charges

- i. One time charges of INR.1800 to be charged from all IP admissions except those who are admitted in Triage (Non admissions) and Pre-ADT (Non admission).
- ii. All Daycare cases would be applicable for one time charges of INR. 350.

e) Medical Evaluation for TPA

One time charges of INR.650 to be charged as Medical Evaluation for TPA charges from all IP admissions routed through TPA and for Day-Care Sitting (Dialysis / Chemotherapy) INR. 70 shall be charged.

f) R.M.O Fees

RMO Fees of INR. 900 will be applicable once in a day during patient Stay in the hospital from each Inpatient and daycare cases it would be INR. 500.

g) Complexity/High Risk policy

Hospital shall levy 30% additional charges of total surgery cost and 20% of package cost for High Risk or complex for package, surgeries and procedures.

h) Surgeries performed in Emergency hours, General Holidays or Sundays

Surgeries performed in emergency hours, general holidays or Sundays to be charged at 25% (Of total surgery cost) extra for open billing and for packages 15% (Package cost) extra (other than planned)

i) Diet Charge

Diet charges of INR. 900 will be applicable once in every day during patient Stay in the hospital from each Inpatient and daycare cases it would be INR. 400.

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j) Dietician's Charge

Dietician charges of INR. 700 will be applicable once in every four days during patient Stay in the hospital from each Inpatient.

k) Nursing Charges

Nursing Charges will be applicable once in a day during patient Stay in ICU/HDU INR. 750 and in Ward INR. 650 in the hospital from each Inpatient and also applicable for daycare admissions INR. 450.

l) Infection Control Charges/Care and Hygiene Charges

Infection Control Charges/Care and Hygiene Charges will be applicable once in every day during patient Stay in the hospital from each Inpatient and daycare

m) IP Consultation Policy

- a) In the IPD the admitting doctor (Primary Consultant) will be entitled to maximum of two IP visits per day and One (each) emergency consult in a day is allowed for both Primary and Secondary doctor (if required per patient in between 08:00 Pm to 08:00 Am). Apart from this Primary Consultation, one visit of RMO for INR 900/- will be applicable per day for Non ICU Stay.
- b) IPD Emergency consultation/visit charges will be twice of normal IPD Consultation charges wherever applicable.
- c) In ICU two visits for the admitting doctor and two visits for intensivist per day will be charged.
- d) In HUD two visits for the admitting doctor and one visit for intensivist per day shall be charged.
- e) In case of surgery, up to first 24 hrs of surgery, no IPD consult of primary surgeon or unit will be charged to patient. Thereafter, he may charge up to two visits per day.
- f) Intensivist Charges are applicable for all Critical Care beds except in case of Transplant ICU and CCU where charges will be applicable as a when required.
- g) Cross Referral: For those cases that are referred by the treating doctor for an opinion, only one visit per day will be charged as per recorded instructions in the case sheet.
The referral could be for
 - Single Consult
 - Continuous care

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h) For NICU / PICU Patients:

1. Emergency visit charges not applicable in any of the level of NICU & PICU for Pediatrician & Neonatologist.
2. Visit charges for any other specialist (Other than pediatrician or neonatology) in NICU / PICU, will be charged as per the Single room category.
3. In PICU two visits for the Pediatrician and two visits for intensivist per day will be charged.
4. In NICU, two visits for the Neonatologist doctor and one visit for Pediatrician per day will be charged
5. In case of NICU / PICU beds, one additional visit will be allowed for Patients admitted under “Admitting Rights Consultants” and “Sub Specialty – Pediatrics” as per the Single room category.

n) **Bed Transfer policy**

- a) In the event of Bed Transfer during course of treatment, the higher category of bed charges will be charged from the billing cycle applicable at the time of transfer.
- b) In case the Patient is transferred from Lower to Higher category of Room following the Surgery/ Procedure, the surgical procedure charge would be revised according to higher bed category. The bed charges and the doctor’s visit charges would be charged as per the higher room category from the day & time of transfer
- c) In case the Patient is transferred from Higher to lower category of room following surgery / procedure, the surgery / procedure would be charged as per Higher Bed category. The bed charges and the doctor’s visit charges would be charged as per the higher room category from the day & time of transfer
- d) In case of room transfer, consultant’s fee will be charged according to room where consultant takes the visit physically.
- e) If the patient is transferred to ICU during the course of IP stay, then the surgery / procedure charges shall remain same as per original Bed occupied charges. However, ICU charges will be levied during actual duration of stay in the ICU.
- f) In case, due to non-availability of room if patient is shifted to higher category in that case also charges will be applicable as per desired category and when the desired category becomes available, patient gets shifted there.
- g) If more than one procedure are carried out and the patient decides to opt for the lower category before the procedure and accordingly lower category rates should be charged.

