



# Saahas Medical Services

CLIENT POLICY | SERVICE AGREEMENT | CONSENT FORM

## 1. CLIENT POLICY

### Welcome

Welcome to Saahas Medical Services. We provide safe, professional, and compassionate medical care at home. This document explains our service standards, your rights and responsibilities as a client, and the terms of service.

### Our Commitment

We are committed to delivering high-quality, ethical medical and nursing care in your home. All staff are qualified, trained, and background-verified. We maintain strict confidentiality.

### Services Provided

Depending on your needs, we may provide:

• Doctor home visits	• Chronic disease management
• Nursing Care	• Elderly Care
• Physiotherapy	• Post-surgical care
• Laboratory Services	• Teleconsultations

### Quality and Safety Standards

Our team follows strict infection control protocols. Equipment is sanitized or single-use, and biomedical waste is disposed of safely.

### Client Rights and Responsibilities

Clients have the right to:

- Respectful, safe, and confidential care
- Access information about their condition
- Refuse treatment

Clients are responsible for:

- Providing accurate information
- Maintaining a safe environment
- Treating staff with respect
- Following care instructions

## 2. SERVICE AGREEMENT

This agreement is between **Saahas Medical Services** ("Service Provider") and the undersigned client ("Client") for home-based medical care in **Meerut, Uttar Pradesh, India**.

### Scope of Services

Scope of service will be provided as per agreed "Care Plan".

### Duration and Fees

Services begin on the agreed start date and continue until terminated by either party. Fees are payable as per the below policy. Payments can be made via cash, bank transfer, or digital methods. Invoices will be issued for all transactions.

1. Advance payment of 25% shall be made for initiating the services
2. Payment shall be made every week or 15 days based on the duration of the service

### Termination

Either party may terminate services with 24 hours' notice and financial settlement.



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## 3. CONSENT FOR CARE

I, (Patient/Guardian Name) \_\_\_\_\_, hereby consent to **Saahas Medical Services** and its authorized healthcare professionals to provide medical, nursing, and related home-based care services as outlined in the Care Plan.

I acknowledge that I have been informed about the purpose, benefits, and possible risks of treatment, and I understand that I can withdraw consent at any time.

**Patient Name:** \_\_\_\_\_

**Guardian/Caregiver (if applicable):** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Authorized Representative (Saahas Medical Services):**

**Shyam Chandra Dungriyal, Director**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Annexure 1: Care Plan -

Field	Details
Patient Name	
Diagnosis	
Planned Services	
Care Schedule	
Medications	
Goals/ Outcomes	
Diet Plan	

## Annexure 2: Client Feedback Form

Field	Rating
Service Quality	Excellent / Good / Fair / Poor
Staff Professionalism	Excellent / Good / Fair / Poor
Punctuality	Excellent / Good / Fair / Poor
Cleanliness and Hygiene	Excellent / Good / Fair / Poor
Overall Satisfaction	Excellent / Good / Fair / Poor

**Comments/Suggestions:**

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**Client Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_