



OPD SERVICES MANUAL



SAIDEEP HOSPITAL OPD SERVICES MANUAL

Doc no.	SDH/OPD/01
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Recommended By	Signature	Approved By	Signature
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	Document Title : General Policies and Guidelines		

1.0 Policy:

All desk associate staff shall follow the general workplace guidelines and ensure patient-friendly behaviour and timely service at all times.

2.0 Purpose:

To maintain a uniform & a standardized work pattern across the hospital and ensure smooth patient flow with minimum waiting time.

3.0 Scope:

All front office, hospital wide.

4.0 Responsibility:

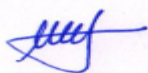
- Desk associate
- OPD Supervisor
- Executive
- Sr. Executive
- GM-Operations
- All concerned staff shall ensure proper coordination with consultants and other departments.

5.0 Definitions and Abbreviations:

- OPD: Outpatient department
- IT: Information Technology
- HIS: Hospital Information system
- ID: Identity
- GM: General Manager

6.0 Procedure:

6.1 Identity Cards : Should be worn around the neck at all the time in the Hospital and while on duty and should be clearly visible for easy identification.

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6.2 Timings:

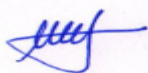
- 6.2.1 All front office staff must punch in 15 minutes before the start of the shift time for getting ready in their uniform and grooming neatly. Staff should ensure system login and counter readiness before patient arrival.
- 6.2.2 Front office staff must be seen at the cluster at all times while on duty. Unnecessary loitering around in the hospital will not be permitted.
- 6.2.3 At the end of the shift you are expected to leave for home. No 'hanging around' anywhere in the hospital will be tolerated especially in any inpatient areas.

6.3 Breaks:

- 6.3.1 All meal breaks must be strictly observed for half an hour only.
- 6.3.2 Tea/Coffee break can be taken for 10 minutes provided the counter is manned adequately. This must include the washroom intervals as well.
- 6.3.3 No two staff from the same counter will go for lunch at the same time. Breaks should be managed without affecting patient service.

6.4 Mobile Phones:

- 6.4.1 All the front desk staff are also to strictly refrain from using their mobile phones while on duty or even keeping it on the counter or in the drawer.
- 6.4.2 No charging of phones at the counter will be permitted either.
- 6.4.3 Staff usage of their mobile phones will be permitted only in the Staff Lounge/while on coffee or lunch breaks and after duty.
- 6.4.4 Staff who have given Consultant's their numbers are here further requested to inform Consultant's to call only on the hospital landline for all official/patient related queries since using personal mobile numbers for official work is not permitted by the hospital.

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6.5 HIS ID

- 6.5.1 The HIS ID provided by the IT department is highly personalized and hence the password of the same must be kept secret & confidential.
- 6.5.2 Any mishaps taking place from your ID will hold you accountable for what-so-ever be the event, even if you are absent on the day or haven't used your ID. All entries must be checked properly before final submission.

6.6 Leave.

- 6.6.1 For any planned leave an application for the same must be submitted at least 15 days in advance. Planned leave which is taken on immediate basis will not be permitted.
- 6.6.2 Emergency leave can be permitted provided information is conveyed to the GM Operations (Outpatient Services) at least an hour before the start of the shift.

6.7 Miscellaneous

- 6.7.1 The volume of your voice moderate when talking. Staff should maintain polite and professional communication with patients at all times.
- 6.7.2 All the Nurses must be addressed as Sister (NAME).
- 6.7.3 All patients must be addressed as Mrs. (NAME) / Mr. (NAME) Or Sir/Madam. Priority should be given to senior citizens and emergency patients.
- 6.7.4 Do not argue/quarrel with any colleagues in front of patients.
- 6.7.5 Staff may communicate in regional language (Marathi/ Hindi) as per patient comfort.
- 6.7.6 Co-ordinate with cluster colleagues properly.
Coordination with doctor assistants for patient flow management should be maintained.
- 6.7.7 No food will be eaten at the counters for whatever reasons. OPD area cleanliness and hygiene must be maintained at all times.

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	Document Title : Staff Grooming		

1.0 Policy:

All the desk associate staff shall follow the standard protocol for grooming to maintain a professional, hygienic and patient-friendly appearance at all times.

2.0 Purpose:

To establish standards of appropriate attire within the workplace to encourage uniformity, simplicity, neatness and consistency to help generate a positive image of the organization and improve patient confidence and satisfaction.

3.0 Scope:

All desk associate Executives and Officers in the hospital.

4.0 Responsibility:

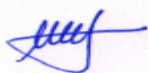
- Desk Associate
- OPD Supervisor
- Executive
- Sr. Executive
- GM-Operations
- All concerned staff shall ensure compliance with grooming and uniform standards on daily basis.

5.0 Definitions & Abbreviations: --

6.0 Procedure:

6.1 General Grooming

All Desk Associate and Officers will follow the standard rules for grooming as follows:
Can be categorized as Grooming Standards for Gentlemen and Ladies. Grooming and uniform should be maintained properly before and during duty hours.

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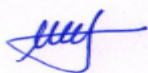
6.2 GENTLEMEN

6.2.1 Dress Code

- 6.2.1.1 Dress code as specified by the management should be followed. Updated uniform shall include Light Blue Shirt, Formal Black Pant and Dark Grey Waistcoat for all staff.
- 6.2.1.2 The shirt should be clean and neat and should be tucked within the trouser. The shirt should be washed regularly and properly ironed. Shirt sleeves should be buttoned, not folded up. Shirt colour shall be Light Blue as per hospital uniform policy.
- 6.2.1.3 Formal pants should be clean, neat, properly fitted and as per uniform guidelines.
- 6.2.1.4 Tie is not compulsory; if worn, it should be simple and formal.
- 6.2.1.5 A black formal belt with a small & decent buckle is allowed. No casual/sports belts with flashy buckles are permitted.
- 6.2.1.6 Three shirts, two pants and two waistcoats are provided by the hospital.
- 6.2.1.7 Uniform (including waistcoat) must be worn properly on all working days and during entire duty hours.

6.2.2 Shoes & Socks

- 6.2.2.1 Black laced formal shoes with matching colored socks must be worn. Sneakers/sports shoes etc. are not acceptable. Footwear should be comfortable, closed and suitable for long duty hours.
- 6.2.2.2 Shoes must be always clean and polished and in good condition. Shoes should be non-slippery to ensure safety. Socks should be clean and preferably dark in colour.

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6.2.3 Hair / Beard

- 6.2.3.1 Hair should be neatly combed and properly maintained. Male staff are allowed to keep properly groomed beard and moustache. Hair should present a neat and professional appearance during duty hours.

6.2.4 Accessories

- 6.2.4.1 Thin chain, watch and wedding rings are permissible. Earrings, flashy finger rings etc. not acceptable. Accessories should be minimal and not interfere with work.

6.3 LADIES

6.3.1 Dress Code

- 6.3.1.1 Dress code as specified by the management should be followed.
- 6.3.1.2 Updated uniform shall include Light Blue Shirt, Formal Pant and Dark Grey V-shape Waistcoat for female staff.
- 6.3.1.3 The shirt should be clean, neat and properly ironed at all times.
- 6.3.1.4 Shirt should be tucked properly and sleeves should be buttoned.
- 6.3.1.5 Uniform should be well-fitted, comfortable and suitable for duty hours.
- 6.3.1.6 ID Card must be worn along with uniform during entire duty hours.

6.3.2 Shoes

- 6.3.2.1 Black or brown sandals / formal shoes need to be worn with no / low heels. Flashy chappals, high heels, slippers etc. are not acceptable. Shoes should be clean at all times and should not be noisy. Footwear should be comfortable and safe for long duty hours.

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6.3.3 Hair (Ladies)

- 6.3.3.1 Length of hair should be above the chin line, neatly combed/pinned to give a formal look. Below chin line length should not be left open, should be neatly tied with a band or net. Flashy hair accessories / coloring /streaking and use of flowers to adorn the hair are not allowed.

6.3.4 Cosmetics

- 6.3.4.1 Light make-up for women, no neon colours to be used. Lipstick used should be matte brown or maroon. No glossy/flashy lipsticks should be used. Makeup should be minimal, decent and professional.
- 6.3.4.2 Small bindis (maroon/black) can be worn. Flashy/coloured designer lengthy bindis etc. are not acceptable.
- 6.3.4.3 Tattoos and mehendi (except for newly married women) are not allowed.