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12. Policy Related to Surgery/Package

- a) In case of multiple surgeries, the surgery with the higher surgeon fee will be considered as Primary surgery and all other charge related calculations will be based on this Primary Surgery.
- b) If two or more surgeons perform two or more different surgeries / procedures, they shall be entitled to their individual full surgeon's fee for their respective procedures. The Procedure charges shall be levied separately for each procedure
- c) If the same surgeon performs more than one surgery at the same time on the same area of body then the Surgery costing the maximum shall be billed 100% followed by the surgery costing lesser as 75% of the listed tariff and followed by the surgery costing still lesser as 60% of the listed tariff but if surgeries are carried out on different body areas then all surgeries will be charged 100%.
- d) In case different Specialty Surgeons perform different surgeries then all surgeries will be charged at 100% of surgeon fee as specified in tariff table.
- e) If package is available for particular surgery/procedure in Tariff shall be billed to patient irrespective of Cash/TPA.
- f) Limits defined in tariffs for packages have to be strictly followed until and unless authorized by GM Ops of Unit.
- g) In case of multiple packages in same sitting and different body site, both packages shall be billed @100%.
- h) In cases of multiple packages in same sitting and same body site, the highest priced package shall be billed @100%, second package @75% and third onwards@60%.
- i) In case of multiple packages in different sitting (irrespective of body site) both packages shall be billed at 100%.
- j) If for any Clinical reason an attempted Laparoscopic Surgery fails and Open Surgery is performed in the same sitting, then the Surgery performed is to be billed according to the Open Surgery Tariff with additional charges of laparoscopic equipment.
- k) When a patient is admitted to ICU directly, the charges for surgery shall be according to the tariff rates applicable to Single Room Category. However, at the time of transfer from ICU, if the patient opts for a room, which is higher than the Single Occupancy, the cost of surgery shall be charged according to the tariff applicable to respective higher occupancy level and the bed charges shall be that of ICU for the same day but from next day onwards bed charges will be applicable as per higher occupancy level. If the patient opts for a category lower than the Single room occupancy the cost of surgery shall remain the same as charged while the patient was in ICU.

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- l) However, for procedure done in ICU, cost of procedure will be charged as per Single room category if the patient is in ICU. And, at the time of transfer from ICU, the cost of procedure shall remain same as per Single room category.
- m) Surgeon fee for ICU will be charged as per the Single room charges.
- n) For REDO Surgery within 48 hrs, only consumables shall be charged (no extra cost for Surgeon Fee, OT or Anaesthesia) with prior written approval from Director/ Head of Department/Departmental Coordinator.
- o) For Redo surgeries after 48 hrs-72 hrs, 50% of surgeon fee and percentage shall be applicable on all subsequent areas i.e. (OT Charges, Anaesthesia Charges). However, consumables & pharmacy will be charged as per actuals.
- p) For Redo surgeries after 72 hrs, all charges shall be charged as per actual.
- q) Twin Delivery/Triplet onwards will be charged 50% of first Delivery.
- r) In case of packages, No refund will be made to the patient even if patient leaves early.
- s) GST will be charged extra as applicable on all cosmetic procedures as prescribed by Government notification.

13. Assistant Surgeon Policy

- a) **Assistant Surgeon Charges:** In cases where surgery is of category 20 & above, an additional charge may be levied for the Assistant Surgeon's Fee. However, in special cases and with concurrence of Medical Superintendent, the same can be levied on surgeries of category 20 & below. This will be 30% of Primary Surgeon's fee in case Assistant Surgeon is of same specialty as Primary Surgeon. Patients in such cases should be informed beforehand about this additional charge during surgery. Assistant Surgeon is someone who is the level of Attending Consultant and above and Assistant Surgeon's Fee shall be applicable for all surgeries of same surgeon or same specialty done in one sitting.
- b) **Assistant Surgeon Residents/Registrar Fees:** These charges are applicable in case of open surgeries. This will be 15% of total surgeon fee and will be applicable for all surgeries above category 10. Whereas if Assistant surgeon charges (as mentioned in point 13a) are billed, this charge will not be applicable. For surgical category 1-10 this charge will not be applicable.
- c) In special cases where the Surgeon feels that it is in the best interest of Patient to have presence of a Second Surgeon or Assistant Surgeon (above Attending Consultant) of a different specialty, then the Second Surgeon or Assistant Surgeon of different Specialty will be entitled to an additional 50% of the Primary Surgeon's fee. Patients in such cases should be informed beforehand about need of Second Surgeon or

