

## REFUND DECLARATION

(Please fill form in Capital Letters)

To,  
 The HOD,  
 Patient Experience Department,  
 Sir H. N. Reliance Foundation Hospital and Research Centre

Refund Amount: Rs. _____
Patient ID <input style="width: 100%;" type="text"/>
Case No. <input style="width: 100%;" type="text"/>
Security Deposit Amount (In case of TPA only) Rs. _____

Dear Sir/Madam,

Patient Name

First Name
Middle Name
Last Name

I hereby authorize Sir H.N. Reliance Foundation Hospital & Research Centre to refund via Cheque/NEFT/RTGS of Rs.  to the below account details. Further, I do hereby declare the below account details\* are correct & I take full responsibility of this transaction.

Account Holder Name:

First Name
Middle Name
Last Name

Relationship with Patient:

Contact Details:  Pan Card No.:

Sign: \_\_\_\_\_

A - Electronic Refunds NEFT/RTGS	
Name of Account Holder	<input style="width: 100%;" type="text"/>
Name of Bank	<input style="width: 100%;" type="text"/>
Bank Address	<input style="width: 100%;" type="text"/>
Branch Name	<input style="width: 100%;" type="text"/>
Account No.	<input style="width: 100%;" type="text"/>
IFSC Code	<input style="width: 100%;" type="text"/>
B - Card Refund	
Card Number (First 6 & last 4 digits only)	<input style="width: 100%;" type="text"/>
Transaction Date	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 40px;" type="text"/> <small style="display: flex; justify-content: space-around; width: 100%;"> <span>DD</span> <span>MM</span> <span>YYYY</span> </small>
Transaction Amount	Rs. _____
Approval Code	<input style="width: 100%;" type="text"/>

X

**Terms & Conditions:**

1. Cash Refunds are made only for amounts less than Rs.20,000.00/-.
2. Original Final Bill/Advanced Receipts & photo ID is mandatory in case of ALL REFUNDS.
3. Photo ID copy to be submitted while submission of declaration form for refund.
4. Security Deposit, in case of TPA patients will be refunded on settlement of the claim with TPA & after adjusting disallowable, if any.
5. If Card is used for making payments, refund will be sent back on card in 25 working days.
6. Any electronic refund (NEFT/RTGS) will be done in 10 working days.
7. Cancelled cheque to be attached with declaration form in case of electronic refund (NEFT/RTGS).

**Payment Processing**  
**(For Front Office Use Only)**

Checked By (Name & Sign) Billing /Front Office		Received by & Date (Name & Sign) Accounts/ Banking	
Authorized By: (Name & signature) Billing /Front Office		Processed By & Date: (Name & signature) Accounts/ Banking	
Proposal No & Date:		Payment made for : Date: <input type="text"/> - <input type="text"/> - <input type="text"/> DD MM YYYY	Rs. _____

X

\*Patient or Legally Authorized Representative must put their initials on all pages against the "X" mark.  
FORM/RADT/006/Sep-16