6.3.5 Accessories

- 6.3.5.1 Small stud earrings (only in the earlobe), thin chain around the neck, thin bracelet, one ring in each hand (not flashy) and watch are permissible.
- 6.3.5.2 Dangling earrings, rings above the earlobe are not acceptable.
- 6.3.5.3 Married ladies can wear wedding band, mangalsutra and few bangles. Accessories should be simple and should not interfere with work.

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6.4 COMMON FOR LADIES AND GENTLEMEN:

6.4.1 Identity Cards

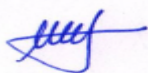
- 6.4.1.1 Identity cards should be worn at all times during work timings in visible place (round the neck or shirt pocket). The Identity card is provided by the Hospital and must be clearly visible for easy patient identification at all times.

6.5 REQUISITION / DISCARD OF UNIFORM:

- 6.5.1 New uniforms are issued to newly joined front office staff on filling in the requisition form.
- 6.5.2 Two uniforms are provided to the staff (and four blouse pieces incase of female) Uniform quantity shall be as per updated hospital policy.
- 6.5.3 Uniforms that have torn or are frayed will be replaced by the staff writing an application for replacement of uniform and showing the defect.
- 6.5.4 If approved by the Senior Executive then a new uniform can be issued to the staff by the Administrative Co-ordinator.
- 6.5.5 All torn/old or frayed uniforms are stored in an allotted place and finally disposed off. Uniform should be maintained in good condition and used as per hospital policy.

6.6 PERSONAL HYGIENE & HEALTHY HABITS:

- 6.6.1 Neat, clean, ironed uniforms should be worn at all times by the personnel.
- 6.6.2 Nails should be neatly trimmed, lengthy nails, chipped nails not allowed. Nail varnish is allowed for women only, however flashy polish/chipped nail varnish is unacceptable.
- 6.6.3 Body odour and bad breath at work are very unprofessional, use of deodorants and mouth fresheners are advised for personnel.

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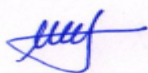


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- 6.6.4 Handkerchiefs should be carried at all times. The same should be used for covering the mouth while coughing, sneezing etc.
 - 6.6.5 Do not clean ears/nose in public.
 - 6.6.6 Carry a pen at all times.
 - 6.6.7 Abrasions, cuts, wounds etc. should be covered completely, unless there is an exceptional case.
 - 6.6.8 Chewing of gum or eating at desk is not permissible.
 - 6.6.9 Personnel should groom themselves before starting work. Combing hair, applying make-up etc. while at work is not permissible.
 - 6.6.10 Personnel working for more than one shift should groom themselves before attending to the next shift.
 - 6.6.11 Mobile phones should always be kept in silent mode.
- Hand hygiene must be followed as per infection control guidelines. Personal hygiene should be maintained to ensure patient comfort and safety.

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	Document Title : OPD – Scope Of Services		

LOCATION:

Outpatient Departments are located on the 1st Floor of the hospital building and main reception is located on ground floor and clear directional signage should be available to guide patients.

DAYS AND HOURS OF OPERATIONS:

Working Days: For Main Reception - All days (Including Sunday),
For OPD cluster & other desk - All working days (Mon – Sat)

Timing: For Main Reception - 08:00 am – 08:00 pm & 08:00 pm – 08:00 am
For OPD clusters & other Desk – 8:00 am to 8:00 pm

Any changes in OPD schedule or doctor availability should be updated and communicated to front office staff on daily basis.

DEPARTMENTAL CONTACT DETAILS:

Board Line : 0241-2775700

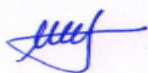
Service Mobile : 6262900900

PURPOSE:

Desk Associate provides a predetermined location & the first point of contact where patients, customers or visitors can make enquiries and understand where they would be able to get the required services or facilities. It also describes the operational coverage of the Main Reception & Front Office / Customer Care Department.

The main purpose of outpatient department is to facilitate doctor consultations & aid with any additional investigations & pharmacy services. It also includes guiding patients about various services & various places around the hospital.

Desk associate shall ensure proper patient guidance, registration and coordination for smooth service delivery.

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1.0 SCOPE:

It comprises of all the departments on the 1st Floor – General Medicine OPD, Cardiology OPD, Oncology OPD, Orthopedics & Neurology OPD, Paediatric OPD, and Organ Transplant OPD. It also includes new & follow up consultation for adults and pediatrics, OAE Test, wound procedures, Audiometry test, ECG, 2D echo, Stress test, EEG studies, EMG studies, BERA studies, NCV, SSEP, weight, height & BMI check and main reception at ground floor. All OPD and diagnostic services should be coordinated effectively to minimize patient waiting time.

2.0 RESPONSIBILITIES AND AUTHORITY:

- Supervisor
- Desk Associate

(All the front office staffs are referred as Desk associate in all related SOP's)

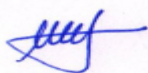
- Staff Nurse

3.0 ABBREVIATIONS AND DEFINITION:

Refer Annexure B.

4.0 GOAL OF THE DEPARTMENT:

- 4.1 To provide quality service with assurance.
- 4.2 To assist Patients and Visitors to respective department.
- 4.3 To facilitate the smooth flow of patients to meet the respective doctors
- 4.4 To maximize utilization of OPD services for the local community.
- 4.5 To ensure no patient leaves the hospital without consultation of required specialty during the OPD hours.
- 4.6 To minimize patient waiting time and improve patient satisfaction.

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5.0 LIST OF SERVICES:

5.1 Consultations

Cardio-vascular & Thoracic Surgeon	Clinical & Surgical Oncologist
Clinical Oncology Physician	Dermatologist
Endocrinologist	Neurologist
ENT Surgeon	Neurosurgeon
Gastroenterologist	Orthopaedics Surgeon
General Physician	Pediatrician
Gynecologist	Plastic Surgeon
Interventional Cardiologist	Psychiatrist
Laparoscopic Surgeon	Rheumatologist
Maxillofacial Surgeon & Orthodontist	Urologist
Nephrologist	

Availability of consultants should be updated daily and communicated to front office.

5.2 Procedures

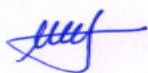
Minor Dressing	PR Examination
Major Dressing	IUI (Intrauterine Insemination)
Suturing & Removal	I & D
Plastering & Removal	HSG
PAP smear	Wound swab culture
FNAC	Urethral Dilatation
Biopsy	Aspiration
Copper T insertion	Vaccination
PV Examination	Drain-removal

5.3 Audiometry test

All procedures should be carried out as per standard clinical protocols.

5.4 Neurological Investigation

EEG, EMG, NCV, VEP, SSEP, BERA

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	Document Title : Telephone Etiquettes		

1.0 Policy:

All the Desk associate staff shall follow the basic Telephone Etiquettes to ensure professional and courteous communication with patients and callers at all times.

2.0 Purpose:

To ensure that all phone calls in Saideep Hospital are answered in a systematic and standard manner and to enhance patient satisfaction and service quality.

3.0 Scope:

This policy applies to all the employees attending the phones in Saideep Hospital.

4.0 Responsibility:

- Desk Associate
- OPD Supervisor
- Executive
- Sr. Executive
- GM-Operations

All concerned staff shall ensure adherence to standard telephone etiquette practices.

5.0 Abbreviations and Definitions:

Nil

6.0 PROCEDURE:

6.1 Answering the Phone

Answer promptly before the 3rd ring.

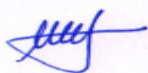
Ensure a polite tone and positive greeting while answering the call.

6.2 Identify Yourself

Answer by giving the department name and your own name. Example:

"Dept, Your Name speaking."The caller should then identify himself/herself and give a reason for calling. Pronounce the caller's name distinctly and repeat it frequently. The sweetest music to a person is the sound of his/her own name!

Always greet appropriately (Good Morning / Afternoon / Evening).

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6.3 STANDARD PHRASES TO BE USED:

Answer your own telephone and answer within 3 rings. There are a number of ways to identify yourself and your organization :

- TELEPHONE OPERATOR – ***“Thank you for calling Saideep Hospital. How may I help you?”***
- DEPARTMENTS – ***“Greet, (Dept Name), Your name, speaking?”***
- TELEPHONE OPERATOR – ***“Good Morning, Saideep Hospital, your Name, How may I assist you?”***

Staff should use polite and clear language while speaking with patients.

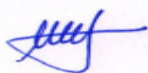
6.4 PLACING CALLERS ON HOLD:

- Remember to ask your caller ***“May I put you on hold?”*** before doing so.
- If you take the time to ask your caller to hold, be sure to **listen** to the response.
- After placing your caller on hold, **check back** periodically (between **30-45 seconds**). Give them the **option to continue** to hold if it will take longer to find information OR offer to **call them back**.
- When returning to your caller, remember to **thank them** for waiting.
- If your caller cannot hold, **offer to take a message**; transfer to another party; or arrange for them to return the call at a specific time.
- If you are not in a position to ask your caller to hold, tell the caller, ***“Please Hold”*** before depressing the hold button.
- Avoid keeping callers on hold for long duration unnecessarily.