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Assistant Surgeon during surgery and Assistant Surgeon's Fee shall be applicable for all surgeries of same surgeon or same specialty done in one sitting.

14. Procedure and Anaesthesia Charges

- a) Hospital policy recommends presence of Anaesthetists, even on topical application procedure, within the Operating Room (OR).
- b) Any minor procedure performed whether planned or as an emergency would be charged over & above the consultation charges except the Dental procedure where either the procedure charge or consultation whichever is higher would be charged.
- c) In Cardiology Bedside procedures (Echo) will be charged 25% extra and Radiology Bedside Procedures at 50% extra of OPD charges
- d) During the day if a Stat report for any investigation (Pathology) is required 20 % extra shall be charged.
- e) Standby Anaesthesia Charges for all surgery/procedures will be charged at 25% of the Surgeon Fee.
- f) OT Billing Principles

Description	% of Surgeon fee
OT Charges/Cathlab Charges	110%
Anesthesia Charges	35% in case of GA/SA/RA/MAC
Anesthesia Charges in case of LA	10%
Treatment Room Charges	25%

15. Equipment Charges

- a) Any specific equipment hired from outside the Max Hospital would be charged additionally on actual.
- b) Equipments/Instruments will be charged additionally for all surgical cases, over & above the normal charges 25% of Surgeon's fee.
- c) If doctor carries his/her personal equipment, that will be charged additional with OT/Equipment/Instrument charges.
- d) Equipment & Instrument (ICU-Others) of INR. 1,160 will be applicable once in a day for all ICU patients excluding NICU & patients on ventilator/Bipap/Cpap and PSU.

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16. Most Important Points related for Tariff to TPA/Companies

1. MOU Discount is applicable on approved credit amount, i.e. Payor's share and not on the full cost of treatment.
2. MOU Discounts are calculated after removing charges for Implant, Drugs, Medical Consumables, Blood bank, Equipment and outsourced services.
3. In case the Payor makes short payments, Max hospitals have the right to recover the balance money from the Patient.
4. The latest approval from Payor, before the discharge of patient shall be considered for preparing Payor's share of bill. Once the patient has left the hospital, any revised approval shall be considered null and invalid. Payor in such case shall be liable to pay as per the approval received before the discharge.
5. In case of rejection of cashless service by Payor, The Patient shall be treated as Walk-In patient and his/her bill shall be prepared as per prevailing tariff of hospital which is applicable for all Walk-In patients.
6. There shall be no discount on the prices of Govt regulated services and products like Blood Bank products covered under NACO, Drugs & Consumables covered under NPPA/DPCO/NLEM.
7. The hospital reserves the right to take deposit and hold it till the Payor makes payment to hospital. In case of short payment received from Payor, balance money shall be deducted from patient deposit and remaining money shall be refunded through cheque.
8. In case of expiry of MoU or agreed Tariff, billing shall automatically be done on prevailing tariff of hospital till MoU is again agreed with Payor.
9. Professional medical services like Intensivist fee, RMO fee, Nursing charges and Dietician Consultation are not part of room rent and hence shall be separately charged to patient.
10. If any services/items are not available in provided SOC (introduced after MOU) shall be charged as per prevailing tariff of the hospital.
11. **In case you have any concern on our billing terms and conditions, please inform our account manager within 7 working days of receipt of the tariff documents.**
12. **If NPPA impose maximum margin restriction on Drugs & Consumable, then all discounts shall be revoked (i.e. MOU discount, Drugs discount etc) from date of imposing maximum margin.**

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17. Tax Instruction

If any tax is introduced by Government regarding GST or any other tax related concern same shall be borne by the patient and our customers.

18. General Rules

No separate package breakup will be provided for any packages, Packages are non-refundable, non-discountable and non-adjustable.

Note - This policy is applicable only for prevailing Financial Year and Schedule of charges is liable to change without prior notice.

