Raja Rammohan Roy Road,
Prarthana Samaj, Girgaon,
Mumbai - 400004
Call Centre : 1800221166
Website : www.rfhospital.org

Sir H. N. Reliance Foundation Hospital And Research Centre

Financial Counseling & Consent Form

For Lung Transplant

Patient Name: Sadik Shaikh **Age/Sex**: 33 yrs / Male

MRN No: 10606761 **Date:** 28.08.2025

Consultant Name: Dr. Unmil Shah **Payer Name: Self Pay**

Package: Rs.35,00,000 (Private Ward)

Package Includes:

- ICU - Isolation Ward stay -14 Days (Post-Operative)
- Room Stay - 7 Days (Single Room A/C)
- Cadaver – Lung - Organ Procurement & Processing Charges Inclusive of Organ Preservative Solution
- OT charges up to 12hrs
- Surgeons Fee, Asst. Surgeons Fee, Anesthetist Fee, IP Consultation (Lung Transplant Team) Professional Charges
- Medical equipment
- Critical Care Support (Ventilator, Oxygen, Physiotherapy) for the Specified ICU Stay Only.
- Routine Investigations: Blood Test, Radiology Investigations & Blood Components **Rs.5,78,500/- (Limit)**
- Drugs & OT Consumables **Rs.12,50,000/- (Limit)**
- PPE Charges.
- 8 Diagnostic Bronchoscopy during admission.
- First 5 Check Bronchoscopy (Does not include Drug and disposables) post discharge.

Package Excludes:

- Stay beyond the package period as specified above.
- ECMO Installation & Procedure Charges.
- Any kind of pulmonary intervention procedure.
- Dialysis.
- Blood & Blood Products (Exceeding the limit)
- Investigations Charges (Exceeding the limit)
- Drugs & Disposables (Exceeding the limit)
- Consultation charges for other specialties other than Pulmonology & Cardiology (If any)
- Food & Beverages for Attenders (If any)

Special Note:

1. **Registration to CTP for Heart/ Lung/ Combined Heart and Lung Transplant will be as per ZTCC.**

2. **Once financial clearance is obtained from Finance department and Hospital Administration, Sir H.N Reliance Foundation Hospital. Mumbai, the patients name will be submitted to ZTCC as part of the "active list" for transplant candidacy.**

3. **Aviation support (charter flight or chopper) for transport of donor organ, if required, will be determined on case to case basis, at the time of donor alert. The charges incurred for the same is additional to the transplant package (Basis the distance to be covered this is generally in the range of 4 to 15 Lakhs). Actual cost to be determined at the time of logistical planning for the event, and will be communicated accordingly.**

    a. **I agree to pay the aviation cost incurred for organ transport during retrieval**
        i. **Patient name/ Patient's Representative**_____
        ii. **Signature**_____
        iii. **Date**_____
        iv. **Place**_____

    b. **I DO NOT agree to pay the aviation cost incurred for organ transport during retrieval, and hereby deny such offer for transplant.**
        i. **Patient name/ Patient's Representative**_____
        ii. **Signature**_____
        iii. **Date**_____
        iv. **iv. Place**_____

- Under no circumstances the patient / attender's can claim refund for shorter period of hospitalization than the package period or lesser number of tests performed for in the normal package.
- All Payments may be made in through Bank Transfers. Bank Account details would be provided for money transfers.
- No breakup will be provided for the package.
- If any other Surgery / Procedure is done in addition to the above mentioned Surgery (Package) the same will be charged as actual in addition to the Package amount.

Raja Rammohan Roy Road,
Prarthana Samaj, Girgaon,
Mumbai - 400004
Call Centre : 1800221166
Website : www.rfhospital.org

Sir H. N. Reliance Foundation Hospital And Research Centre

- When the patient is shifted for surgery/ICU, the accommodation (Ward) will have to be vacated by the attender's.
- The Package cost is subject to revision as per the hospital protocols. In such occasion intent of proposed revision and effective date will also be communicated at least 15 days in advance.

I certify that this financial counseling and consent form, has been explained to me or that I have read it or have had it read to me, and that I understand its contents.

Patient name or Patient's Representative Manjula d

Signature of Patient or Patient's Representative

Date 28/08/2025

Place

Witness Name

Signature of Witness

Sir H. N. Reliance Foundation Hospital & Research Centre

Authorized Signatory
Sir H.N Reliance Foundation Hospital.
Mumbai-400004