

Excellentiam/QR/02

Rev. No.	: 0
Rev. Date	: 01.04.17
Eff. Date	: 01.04.17

HEALTHCARE REFERRAL INDEMNITY BOND FOR MEDICAL AND NON-MEDICAL SERVICES

Date:

The following person gives this Healthcare Referral Indemnity Bond to Excellentiam:

Details of Elder referred:**Elder No.:**

Name of the Elder	
Father's Name	
Mother's Name	
Husband/Wife's Name	
Date of Birth	
Contact Address	
National ID Card No	
Current Medical Condition(s)	
Name of next of Kin	

Terms of Indemnity:

1. I am aware that Excellentiam Hospitality and Healthcare Private Limited (in short EHHPL- "Service Provider") is providing quality information and related services for me to obtain medical/ other services from reputed medical/ required professionals in India, according to the medical and other conditions disclosed by me. The Service Provider will connect me with hospitals and/or doctors /or any other service providers in India who specializes in the treatment and related services of the medical / non-medical services as per conditions that I have disclosed.
2. I hereby confirm that before selecting a hospital and/or doctor, diagnostic / pathological centers and any other related service providers as per my requirements I will exercise my own judgment, based on the information and assistance provided by EHHPL.

3. I, therefore, declare that in the event of any bodily injury, mental injury, illness aggravation, exposure to or infliction of other medical and non medical complications, disability or death etc., by any negligent act, error or omission committed by the hospital and/or doctor or other medical professional and related / nonrelated service providers that I have been referred by EHHPL, I or my successors (in the event of my death) shall not hold the Service Provider i.e. Excellentiam Hospitality and Healthcare Private Limited, its management or any staff responsible for any such injury, illness, medical / non medical complication, disability or death or misconduct by any third party service providers through EHHPL.
4. I hereby further agree to indemnify, hold harmless, and defend the Service Provider (Excellentiam Hospitality and Healthcare Private Ltd) from any and all liability, claims, causes of action, loss, damage, cost, and expense (to include any legal and expert costs and expenses) arising out of or in any way connected with my availing any service from the Service provider, any action or advise of the Service Provider. I waive all my rights to make any claim for loss and damage against the Service Provider, and if any claim is made by me or by any of my successor(s), such claim shall be invalid in the eye of law.
5. I hereby further agree to indemnify, hold harmless, and defend the Service Provider from any and all liability, claims, causes of action, loss, damage, cost, and expense arising out of or in any way connected with any negligent act, error or omission committed by the hospital and/or doctor or other medical / non medical / paramedical professional that I have been referred to, as I fully agree that the Service Provider (EHHPL) is in no way responsible for providing any treatment / SERVICES for my medical condition.

I HAVE READ AND UNDERSTOOD/BEING READ AND EXPLAINED TO ME AND/OR MY NEXT OF KIN IN BENGALI / LOCAL LANGUAGE THAT THE FOREGOING IS A RELEASE OF LIABILITY AND INDEMNITY BOND. I ALSO UNDERSTAND AND AGREE THAT SAID RELEASE OF LIABILITY, INDEMNITY IS LEGALLY BINDING UPON ME, MY HEIRS AND LEGAL REPRESENTATIVES AND I VOLUNTARILY SIGN THIS INDEMNITY BOND WITHOUT RESERVATION.

Signature of the Patient/
Patient's Guardian

Signature of the Next of Kin

Witness:

Witness:

1.

2.