NOTE: When placing multiple calls on hold, remember to return to the first caller you placed on hold first!!

6.5 TRANSFERRING CALLS:

- Tell the caller the **REASON** you are transferring the call before you do so. Then **ASK** if it is all right to transfer their call.
- Call the department or person where you are transferring a call and make sure that they can take the call. If they are able to take the call, give them the person's name, their request, and any other relevant information.

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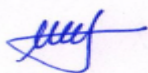
- Then, return to your caller and give them the name of the person they are being transferred to, the department and the telephone number (if possible).
- When you're not sure to whom a call should be transferred, take their name and number and find out where the call needs to be directed. Also, give them your name and number as a reference in case the appropriate party does not contact them.
- Ensure proper coordination before transferring calls to avoid inconvenience to the caller.

6.6 VERBAL ABUSE BY CALLER:

There is one small group of irate callers that has to be addressed here. You may not get them very often, but when you do, how do you handle them? Here are a couple of suggestions:

First, call attention to the vulgar language by saying, "Sir/madam, I can handle your problem, but I am not able to handle this swearing. I respectfully ask that you stop." In most instances, making callers aware of what they are saying will halt the swearing. However, if it does not stop, **you can observe the policy of "three strikes and you're out" rule**. If you ask the person to stop swearing twice more and the caller doesn't, then hang up. Three strikes, the caller's out, hang up. No one should have to listen to verbal abuse.

- Staff should remain calm, polite and professional at all times.
- Report repeated abuse to supervisor.

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6.7 PROPER TELEPHONE LANGUAGE:

Instead of saying (What You Mean)	Use the Phrases (Tell the Caller)
"He is out."	"He is not in the office at the moment. Would you like to leave a message for him?"
"I don't know where he is."	"He has stepped out of the office. Would you like to leave a message?"
"He is in the men's room."	"He has stepped out of the office. Would you like to leave a message?"
"He hasn't come in yet."	"I expect him shortly. Would you like to leave a message?"
"She took the day off."	"She is out of the office for the day. Can someone else help you or would you like to leave a message for her?"
"He doesn't want to be disturbed."	"He is unavailable at the moment. Would you like to leave a message?"
"She is busy"	"She is unavailable at the moment. Would you like to leave a message?"
"You have to"...	"You need to"
"Why didn't you?"	"Will you please... / Would you please...?"
"Your problem / complaint"	"Your concern / your question / this situation"
"I can't do that / it's not my job"	"While I'm not able to establish policy on this matter, I will speak to my manager about your concern"
"Hang on / Hold on"	"May I put you on hold?"
"Who's calling?"	"May I know who is calling please?"
"I can't hear you, speak up!"	"I am having difficulty hearing you. Can you please speak up?"
"I can't help you"	"I will transfer your call to the concerned department. May I do so?"

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Although we tell our callers a lot through our voice tone, the words and phrases we use convey a message. Unfortunately, sometimes we send a negative message to our caller. Be aware of the language you are using. Always use polite and patient-friendly communication.

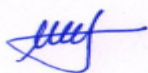
16 Words and Phrases That Keep Patients/Customers Cool:

"Hello!"	"I'm sorry to keep you waiting"
"Good Morning!"	"Thank you for waiting"
"Please.."	"It was nice talking with you"
"Thank You."	"Is there anything else I can do for you?"
"I'm very sorry."	"Thank you for coming in (or calling)"
"Excuse me."	"It's been a pleasure to serve you"
"You're welcome"	"I'd be happy to do that for you"
"May I help you?"	"We appreciate"

NOTE: Staff should use these phrases regularly.

6.8 COMPLAINT CALL HANDLING PROCEDURE:

- 6.8.1 Smile when you talk. Can you hear a smile? You bet! And a cheery disposition on your end of the telephone line is likely to head off gruffness from a caller who has a complaint.
- 6.8.2 Identify yourself and try as quickly as possible to learn with whom you are speaking.
- 6.8.3 Maintain a cheerful and considerate attitude toward each telephone caller. A caller usually can recognize if you seem bored. This is discourteous and paints a poor image of you and the organization. Always listen actively and allow the caller to explain the issue completely without interruption.
- 6.8.4 Keep your lips about ½ to 1 inch from the mouthpiece. Pronounce letters, numbers, and names clearly. Spell out names if they could be misunderstood. Speak clearly and maintain proper tone and pace.
- 6.8.5 Return calls. If you must leave the telephone during a conversation and won't be able to return immediately, say that you will call back and then **follow through**.

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6.8.6 Say "THANK YOU" pleasantly and replace the receiver gently. The person making the call should end the conversation. End the call politely and professionally.

6.8.7 And in your responses, avoid these **forbidden** phrases:

- **"I don't know."** It sounds as if you're closing the door on the caller or that you're not sure what's going on in your own office. Better to say : *"That's a valid point. Let me check and find out."*
- **"We can't do that."** This sentence is extremely negative. Be positive. Use: *"That's a tough one. Let's see what we can do."*
- **"You'll have to..."** Sounds accusatory. Use: *"Here's how we can help you."*
- **"No..."** When it begins any sentence. It sounds as though you're not willing to help. You may not be able to do **one** thing, but you **can** do **something**. *"We aren't able to do that, but we can...."*(Because there's **always** something you can do.)

Always use positive, solution-oriented and patient-friendly communication.

6.8.8 Apologize for the inconvenience caused and assure the caller that the issue will be addressed.

6.8.9 Note down complete complaint details (Patient name, contact number, issue, department) and inform concerned department/supervisor.

6.9 A FINAL WORD:

When you receive a complaint call, remember to lend an **EAR** – Empathize with the caller. Apologize and acknowledge the problem, and accept Responsibility. Handling any telephone call – whether complaint or regular calls – means respecting others. It's the Golden Rule: Do unto others as you would have them do to you. If you keep that in mind, you should effectively handle all telephone calls with poise. Staff should always remain calm, empathetic and professional while handling all types of calls.

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	Document Title : Opening and Closing of OPD Clusters		

1.0 Policy:

All the OPDs shall function on working days from 08.00 am to 08.00 pm.

All the OPDs shall be closed on Sunday and other holidays as specified by Management.

OPD timings, Sunday OPD (if any) and holidays shall be updated as per hospital policy and communicated to all staff and displayed for patients.

2.0 Purpose:

To standardize the process by which an OPD cluster is started and closed so that there is no break of uniformity throughout the OPD in this function.

To ensure smooth patient flow, minimum waiting time and efficient coordination between departments.

3.0 Scope:

It encompasses all the cluster providing services to outpatients.

4.0 Responsibility:

- Desk associate
- Desk supervisor
- OPD Supervisors

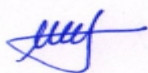
All staff shall ensure proper coordination, documentation and adherence to SOP.

5.0 Definitions & Abbreviations:

- OPD – Outpatient Department
- HIS – Hospital Information System

6.0 Procedure:

An OPD cluster comprises of a reception desk present in each and every section of the OPD according to specialty.

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6.1 Opening of a Cluster – Morning Shift

- 6.1.1 The appointment book is collected from the console by the Desk Associate staff coming for duty.
- 6.1.2 The department keys to the cluster are collected from the main reception.
- 6.1.3 The cluster is opened, all the necessary stationery is arranged and the computer is switched on.
Ensure system login, printer connectivity is checked and working properly.
- 6.1.4 The OPD rooms are checked for the necessary parameters such as room cleanliness, stationary, maintenance, smell, dustbin, toiletries etc. Any discrepancy should be immediately informed to housekeeping/maintenance.
- 6.1.5 The staff nurse is then made to check the OPD rooms for equipments such as BP Apparatus, trays, stethoscope etc. The Desk associate staff will check the room readiness every morning for:
 - General cleanliness
 - Trash cans clearance
 - Files / Letterheads / Pen / pencils
 - Lab coats
 - Name plates
 - Specialist examination trays (with OPD Nurse)
 - Personal computer
 - Leave forms

Ensure all equipment is functional and available before OPD starts.
- 6.1.6 All the magazines, brochures and other educational material is collected and arranged neatly. Ensure updated patient education material is displayed.
- 6.1.7 Only once all the above are organized the phone line is connected. If a transfer to another line was made the previous evening that is removed.

