**Confirmation and Statement Form**

I, patient.............. companion of the patient...................................(name), turn to beski Hospital

and requested to receive medical and treatment services in that hospital confirm followings individually or jointly by signing this statement.

1. By listening the necessary explanations and reading the relevant forms and contents of this statement, being informed on the welfare facilities available in private rooms, in case of hospitalization in private rooms, the costs of private rooms, in addition to calculating the accommodation costs of the companion will pay the accommodation cost of the companion in accordance with the rates announced by the hospital, totally and with no objection.

2. If a specific food is ordered, the costs will be paid in the hospital in the rate of hospital

3. I will personally protect my precious objects and belongings such as rings, watches, cash, and certified checks in the room (hospital) and the hospital has no responsibilities in this regards.

4. Upon discharging from hospital, I will pay the entire hospital fee immediately in cash

5.The accompanying person’s stay in private room, VIP room and special room is calculated in each bill.

individuals or staff is not accountable.

6. If the hospitalization takes more than 3 days, check with the discharge office in the ground floor for information on the amount of expenses and costs.

7. It is possible to discharge the patienton week-end of holiday; therefore, please make arrangements in advance to pay the bills.

8. In somecases, the patient has recommendation letters of organizations that are parties to the contract with the hospital, the patient shall still pay some amount as franchise which will be received from the patient upon admission as down payment.

9. To provide insurance coverage letter to the hospital, the hospital has given 24 hours deadline after admission and if the patient is discharged before that 24 hours deadline, I will present my insurance letter before discharge time.

10. According to the instructions of Medical Treatment Office, male companions of patients are not allowed to stay in women’s ward and in the two-bed room, only the accompanying person can stay.

11. In the time of admission, discharge and clearance, the hospital is excused of receiving personal checks and the payment shall be only in cash orcertified-bank checks

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12. Iran Check and certified bank checks are solely presentable to the hospital cashier and paying by those checks is possibly only by presenting the original national ID. Card.

13. Returning the additional payments after discharge will be possible by presenting the advance payment receipt and national ID. Card of the payer and no payment will be made to any other persons.

14. Cash payment by patient or his/her accompanying person shall be made only to the cashier and by receiving the cashier office receipt. Any payments to any other persons, units or wards will be beyond the customary practice and regulations of the hospital and if such payment claims are made, they will be ineffective in clearance time.

15. The cash payment slips shall be submitted to the discharge unit for registry of clearance information before patient’s discharge in order to be included and reflected in financial calculations; otherwise, the patient will be responsible for any consequences medical.

I read this statement carefully and I am aware of its contents and sign it in free will with no force and the contents of confirmation and statement are completely acceptable by me.

 Signature of patient signature place of guardian or Legal sponsor of patient signature place of accompanying person of the paitent