

PATIENT CONSENT FORM

By ticking the terms and conditions box while booking an online appointment with Kasturba Hospital, you hereby consent to the following:

1. Purpose of Communication:

You agree that Kasturba Hospital may use the contact information provided by you for communication purposes related to your healthcare services, including appointment reminders, test results, and general health-related information.

2. Methods of Communication:

You agree that Kasturba Hospital may communicate with you via SMS, WhatsApp, email, or other electronic means as deemed appropriate by the hospital.

3. Privacy and Confidentiality:

You acknowledge that Kasturba Hospital is committed to maintaining the privacy and confidentiality of your information, and communication will be conducted in compliance with applicable privacy laws and regulations.

4. Opt-Out Option:

You understand that you have the right to opt out of communication methods at any time. To opt out, you must inform Kasturba Hospital in writing or through other designated channels.

5. Refund Policy:

5.1 Refunds Eligibility: Refunds are only applicable under specific circumstances as outlined below.

5.2 Cancellation Deadline: Patients must cancel their appointment at least 24 hours prior to the scheduled appointment time to be eligible for a refund.

5.3 Refund Processing Time: Refunds will be processed within 7-10 business days after the cancellation request is approved.

5.4 Non-Refundable Services: Certain services, such as emergency appointments or specialized consultations, may not be eligible for refunds.

5.5 Refund Method: Refunds will be issued using the same payment method used for the original transaction.

5.6 Refund Request: Patients must submit a refund request through contacting hospital's customer service department directly.

6. Cancellation Policy:

6.1 Cancellation Deadline: Patients must cancel their appointment at least 24 hours prior to the scheduled appointment time to avoid any cancellation fees.

6.2 Late Cancellation Fee: Patients who cancel their appointment less than 6 hours before the scheduled appointment time may be subject to a late cancellation fee.

6.3 Cancellation Procedure: Patients can cancel their appointment through the hospital's online contacting the hospital's customer service department.

Contact: 91 820 2571201-210 office.kh@manipla.edu

6.4 No-Show Policy: Patients who fail to show up for their scheduled appointment without prior notice, their appointment will be considered canceled and refund of any payment of fees will be as per the hospital policy.

7. Modifications:

The hospital reserves the right to modify the refund and cancellation policies at any time without prior notice. Any changes to the policies will be effective immediately upon posting on the hospital's website.

Contact Information:

For inquiries regarding the refund and cancellation policies, please contact:

Kasturba Hospital

Madav Nagar, Manipal, Post Box NO 7

91 820 2571201-210

office.kh@manipla.edu

Note: By ticking the checkbox, you acknowledge that you have read and understood the terms of this consent agreement and you voluntarily consent to Kasturba Hospital's use of your provided information for communication purposes as described herein.