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- 6.1.8 Return calls are made to all the enquiries recorded in the appointment book collected from the console.
- 6.1.9 Desk associates takes the print out of all the appointment lists for respective consultants scheduled from morning 8:00am to 3:00pm.
- 6.1.10 Desk associate shall note down any important messages, in & out time of consultants, sequence of arrival of the patients.
- 6.1.11 Confirmation calls are made to all patients who have appointments with various doctors for the day. Appointments may be coordinated through telephone calls; however, patient registration and OPD number generation shall be done after patient arrival in hospital.
- 6.1.12 Reminder calls are made to all Consultants regarding appointments and arrival time. Any delay or change should be informed to patients timely.
- 6.1.13 The registration forms and patient files are neatly arranged for use in the cluster desk.
- 6.1.14 All records (cash register, doctors signature register, handover register, quality indicator file) are organized. Ensure all registers are updated properly.
- 6.1.15 The full time consultants are provided with a list of Out patients & admitted patients under them.
- 6.1.16 The OPD then begins as per the appointment timings. Ensure proper queue/token management and patient flow.

6.2 Closing of a Cluster – Evening Shift

- 6.2.1 Handover taken from morning shift including patient count, doctor status and the doctors who are expected shortly and any other special or important messages. Ensure no patient is left unattended.
- 6.2.2 Desk associates takes print out of all the appointment list for respective consultant ,in their OPD, scheduled from 3:00 pm to 9:00 pm.

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- 6.2.3 Desk associates shall note down any Important messages, in & out time of consultants, sequence of arrival of the patients, in the appointment list.
- 6.2.4 Patient confirmation calls (1:00 pm onwards).
- 6.2.5 Reminder calls are made to all consultants for the number of appointments they may have scheduled for them & also to check their arrival time in the OPD or any other special message. This takes place immediately after the patient confirmation calls.
- 6.2.6 OPD room re-check (cleanliness, maintenance, stationary, smell, Dustbin, toiletries, etc...).
- 6.2.7 Handover book verification, The morning shift staff is relieved for half an hour lunch break and the 2nd shift staff takes over the functions of the cluster.
- 6.2.8 Registers, stationary and inventory properly stored.
The handover register is updated with any important messages, if nothing a 'NIL' must be marked.
Ensure all financial and patient records are secured.
- 6.2.9 The Phone lines are disconnected.
- 6.2.10 Computer switched off and cluster locked.
Ensure proper shutdown and data saving.
- 6.2.11 OPD rooms locked by security in presence of Desk Associate and will be opened only for cleaning purpose thereafter.
- 6.2.12 Cluster keys handed over to main reception.
- 6.2.13 The appointment book is given to the console by the Desk Associate finishing duty.
Ensure all pending work, messages and follow-ups are properly handed over

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	Document Title : Management of Consultation Rooms		

1.0 Policy:

Desk associate shall ensure cleanliness, readiness and proper maintenance of OPD cluster, waiting area and consultant rooms at all times.

2.0 Purpose:

To maintain cleanliness & decorum at the work station as well as in the consultation cabins. To ensure patient comfort, infection control and professional work environment.

3.0 Scope:

All Desk Associates

4.0 Responsibility:

- Desk associate
- OPD supervisor
- Executive
- Sr. Executive
- GM-Operations

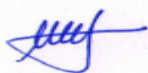
All concerned staff shall ensure cleanliness standards are maintained.

5.0 Definitions & Abbreviations:

- OPD: Outpatient Department
- GM: General Manager

6.0 Procedure:

- 6.1 It is the duty of the Desk Associates to check the Consultant's cabin in their respective OPD for cleanliness, furnishings and stationary and Ensure availability and functionality of basic equipment and furniture.
- 6.2 Only authorized staff (Consultant / assigned staff) are permitted in the consultant cabin.

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- 6.3 When a Consultant is not present in the hospital, his/her cabin must be locked at all time to avoid misuse or loss of items.
- 6.4 Unauthorized visitors should not be allowed to enter the consultant's cabin in the absence or presence of the consultant. Any unusual incident or security concern must be immediately reported to the supervisor or security team.
- 6.5 Consultation rooms shall be cleaned after completion of OPD and then locked in the presence of the Desk Associate.
Ensure proper cleaning checklist is followed before locking.
- 6.6 In case any consultation room is not cleaned in the evening hours, the same needs to be done before 9 am in the morning in the presence of the Desk Associate.
Ensure cleaning is completed before OPD start time.
- 6.7 It is also the sole responsibility of the Desk Associates on duty to keep the cluster orderly and neat at all times. No cluttering of papers at the cluster must be seen.
- 6.8 The waiting area in the respective work station must also be kept clean at all times. In case it gets dirty for some reason, it must be cleaned immediately. Housekeeping should be informed immediately for cleaning.
- 6.9 Only authorized staff should be present in the OPD cluster area.
Unnecessary crowding of non-work-related presence should be avoided.
- 6.10 Housekeeping staff should perform assigned cleaning duties as per schedule.
- 6.11 Food consumption at the desk/counter is strictly prohibited to maintain hygiene.

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	Document Title : Appointments System		

1.0 Policy:

All the appointments shall be scheduled as per the availability of the consultant.
All cancellation and rescheduling of the OPDs shall be informed in advance to all the patients with prior appointment.

Appointment shall be booked for the consultant as per the patient choice.

Emergency cases should be given the option of consultation by the Casualty Medical Officer.

Appointment scheduling, cancellation and rescheduling shall also be updated in the HIS system and communicated to patients through available communication modes(phone/sms).

2.0 Purpose:

To facilitate ease in coordinating patient-consultant meetings.

To ensure smooth appointment flow and minimize patient waiting time.

3.0 Scope:

All the patients who would like to have consultations in Saideep Hospital.

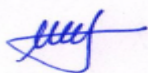
4.0 Responsibility:

- Desk associate
- Desk supervisor
- OPD Supervisors

All staff shall ensure proper coordination and accurate appointment scheduling.

5.0 Definitions & Abbreviations:

Nil

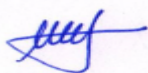
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6.0 Procedure:

6.1 Appointment Booking & Enquiry:

- 6.1.1 Appointments for consultation may be taken over phone or in person. The staff will record the patient details in the HIS system. Appointments will be given only during the OPD slot of the requested consultant.
- 6.1.2 All pre-registered patients will be asked their MR No. (MRN) and booked accordingly in the doctor's scheduler.
- 6.1.3 Non-registered patients shall be booked on the HIS by taking their full name, age, address and contact number. The time slot will be given as per consultant availability. Patients shall be informed to report at least 10 minutes prior for billing formalities.
Valid contact number is mandatory for communication.
- 6.1.4 Walk-in patients will be informed about available consultants in the OPD. The choice of consultant depends on patient preference and consultant availability. All patients from health checkup, diagnostics and post-operative follow-ups will be treated as walk-in patients.
- 6.1.5 In case of emergency patients visiting the opd, the OPD Staff Nurse shall assess the patient and guide them to casualty for consultation with the Casualty Medical Officer, who will coordinate with the respective consultant for further care management. In case of paediatric patients, the staff nurse coordinate with the available consultant and as per the advice of the consultant guides the patient for further medication / consultation with the casualty medical officer for further care.
Emergency cases should be prioritized over routine appointments.
- 6.1.6 Telephonic / Verbal enquiries for consultations shall be informed to the patient (Full and Part time) without any preference given to any doctor or any specialty. The patient will make the choice of the doctor and the day which will be recorded on the HIS scheduler. Ensure all enquiries are properly recorded in the HIS system.

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6.1.7 Names of the consultants will be read out in alphabetical order. The desk associate staff shall move down the list by one consultant with every enquiry.

6.1.8 In case of cancellations/delay in appointments the desk associate staff in the OPD reception shall call and inform the patients well in advance about the cancellations / delays and reschedule the patients. If the patient's call not reachable / switched off the Desk associate can convey the message through the OPD supervisor's mobile by sms.

6.1.9 On arrival the patient will be billed for the service by the Desk associate staff at the respective OPD counter and will be given a receipt along with the file with MR No and Name written on it. The patient is educated on the significance of the MR No. by the Desk associate Staff or Staff Nurse.

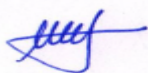
6.1.10 On patient's turn he/she will be directed to the consultant room at the appropriate time. Proper coordination with staff nurse and consultant should be maintained to ensure smooth patient flow.

6.2 Appointment Entry & Rescheduling (HIS Process):

Start the HIS → Select Outpatient → Select OPD Counter → Select Unit (Saideep Hospital) → Select "Appointment" → Select "New" → Select Date → Select Clinic → Select Doctor → Choose appropriate time slot.
Ensure correct unit, consultant and time slot is selected before saving.

