NEAR EAST UNIVERSITY HOSPITAL

INPATIENT AND/OR FUTURE INPATIENT UNDERTAKING

PAYMENTS FOR PATIENTS REFERRED BY PRIVATE HEALTH INSURANCE / INSTITUTION / MINISTRY OF HEALTH

Regarding the inpatient services provided by our hospital, patients who are admitted to the hospital personally as a cash paying patient, and/or by means of a person who undertakes to pay the patient's expenses for examination and treatment and other services; and/or through contracted official institution, and patients, who are under coverage of contracted Private Health Insurance, and/or Institutional Payment, and/or Cash Payment; and patients, who are referred to our hospital by the Ministry of Health, with this undertaking;

1. I acknowledge that I have been asked about the type of payment/how the payment will be made and informed about the issue to my satisfaction by the Hospital.
2. I acknowledge and undertake that I am required to submit the Ministry of Health referral letter and the health board report, and/or private health insurance card and/or insurance policy indicating the coverage limits, and/or institution and/or company ID and/or referral paper (for contracted institution and/or company patients); otherwise, the transactions will be carried out in accordance with the cash payment patient procedure and I will have to pay the treatment expenses without any objection.
3. If patients who are admitted to the hospital through the referral of an Official Institution, organization, company, and/or Private Health Insurance need any medical procedure other than treatment/examinations, additional fees will be applied in line with the cash payment procedure. Now, therefore, in such a case, I acknowledge and undertake to pay the treatment expenses without any objection provided that I am informed in advance about the treatment/examinations planned to be carried out.
4. I acknowledge and undertake to pay the advance amount determined by the hospital to enable the hospital to carry out the hospitalization procedures without waiting for the provision, in case of experiencing problems in the provision procedures that must be taken before the hospitalization of the patients with private health insurance.
5. I acknowledge that it is compulsory to obtain a discharge provision from the insurance company to finalize the discharge procedures, and the hospital is not liable in any way for problems and/or delays experienced during the process of obtaining the discharge provision.
6. If the provision required for the finalization of the discharge procedures is not received, or the service fee remains outside the scope of the provision, I acknowledge and undertake to pay this fee or expenses to the hospital during the discharge procedures. If I fail to pay it within 15 days from the discharge procedures and/or invoice date, I acknowledge, undertake and declare that I am obliged to pay it together with 25% annual interest.
7. I acknowledge and undertake the sharing of my medical records with the company and/or institution and/or official institution and/or organization that covers my treatment expenses.
8. I acknowledge and undertake to approve the institution invoice showing that the treatment given to me was carried out.

CASH-PAY PATIENTS

9. I acknowledge, declare and undertake that any notification to be sent pursuant to this undertaking to the addresses specified in this undertaking shall be deemed served as duly and valid notifications.
   Hereby, I also acknowledge, declare and undertake
10. To pay the advance payment to be determined by the hospital for all possible expenses related to all kinds of examination, treatment and surgery, before the hospitalization,
11. To pay the amount of interim payment that may be requested by the hospital during the hospitalization, without any objection,
12. To pay expenses concerning all kinds of examination, and/or treatment, and/or surgery, and or hotel services to the hospital during the discharge procedures; in case of failing to pay the said expenses within the specified period, to pay it together with 25% annual interest within 15 days from the discharge procedures and/or invoice date.

CONCERNING ALL ADMISSION PROCESSES

13. I acknowledge, declare, and undertake to keep my ID card, which is the primary determinant in treatment and payment transactions, with me to present it to your hospital during all service processes; and that my ID card will be kept by the hospital management during my inpatient period.
14. I acknowledge and undertake to pay the payments with the methods that the hospital can accept, not to propose a different payment method.
15. During the payment process; I undertake not to request discounts, payment without invoice, and invoices indicating lower payments than actual ones; I acknowledge that such requests shall not be accepted.
16. I acknowledge and undertake not to request to be discharged at discharge hours other than those determined by the hospital.
17. I acknowledge that I have received all the information that I requested about the costs of the services, diagnosis and treatment materials that are to be used on me, and that I/we accept the hospital price tariff used for the pricing of these services; (Fees are determined by the Hospital according to the price tariffs that are periodically determined and put into effect by the Kıbrıs Türk Tabipler Birliği (Turkish Cypriot Medical Association) and/or the Türk Tabipler Birliği (Turkish Medical Association) and additional hotel services. Referral patients are subject to the terms specified in articles 2 and 3, and in other relevant articles of this undertaking).
18. I acknowledge that no visitors will be accepted to inpatient services outside the visiting hours determined by the hospital administration.
19. I acknowledge that I am obliged to notify the hospital administration in a timely manner about the clear identity of my accompanying person determined by me if deemed necessary by my doctor; and that with the accompanying person card to be given to him/her, he/she will be allowed to enter and exit the inpatient ward, where my treatment is ongoing.
20. I acknowledge that visitors and/or accompanying person shall not be allowed to enter the intensive care units (Except special and necessary cases provided that the doctor's permission is obtained).
21. I acknowledge that it is forbidden to consume tobacco and tobacco products in the hospital.
22. I/we acknowledge that I/we have received and read the booklet titled "The Rights and Responsibilities of Patient and His/her Relatives", and that I/we will fulfill them.
23. I acknowledge and undertake that I am liable if my belongings are stolen or lost, and that the hospital is not liable in the event of such a case.

I/we, the undersigned, have read this undertaking during the admission to the hospital and fully understood it, and that I/we jointly and/or individually acknowledge that the medical services and payment requirements will be carried out pursuant to the articles specified in this undertaking. Hereby, I acknowledge and undertake the conditions and terms set by this written undertaking and give my consent by signing it.

Date: ...../...../.....

1. Covenantor

Patient's Name & Surname: _____

ID Card no.: _____

Address (street, avenue, no, district): _____

_____

Contact No: _____

E-Mail Address: _____

Date of Birth: .../...../.....

Mother's Name: _____

Father's Name: _____

Signature: _____

2. Covenantor

Patient's legal Representative

Name & Surname: _____

Address (street, avenue, no, district): _____

_____

Degree of Proximity: _____

ID card No.: _____

Contact No: _____

E-Mail Address: _____

Date of Birth: _____

Mother's Name: _____

Father's Name: _____

Signature: _____

If consent has been given by the legal representative of the patient, please state the reason.

☐ Patient is unconscious ☐ Patient is younger than 18 ☐ Patient is unable to make a decision ☐ Emergency