

(Annexure to Office Order no PGI/CMS/Camp/RSD-9194/15/ /2015 dt. Dec. 2015)

Profarma for waive off the charges in case of death and absconded cases

Name of Patient:..... Cr. No.:.....

Age:..... Sex:..... Diagnosis:.....

Deptt.:..... Ward:..... Bed No.:.....

Date of Admission:..... Date of Death/abscond:.....

Name of treating Consultant:.....

Negative Balance as on date of death / abscond Rs.:.....

(HIS printout of patient a/c to be enclosed)

(Note:- Negative balance at the time of reporting and discharge settlement may differ and patient account will be settled as on date & time of reporting to hospital accounts (24 hrs. Cash counter))

Recommendation:-

It is certified that enough attempts have been made to settle the negative balance. However, patient's relatives are not in position / willing to settle the bill. Hence, it is recommended that the bill may be settled through the approved procedure and bed be vacated in the interest of other patients who needs admission on this bed.

Name & Signature
of Resident

Name & Signature
of Consultant

Approval by CMS /MS

Approved / Not Approved
Signature and Seal