6.2.1 If the patient already has MR No.:

Enter the MR No. in the system. On pressing the Tab key, patient details will appear. Confirm the details and update the latest contact number. Click on Save. Verify patient identity before confirming appointment.

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6.2.2 If the patient does not have MR No.:

Select “New Patient” → Enter the Salutation → Enter required details (fields marked with *) → Enter contact number → Save the appointment.

Ensure correct mobile number is entered for communication.

6.2.3 If an appointment is Cancelled :

Start the HIS and Select Outpatient → Select OPD Counter → Select Unit (Saideep Hospital) → Select appointment → Choose the slot time on which the appointment has to be cancelled → Right click → Select “Cancel” → Click on Confirm.

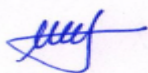
Reason for cancellation should be noted if applicable..

6.2.4 Changing the Appointment:

6.2.4.1 If an appointment is wrongly booked or needs to be changed, it must be corrected immediately.

6.2.4.2 Start the HIS and Select Outpatient → Select OPD Counter → Select Unit (Saideep Hospital) → Select appointment → Choose the slot time on which the appointment is currently booked → Right click → Select “Change”.

6.2.4.3 Select new time slot → Click on Update.
Ensure patient is informed about the change in appointment timing.

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	Document Title : Registration in OPD		

1.0 Policy:

All the patients coming to the hospital shall be registered through creation of a new MR No. Existing patients shall be identified using previous MR No. and duplicate registration shall be avoided.

2.0 Purpose:

To record and maintain all the medical and personal details of the patient visiting Saideep Hospital.

3.0 Scope:

Generation of Medical Record Number is applicable to all patients entering the hospital and availing consultation and health check-up facilities.

4.0 Responsibility:

- Desk associate
- Desk supervisor
- OPD Supervisors

Staff shall ensure accurate patient registration and avoid duplication.

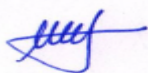
5.0 Definitions & Abbreviations:

MR No.: Medical Record Number

6.0 Procedure:

6.1.1 Every patient visiting the hospital for the first time shall be registered and issued a unique Medical Record Number (MR No.) only once, which shall be used for all future visits.

6.1.2 Patient details shall be obtained by the Desk Associate and entered into the Staff should assist patient if required.

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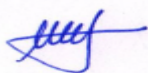


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- 6.1.3** The method to register the patient is as follows:
 HIS → Outpatient → Select OPD Counter → Select Unit (Saideep Hospital) → Select Registration & Consultation → Registration → New → Select patient category → Enter mandatory details (*) including Doctor's Name and Contact Number → Click "Save" → Generate MR No.
 Ensure all mandatory fields are correctly filled before saving.
- 6.1.4** Before registering a patient, it is mandatory to check in HIS whether the patient is already registered. Search by Name / Mobile Number to avoid duplication.
- 6.1.5** In case there is a double registration of a single patient, the duplicate MR No. must be merged compulsorily by informing the supervisor. No one patient can have two registration numbers.
- 6.1.6** Registration charges shall be applicable as per hospital policy and may be revised by management from time to time.

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	Document Title : Billing Process		

1.0 Policy:

Desk associate shall be responsible for handling cash transactions.

Payment shall be accepted by Cash / Credit Card / Debit Card.

Cheque is not accepted.

All transactions shall be done through the Hospital Information System (HIS) and proper receipt must be generated.

Billing shall be carried out only after patient registration and MR Number generation as per registration SOP.

2.0 Purpose:

To ensure accurate billing, collection and proper financial documentation of all OPD services provided to patients.

3.0 Scope:

This SOP applies to all billing, payment collection and cash handling activities for all registered OPD patients at Saideep Hospital.

4.0 Responsibility:

Desk associate

Desk supervisor

Staff Nurse

OPD Supervisor

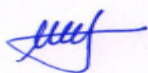
All staff shall ensure accurate billing and proper cash handling.

5.0 Definations & Abbreviation:

MR No.: Medical Record Number

OPD: Outpatient Department

HIS: Hospital Information System

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Quality Head		Chairman & Managing Director	

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6.0 Procedure:

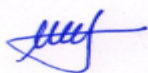
The following procedure shall be followed for billing and payment collection of OPD patients through the Hospital Information System (HIS).

6.1 Accounts:

- 6.1.1 All bills must be generated before the patient meets the Consultant unless otherwise instructed by authorized personnel (GM–Operations/Consultant)
- 6.1.2 In case billing is not completed prior to consultation and payment is not collected, the same must be immediately reported to the Supervisor and necessary action shall be taken.
- 6.1.3 The cash book/Accounts register must be completed on a daily basis. For whatever reason there must be no backlog.
- 6.1.4 All discounted/concession bills must bear the signature of the Consultant as well as the GM – Operations (Outpatient Services).
- 6.1.5 All cancelled bills must also bear the signature of the GM – Operations (Outpatient Services) and the reason for cancellation must be stated on the bill.
- 6.1.6 In case of an error in the bill and it needs to be cancelled then a fresh bill must be made and both the bills must be brought to the GM Operations (Outpatient Services) for authorization.
- 6.1.7 No discounts will be sanctioned without the permission/instruction of the CEO or the Consultant or the GM – Operations (Outpatient Services).

6.2 Generation of Medical Record Number:

- 6.2.1 Every patient who comes to the hospital for the first time and is unregistered will be given a Medical Record number only once.
- 6.2.2 Patient will fill up the registration form details. Patient details shall be collected and entered in HIS by Desk Associate.

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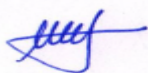
- 6.2.3 The method to register the patient is as follows: HIS → Outpatient → Select OPD counter → Select Registration & Consultation and then Registration → Select New → Select patient category → Enter details in the columns marked with an asterisk (*) and also the Doctors Name and Phone nos. → 'Save' button will get activated on entering all the necessary details → Save the entry and generate the MR No. (Make note of the MR No. for generation of bills before clicking OK)
- 6.2.4 Before registering a patient it is crucial to cross check the HIS to see if the patient's details already exist. Desk Associate shall verify patient details (Name / Mobile number) to avoid duplicate MR creation.
- 6.2.5 In case there is a double registration of a single patient, the MR No. must be merged in coordination with Supervisor / HIS team and proper record shall be maintained.

6.3 BILLING FOR MEDICAL REGISTRATION NUMBER:

- 6.3.1 Open the HIS → Outpatient → Select the OPD Counter → Select Billing and click on New → Enter the MR No, press Tab and all the details show. Confirm the mode of payment (If Cash/ UPI/ Credit Card). Enter the Service name in the space of the Service Code and Save the bill. Ensure correct service selection before saving the bill.
- 6.3.2 Print one copy of the bill which is to be placed in the patients file for the patient record

6.4 BILLING FOR OPD NEW CONSULTATION:

- 6.4.1 Check if the patient is registered or unregistered (has an MR No.) and do the needful accordingly.
- 6.4.2 Start the HIS and select Outpatient → Select OPD Counter → Select 'Registration & Consultation' → Select Consultation → Click on New → Enter MR. Number and check the Patient category box (It must reflect Pay Patient) → Change the department & consultant name as per requirement → Check Visit Type → Print Letterhead Option → Change the Pay Mode

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as per need → Check Consultation Amount → Collect the Amount → Save the bill.

Ensure billing is completed prior to consultant.

6.4.3 Print one copy of the bill which is to be placed in the patients file for the patient record

6.5 BILLING FOR OPD FOLLOW UP CONSULTATION:

6.5.1 Start the HIS and select Outpatient → Select OPD Counter → Select 'Registration & Consultation' → Select Consultation → Click on New → Enter MR. Number and check the Patient category box (It must reflect as Pay Patient) → Change the department & consultant name as per requirement → Check Visit Type → Print Letterhead Option → Change the Pay Mode as per need → Check Consultation Amount - Collect the Amount → Save the bill.

6.5.2 Print one copy of the bill which is to be placed in the patients file for the patient record

6.6 BILLING FOR CORPORATE COMPANY PATIENT:

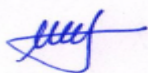
6.6.1 Patient submits/shows the Original Company Letter – The letter must bear the signature of Marketing Head/Authorized Marketing Staff.

6.6.2 Check if the patient is unregistered or registered (has an MR No.)

6.6.3 If the patient is a pay patient as per the earlier registration, it needs to be changed to Credit Company Patient.

6.6.3.1 Start the HIS and select Outpatient → Select OPD Counter → Select 'Registration & Consultation' → Select Registration → Select Change → Enter the MR No. and change the Patient Category from Pay Patient to Credit Company Patient.

