

Patient Consent & Declaration Form

HEALINDIA MEDITOURISM® — A Unit of Santos King Tours & Travels Pvt Ltd

1. Patient Information

Full Name: _____

Date of Birth: _____

Nationality: _____

Passport Number: _____

Contact Number: _____

Email Address: _____

Address: _____

2. Medical Information

Medical Condition / Diagnosis: _____

Proposed Treatment / Procedure: _____

Treating Hospital (if known): _____

3. Declaration of Understanding

I, the undersigned, hereby declare and confirm that:

✓ Medical Role & Responsibility

- I understand that HEALINDIA MEDITOURISM®, a unit of Santos King Tours & Travels Pvt Ltd, acts solely as a medical travel facilitator.
- I acknowledge that they do not provide medical advice, diagnosis, or treatment.
- All medical decisions, procedures, and outcomes are the responsibility of the treating hospital and doctors.

✓ Accuracy of Information

- I confirm that all medical records and personal information provided by me are true, complete, and accurate.
- I understand that non-disclosure or incorrect information may affect treatment outcomes.

✓ Treatment Risks & Complications

- I understand that all medical procedures carry inherent risks and may involve complications.
- I accept that any additional treatment, extended hospital stay, or emergency care due to complications will incur extra charges, which I agree to bear.

✓ Financial Responsibility

- I acknowledge that the treatment cost estimates are indicative and may vary depending on actual medical requirements.
- I agree to make payments directly to the hospital or authorized entities as advised.

- I understand that HEALINDIA MEDITOURISM® is not responsible for medical billing or hospital charges.

✓ **Insurance & Emergency Coverage**

- I confirm that I have been advised to obtain comprehensive medical and travel insurance.
- I understand that emergency medical evacuation (including air ambulance) is not included and must be covered by me or my insurance provider.

✓ **Travel & Health Advisory Compliance**

- I confirm that I have read and understood the Health Advisory guidelines.
- I agree to follow all medical, travel, and recovery instructions before, during, and after treatment.

✓ **Liability Waiver — I agree HEALINDIA MEDITOURISM® shall not be held liable for:**

- Medical outcomes or complications
- Delays or cancellation of treatment
- Travel-related issues beyond their control
- Any unforeseen medical emergencies

✓ **Consent for Coordination**

- I authorize HEALINDIA MEDITOURISM® to share my medical reports with hospitals and doctors for treatment coordination and evaluation.

4. Consent Confirmation

I have read, understood, and voluntarily agree to all the terms and conditions mentioned above.

Patient Name: _____

Signature: _____

Date: _____

5. Attendant / Guardian (if applicable)

Name: _____

Relationship: _____

Signature: _____

Date: _____

Important Notice

HEALINDIA MEDITOURISM® operates strictly as a facilitator connecting patients with healthcare providers. Medical care, treatment decisions, and outcomes are the sole responsibility of the respective hospitals and medical professionals.