

INDIA HOME CARE MEDICINE
BRANCHES : NAGPUR & KOLHAPUR
OURS IS FEES FOR EACH AND EVERY SERVICE
DEPOSIT FORM

(To Be Filled By Only That Person, Who Is Depositing The Sum For Services)

Date :- / /

Name of the Patient : _____

Rules / Guidelines for Depositor :

Understand Clearly, the following Rules/Guidelines before Depositing.

1. Please read carefully the "Refund Form" before making any deposit. Ten percent [10%] amount from the total deposited amount will be deducted towards accounting and administrative charges while refunding.
2. Please understand "Why You Are Depositing?", before making any Deposit.
3. Mention Clearly for which Service the Deposit is being given.
4. Understand Clearly : what your Service Package Includes? It is better to take everything in writing from the Company about the Service Package for clarity.
5. The Timing of Visits will be only between 9 am to 7 pm on Weekdays. No visit on Sundays/National Holidays.
6. There is NO NIGHT VISIT / NO URGENT VISIT / NO EMERGENCY VISIT facility under this plan. Our Geriatric Facility opens at 7 a.m. & closes at 7 p.m.
7. Preferably avoid Cash Payment. Company services can accept payments by Credit / Debit Card, D.D., Cheque, Online or by NEFT /RTGS etc.
8. There must be an Authority Letter from the Depositor in case He/She leaves out of Nagpur/Kolhapur City.
9. Witness : to protect the Integrity/ Credibility of the Company & Services, each & every contract must be Witnessed by a Third Party agreeable to the Depositor & Company.

Please Note : Refund is our Strength & Policy. With the Experience of more than 27 yrs now. Company have Decided to Develop Discipline while Giving Refund. This Discipline is Applicable to all of us. Our aim is to make our Organization an Accountable Care Organization [ACO]. This will help to Develop a Bond of Trust between Geriatric Services & Elderly Patients in Home.

DEPOSIT DETAILS

I am willing to deposit Rs. _____ by [Write the mode of payment _____]
for my _____. I have gone through above guidelines carefully and have understood it's importance. I agree to all of them.

With Thanks!

Date :-

Witness [Mandatory]

Place:

Name & Signature of Depositor