6.6.3.2 Click on the Information button and select the company from the list. Check if there is any Member ID, Employee ID & Limit mentioned on the Company Letter. Fill in details & update.

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6.6.4 If the patient is not registered, generate the MR No. as per normal registration forms with the Patient Category as Credit Company Patient. Enter all the details with the asterisk mark (*).

6.6.4.p1 Click on the Information button and select the company from the list. Check if there is any Member ID, Employee ID and Limit mentioned on the Company Letter. Fill in details and save. Ensure all company details are correctly entered before saving.

6.6.5 Select 'Registration & Consultation' → Select Consultation → Click on New → Enter MR Number and check the Patient category box (It must reflect as Credit Company Patient) → Change department and consultant name as required → Print Letterhead Option → Check Visit Type – Check Consultation Amount – Select Pay Mode as CREDIT – Save the bill.

6.6.6 Three prints of this bill are taken and two xerox copies of the Company letter are taken.

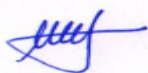
6.6.6.1 1st & 2nd copy of bill – To Marketing Head/Authorized staff of marketing department along with the original Company Letter.

6.6.6.2 3rd copy of bill – To Accounts department along with the 1st Xerox copy of the Company Letter.

6.6.6.3 The patient shall not be given original company documents or Letter. However, if the patient requests, a duplicate copy of the bill may be provided.

6.7 BILLING FOR PROCEDURES / DRESSINGS:

6.7.1 Start the HIS → Select Outpatient → Select the OPD Counter → Select Billing → Click on New → Enter the MR No. and press Tab → All patient details will appear → Confirm the mode of payment (Cash/Credit/Debit Card/UPI) → Enter the Service name in the Service Code field → Enter the quantity used → Verify item and quantity → Save the bill.

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6.7.2 Two copies of each bill must be printed; one copy shall be handed over to the patient and the other copy shall be maintained for hospital record.

6.7.3 This billing is done for Suture Removal, Minor Dressing, Gauze, Gamji Pad, Gamji Roll etc.

6.8 BILLING FOR DRESSING MATERIAL USED FROM STORES:

6.8.1 Start the HIS → Select Store Management → Select the respective counter store → Select Outpatient Activities → Select Cash Sales → Click on New → Enter the MR No. and press Tab → Enter the material name in the Material Code field → Enter the quantity used → Select the payment mode → Verify material and quantity – Save the bill → System will ask for print → Select 'No' → List of billed patients will appear → Right click on patient name → Select display → Details of the patient will appear on the screen → Click on 'Print Laser' option for bill print.

6.8.2 Two copies of each bill must be printed; one copy shall be given to the patient and the other copy shall be maintained for hospital record.

6.8.3 This billing is done for Sterile Gloves, Tegaderm, Normal Saline, Band-aid, Patch Regular/Washproof, Soft Roll, POP, Surgical Blade etc.

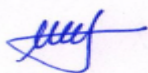
6.9 GENERATING FREE BILLS:

6.9.1 Check if the patient is registered or unregistered (has an MR No.) and do the needful accordingly.

6.9.2 Start the HIS → – Select Outpatient → Select OPD Counter → Select Registration & Consultation → Select Consultation → Click on New → Enter MR Number → Check Patient category (Pay Patient) → Change department and consultant name as required → Check Visit Type → Change the pay Mode as per need → Check Consultation Amount → In the Discount Amount field enter full amount so that Net Amount becomes zero → Mention proper reason for free bill in Remarks → Save the bill.

6.9.3 Print two copies of the bill; one for patient record and one for hospital record.

6.9.4 Free bills are generated when:

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6.9.4.1 A Consultant decides not to charge a patient

6.9.4.2 When a special message/ approval is given by OPD HOD

6.10 GENERATING DISCOUNT BILLS:

6.10.1 Check if the patient is registered or unregistered (has an MR No.) and do the needful accordingly.

6.10.2 Start the HIS → Select Outpatient → Select OPD Counter → Select Registration & Consultation → Click on New → Enter MR Number → Check Patient category (Pay Patient) → Change department and consultant name → Check Visit Type → Check Consultation Amount – Enter discount amount → Ensure correct Net Amount → Mention proper reason for discount in Remarks → Save the bill.

6.10.3 Print two copies of the bill; one for patient record and one for hospital record.

6.11 CANCELLATION OF BILLS:

6.11.1 Bills are cancelled for reasons such as incorrect patient details, wrong consultant/department, incorrect payment mode, incorrect visit type, authorized discount or refund.

6.11.2 The incorrect bill must be immediately taken from the patient and a corrected bill shall be issued without delay.

6.11.3 All bills are cancelled in the Accounts department or by the Billing Manager on the same day and preferably within one hour.

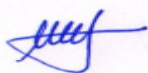
6.11.4 A note of the mistake must be written on the bill with staff signature and Head of Department signature.

6.11.5 The bill is submitted to Accounts/Billing Manager for correction and authorization.

6.11.6 The original cancelled bill is kept with Accounts Department / Billing Manager and a copy of the same bill is kept in the department file for records.

5.11.7 If a bill needs to be cancelled for any reason like discount or change of consultant, the bill needs to be signed by consultant for the required change and it will be carried out through accounts department.

6.11.8 All bills should be cancelled on the same day as far as possible.

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6.11.9 If the bill cancellation occurs during the evening shift and authorized personnel is not available, the bill shall be cancelled on the next working day after obtaining proper authorization. All cash collected by the Desk Associate during the evening shift shall be counted and matched with the HIS collection records before submission. Two printed scroll sheets of the collection shall be placed in an envelope along with the cash and submitted to Customer Support/Accounts Department. The cancelled bill must be clearly marked on the scroll sheet and a new corresponding bill shall also be generated wherever applicable. After authorization from the OPD Operational Head, the cancellation process shall be completed through the Accounts Department. One signed copy of the scroll sheet shall remain with Accounts Department and another signed copy shall be maintained by the respective Desk Associate for departmental record.

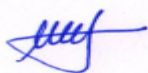
6.11.10 If a generated bill contains data entry errors during the evening shift and authorized personnel is unavailable, necessary corrections may be carried out through the IT Department after informing them telephonically or through email. A mail regarding the correction must be sent to the IT Department and marked to the Operational Head/Supervisor. However, it is mandatory to complete the IT Data Correction Form on the next working day with proper authorization from the Operational Head or authorized supervisor. All corrections must be properly documented and maintained for audit and record purposes.

6.12 REFUNDING CASH:

6.12.1 When a refund is authorized, the cash voucher is filled and the patient's signature is taken from it and cash is refunded.

6.12.2 The cash voucher is submitted to Accounts department along with the cancelled bill bearing consultant authorization.

6.13 GENERATING DUE BILLS:

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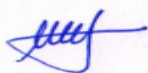
- 6.13.1 Open the HIS → Select Outpatient → Select OPD Counter → Select Billing → Click on New.
- 6.13.2 Enter details in required fields → Enter service name → Select pay mode as Cash.
- 6.13.3 In the box against the Paying Amount, the figure entered must be zero. On doing so the amount automatically appears in the box against Due amount. The bill is saved.
- 6.13.4 Print two copies; one for patient and one for record.

6.14 DUE COLLECTION:

- 6.14.1 When the patient pays the due amount, it needs to be updated and the necessary changes need to be recorded.
- 6.14.2 Start the HIS → Select Outpatient → OPD Counter → Billing → Select Patient Due Amount → Click on New.
- 6.14.3 Enter MR No. in the Bill No. box and press Tab key.
- 6.14.4 The list of patient who have due amounts appears in a new box.
- 6.14.5 Choose the appropriate patient making the payment.
- 6.14.6 Verify the amount being paid and enter the details in the Amount paid box.
- 6.14.7 Select Pay Mode.
- 6.14.8 Save receipt.
- 6.14.9 Print two copies; one for patient and one for record.

6.15 OP DEPOSITS:

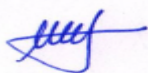
- 6.15.1 When a patient makes a deposit, follow below process.
- 6.15.2 Start HIS → Outpatient → OPD Counter → Billing → OP Deposits → New. Enter the patient Info
- 6.15.3 Select Deposit Type as OP Deposit.
- 6.15.4 Select payment mode.
- 6.15.5 Enter correct payment details.
- 6.15.6 Save entry.

