

MUMBAI PORT AUTHORITY
MEDICAL DEPARTMENT

NPA No. _____

Date of OPD/Admission _____

Time: _____

Amount to be deposited _____

Application form for Non Port Authority Patients

1. Patients Name (in full) :
2. Patients Address :

- Tel Number/Mobile Number :
3. Referred by Doctor :
- (Name and Address)
4. If patient is related to MbPA/BDLB Employee :
- (i) Relation with patient :
- (ii) Name of employee :
- (iii) Designation/Section/ Department :
- (iv) Employee's Address :
- (v) Tel No./Mobile No. :
- (vi) Department Telephone No :
- (vii) P.F. No./PPO No. :

5. Diagnosis (Suffering from) :
6. Investigation and treatment Required from MbPA Hospital :

I also undertake to pay the hospital bill, if the patient fails to pay the same.

Signature of employee

Signature of patient

MbPA Doctors signature with date
Doctors name and rubber stamp

CHIEF MEDICAL OFFICER

**INFORMED CONSENT FORM FOR NPA PATIENT
(Only for Gynaecology Department)**

I, Mr./Mrs. _____ wish to get treated at MbPA Hospital. I am required to pay Rs.6500/- (Rupees Six Thousand Five Hundred only) or Rs.1300/- (Rupees One Thousand Three Hundred only) as initial deposit for indoor and OPD treatment respectively.

I am aware that MbPA Hospital has only basic specialities and does not have super speciality facilities. I agree to pay for all consultation, investigations and surgical procedures required and advised in the hospital for myself and/or my relative. This includes charges for cross references to other specialities also, if required.

I have been made aware that my new born child will be treated as a separate patient in department of Paediatrics and charged separately. During the course of treatment, my baby may be referred or transferred to other super speciality hospital in case of any unforeseen complications for which I agree to pay.

I am willing to take responsibility of transfer of my baby or myself and also of the payment required for the treatment at other hospital.

I have been explained the above information in the language I best understand and I am willing for treatment as a NPA patient in MbPA Hospital.

Patient's signature

Relative's signature