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6.16 DEBITING PAYMENTS FROM OP DEPOSITS:

- 6.16.1 Start HIS → Outpatient → OPD Counter → Billing → Bill → New.
- 6.16.2 Enter MR No and Press Tab.
- 6.16.3 Enter service code as per requirement.
- 6.16.4 Select payment mode.
- 6.16.5 Click Deposit Info.
- 6.16.6 The OP Advance Details Deposit Info appears on screen.
- 6.16.7 Select Deposit Adjustment.
- 6.16.8 Verify adjustment amount before saving.
- 6.16.6 Save bill.
- 6.16.10 The Amount automatically gets deducted from the deposit.
- 6.16.11 Print two copies; one for patient and one for record.

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1.0 Policy:

Billing shall be done prior to Consultation.

Female patient shall be examined in presence of another female attendant/staff whenever required.

Clinical data shall be documented in Consultation Sheet/HIS.

2.0 Purpose:

To standardize the process of patient consultation in the OPD and ensure smooth coordination among hospital staff for effective patient care, documentation, communication, and consultation services.

3.0 Scope:

This process applies to all OPD consultations conducted in the allotted consultation rooms of Saideep Hospital, including scheduled appointments, walk-in patients, follow-up consultations, and emergency consultations.

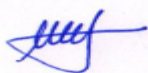
4.0 Responsibility:

- Desk Associate
- Desk Supervisors
- OPD Supervisor
- Staff Nurse
- Consultant

5.0 Definitions & Abbreviations: --

6.0 Procedure:

The consultation process in the OPD shall be carried out through proper patient registration, billing, clinical assessment, consultation, documentation, and patient guidance as per hospital protocol.

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6.1 CONSULTATIONS:

6.1.1 On arrival in the OPD, the patient is greeted by the Desk Associate.

6.1.2 The Desk Associate asks the patient whether he/she has a prior appointment or is a walk-in patient.

6.1.3 Prescheduled Appointments:

6.1.3.1 The Desk Associate then asks for previous hospital file if any.

6.1.3.2 If the patient is visiting Saideep Hospital for the first time, he/she is guided regarding the registration process, consultation charges, available payment modes, and importance of maintaining the MR Number for future visits.

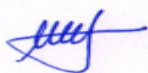
6.1.3.3 If the patient is a follow-up patient, he/she is informed regarding the applicable follow-up consultation charges.

6.1.3.4 The patient shall be billed for the consultation service by the Desk Associate at the respective OPD counter and shall be provided with a receipt along with the patient file mentioning MR No. and patient name.

6.1.3.5 The patient is informed regarding the consultant's availability, waiting period, and turn for consultation and is then directed to the consultant room.

6.1.3.6 The examination of female patients by a male consultant may be conducted in the presence of another female attendant/staff whenever required. All examinations shall be carried out with adequate precautions to maintain the dignity, privacy of the patient. All sensitive information will be shared with patient and his/her family inside the consultant room for auditory privacy.

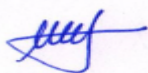
6.1.3.7 The Desk Associate requests each patients to keep their mobile phones on silent mode before entering the consultant cabin and advises them to avoid attending phone calls during consultation.

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6.1.4 WALK-IN PATIENTS:

- 6.1.4.1 If the patient is visiting the hospital for the first time, he/she is guided regarding the registration process, consultation charges, and available payment modes.
- 6.1.4.2 If the patient is a follow-up patient, he/she is informed regarding the applicable follow-up consultation charges.
- 6.1.4.3 The patient is informed regarding the available consultant status in the OPD, expected waiting period, and turn for consultation and is directed accordingly.
- 6.1.4.4 In case of emergency patients visiting the OPD, the OPD Staff Nurse shall assess the patient and guide the patient to Casualty for consultation with the Casualty Medical Officer, who will coordinate with the respective consultant for further management. In case of Pediatric patients, the Staff Nurse coordinates with the available consultant and guides the patient further as per consultant advice.
- 6.1.4.5 The patient shall be billed for the consultation service by the Desk Associate at the respective OPD counter and shall be provided with a receipt along with the patient file mentioning MR No. and patient name.
- 6.1.4.6 The Desk Associate requests patients to keep their mobile phones on silent mode before entering the consultant cabin and advises them to avoid attending phone calls during consultation.
- 6.1.4.7 The examination of female patients by a male consultant may be conducted in the presence of another female attendant/staff whenever required. All physical examination will take place with adequate precaution to maintain the dignity and privacy of the patient. All sensitive information will be shared with patient and his/her family inside the consultant room for auditory privacy. Staff Nurse records the patient's height and weight before consultation and documents the same in the patient file wherever applicable.

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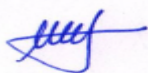
6.1.4.8 The Staff Nurse checks the patient file for any previous medical records and consultation papers in case of follow-up patients.

6.1.4.9 The Consultant examines the patient and documents relevant history, clinical findings, diagnosis, and treatment plan in the HIS/Clinical/OPD module or consultation sheet.

6.1.4.10 The Consultant may advise laboratory investigations, radiology investigations, procedures, medications, admission, or follow-up consultation as required.

6.1.4.11 At the end of consultation, the Staff Nurse checks the patient file for prescribed medications, pathology investigations, radiology investigations, or any other advised services and guides the patient accordingly.

6.1.5 At the end of the consultant's OPD session, the Doctor's Sign Book must be updated and signed by the respective consultant before leaving the OPD area. The OPD Supervisor/Desk Associate shall ensure completion of the same.

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1.0 Policy:

Initial assessment shall be documented in Consultation Sheet/HIS by Staff Nurse / Consultant.

2.0 Purpose:

To carry out and document the process of initial assessment for all OPD patients in order to support clinical evaluation, consultation, and patient care.

3.0 Scope:

This process applies to all patients attending OPD consultations across Saideep Hospital.

4.0 Responsibility:

- Desk Associate
- Staff Nurse
- Consultant

5.0 Definitions & Abbreviations: --

6.0 PROCEDURE:

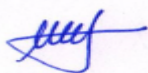
6.1 CONSULTATIONS

6.1.1 On arrival in the OPD, the patient is greeted by the Desk Associate.

6.1.2 The Desk Associate asks the patient whether he/she has a prior appointment or is a walk-in patient.

6.1.3 Process for Initial Assessment

6.1.3.1 The Desk Associate then asks for previous hospital file if any.

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- 6.1.3.2 If the patient is visiting Saideep Hospital for the first time, he/she is guided regarding the registration process, consultation charges, available payment modes, and importance of maintaining the MR Number for future visits.
- 6.1.3.3 If the patient is a follow-up patient, he/she is informed regarding the applicable follow-up consultation charges.
- 6.1.3.4 The patient shall be billed for the consultation service by the Desk Associate at the respective OPD counter and shall be provided with a receipt along with the patient file mentioning MR No. and patient name.
- 6.1.3.5 The patient is informed regarding the consultant's availability, waiting period, and turn for consultation.
- 6.1.3.6 The Desk Associate requests patients to keep their mobile phones on silent mode before entering the consultant cabin and advises them to avoid attending phone calls during consultation.
- 6.1.3.7 The Staff Nurse checks the patient file for previous medical records and consultation papers in case of follow-up patients.
- 6.1.3.8 Staff Nurse performs and documents the initial assessment as per the parameters defined for each specialty.

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PARAMETERS FOR INITIAL ASSESSMENT:

Speciality	Parameters	Time Period for Assessment	Responsibility
Paediatric OPD	- Allergy - Weight - Height - Temperature - Vulnerability Assessment	- Within first 20 minutes from registration - For every visit	Staff Nurse Doctor
General Medicine	- Allergy - BP - Pulse - Weight	- Within first 20 minutes from registration - For every visit	Staff Nurse Doctor
Gynaecology	- Allergy - BP - Pulse - Weight	- Within first 20 minutes from registration - For every visit	Staff Nurse Doctor
Cardiology	- Allergy - BP - Pulse - Weight - SPO2	- Within first 20 minutes from registration - For every visit	Staff Nurse Doctor
Orthopaedic	- Allergy - Weight - Pain Status	- Within first 20 minutes from registration	Staff Nurse Doctor
General Surgery	- Allergy - BP - Pulse - Weight	- Within first 20 minutes from registration - For every visit	Staff Nurse Doctor

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- 6.1.3.9 The Staff Nurse shall inform the Consultant regarding any abnormal findings observed during the initial assessment for further clinical evaluation and management.
- 6.1.3.10 In case of emergency patients visiting the OPD, the OPD Staff Nurse shall assess the patient and guide the patient to Casualty for consultation with the Casualty Medical Officer, who will coordinate with the respective consultant for further management. In case of Pediatric patients, the Staff Nurse coordinates with the available consultant and guides the patient further as per consultant advice.
- 6.1.3.11 After completion of the initial assessment, the Desk Associate/Staff Nurse guides the patient for consultation as per the turn and consultant availability.

6.2 PARAMETERS FOR NUTRITIONAL ASSESSMENT (PAEDIATRIC OPD)

Sr. No.	Age of the Child	Parameters
1	0 – 6 Months	Intake of water, honey, sugar
2	6 – 12 Months	Night time feeding
3	12 – 24 Months	Breastfeeding, feeding by spoon, bottle feeding, night feeds
4	More than 2 Years	Food intake 4 times/day, breakfast habits, watching TV/mobile while eating

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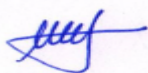
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6.3 PARAMETERS FOR PSYCHOSOCIAL ASSESSMENT(PAEDIATRIC OPD)

Sr. No.	Age of the Child	Parameters
1	0 – 6 Months	Excessive crying, interaction with parents
2	6 – 12 Months	Smiles , Babbles
3	12 – 24 Months	Interest in toys, responds when called
4	2 Years Onward	Has friends, school related concerns, behavioural concerns if any

6.4 PARAMETERS FOR VULNERABILITY ASSESSMENT(PAEDIATRIC OPD)

Sr. No.	Particulars
1	Is the child excessively sleeping?
2	Has the child been reacting less than usual?
3	Is the child passing urine less frequently than usual?
4	Is the child crying inconsolably?
5	Is there any breathing difficulty?
6	Is there any other concern which makes you feel that your child should be seen out of turn?

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	Document Title : OPD Procedures		

1.0 Policy:

All OPD procedures and vaccinations shall be carried out only against valid consultant orders and as per hospital infection control and patient safety protocols.

2.0 Purpose:

To standardize the process of performing OPD procedures and vaccinations safely and effectively for all outpatients.

3.0 Scope:

This process applies to all outpatients visiting the OPD for procedures, dressings, injections, and vaccinations.

4.0 Responsibility:

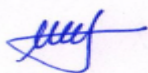
- Consultant Physician
- Consultant Pediatrician
- Staff Nurse
- Desk Associate

5.0 Definitions & Abbreviations: ----

6.0 Procedure:

6.1 OPD PROCEDURES:

- 6.1.1 Staff Nurse checks the Consultant's order and confirms the prescribed procedure/treatment before initiating the procedure process.
- 6.1.2 The procedure, expected outcome, and necessary precautions are explained to the patient and/or relative.
- 6.1.3 The patient is guided to the Procedure Room by the Staff Nurse.

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- 6.1.4 Staff Nurse assists the Consultant during the procedure and documents the dressing material utilized, consumables used, and number of sutures/stitches removed if applicable.
- 6.1.5 Patient/relative is guided to the Front Office/Desk Associate for billing purpose.
- 6.1.6 Staff Nurse discards bio-medical waste as per Hospital Bio-medical Waste disposal Management Policy.
- 6.1.7 Procedure bed and procedure area shall be cleaned and disinfected with approved disinfectant solution (1% Bacillocid or equivalent hospital approved disinfectant) after every procedure.
- 6.1.8 Cleaning and disinfection of instruments shall be carried out in the designated OPD Utility/Duo Room as per infection control protocol.
- 6.1.9 Instruments used during procedures shall be washed with soap and water, properly packed, and sent to CSSD for sterilization.
- 6.1.10 In case of sero-positive patients, instruments shall be soaked in 1% Sodium Hypochlorite solution for 20 minutes, washed, packed, labeled with patient name and MR No., and then sent to CSSD for sterilization.
- 6.1.11 Procedure Book and CSSD Log Book shall be maintained daily by Staff Nurses for stock verification and record maintenance.
- 6.1.12 Patient and/or relatives shall be informed regarding follow-up visit dates, dressing schedules, medication instructions, and any additional precautions if required.

6.2 PEDIATRIC VACCINATION:

- 6.2.1 Staff Nurse verifies the Consultant Pediatrician's written order for vaccination.
- 6.2.2 As per the written order from the Consultant Pediatrician, vaccines are withdrawn from the cold chain refrigerator/freezer immediately prior to administration while maintaining cold chain protocol.

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- 6.2.3 Consultant Pediatrician/administering authorized clinician administers the vaccine to the pediatric patient as per standard vaccination protocol.
- 6.2.4 Desk Associate at Pediatric OPD/Cluster completes the billing process in coordination with the Pediatric Staff Nurse.
- 6.2.5 Daily inventory checks shall be carried out for vaccines utilized, available stock, expiry status, and indent requirements.
- 6.2.6 Vaccine storage temperature monitoring shall be maintained and documented regularly as per cold chain guidelines.
- 6.2.7 Any adverse event following immunization (AEFI), if observed, shall be immediately informed to the Consultant Pediatrician and managed as per hospital protocol.

6.3 MAINTENANCE OF PROCEDURE ROOM

- 6.3.1 Cold chain refrigerator/freezer temperature shall be checked daily and documented in the temperature monitoring chart.
- 6.3.2 Any temperature variation below 2°C or above 8°C shall be immediately informed to the Maintenance Department and concerned authority for corrective and preventive action.
- 6.3.3 Terminal cleaning of the Procedure Room shall be carried out on a scheduled weekly basis or as required.
- 6.3.4 Procedure Room cleanliness, availability of emergency medications, dressing materials, and hand hygiene supplies shall be checked daily by Staff Nurse.
- 6.3.5 Expiry dates of consumables, vaccines, and sterile materials shall be monitored regularly and expired items shall be removed immediately from usable stock

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	Document Title : Referring Patients		

1.0 Policy:

Primary consent shall be obtained from the patient before referring the patient to another consultant/physician for further opinion or management.

2.0 Purpose:

To standardize the process of referring patients from one doctor to another, so as to facilitate a smooth flow of appointments.

3.0 Scope:

This process applies to all patients referred from one consultant/department to another within the OPD services of the hospital.

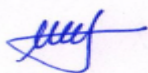
4.0 Responsibility:

- Desk Associate
- Desk Supervisor
- Consultant
- OPD Supervisor

5.0 Definitions & Abbreviations: ---

6.0 Procedure:

- 6.1 A patient consulting a particular doctor may be referred to another consultant/specialist for opinion, evaluation, or management of another existing medical condition which cannot be reasonably managed by the primary consultant alone.
- 6.2 In such cases, the primary consultant shall clearly mention the referring consultant/department along with the reason and purpose of referral in the patient records/prescription sheet. The patient and/or relative shall be informed appropriately and consent/willingness shall be obtained before referral.

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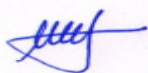


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Document Title : Referring Patients

- 6.3 Depending upon the urgency or emergency of the patient's condition, the primary consultant may directly coordinate with the concerned consultant for immediate assessment or management.
- 6.4 Alternatively, the primary consultant may inform the Desk Associate/OPD staff to coordinate and arrange the consultation appointment with the concerned consultant, subject to availability in the OPD.
- 6.5 As per the scheduled appointment or consultant availability, the patient shall meet the referred consultant and necessary consultation process shall be carried out accordingly.
- 6.6 The referred consultation shall be treated as a New Consultation Of Follow-up Consultation as applicable and billing shall be done as per hospital OPD billing policy and approved tariff.
- 6.7 In emergency situations, the patient may be guided to Casualty/Emergency Department for immediate medical attention as advised by the consultant.
- 6.8 All referral-related communication and coordination shall be appropriately documented in patient records/HIS wherever applicable.

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	Document Title : Continuity of Care		

1.0 Policy:

Desk Associate, Staff Nurse, and Consultant shall guide and coordinate with the patient to ensure continuity of care throughout the treatment and follow-up process.

2.0 Purpose:

To ensure effective communication, coordination, follow-up, and continuity of care among healthcare staff and patients for better treatment outcomes and patient satisfaction.

3.0 Scope:

This process applies to all OPD patients receiving consultation, investigations, follow-up care, referrals, preventive care, and immunization services.

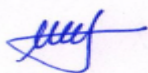
4.0 Responsibility:

- Desk Associate
- Desk Supervisor
- OPD Supervisor
- Consultant
- Staff Nurse

5.0 Definitions & Abbreviations: ---

6.0 Procedure:

- 6.1 Desk Associate staff and Staff Nurse together participate in maintaining continuity of care for the patient throughout consultation, investigation, follow-up, referral, and treatment processes.
- 6.2 Staff Nurse and Desk Associate may guide patients regarding preventive health check-up packages, vaccination schedules, wellness programs, and other healthcare services beneficial for the patient's well-being as per hospital policy.

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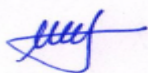


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Document Title : Continuity of Care

- 6.3 Staff Nurse ensures that the patient and/or relatives understand the prescribed investigations, medications, precautions, and follow-up requirements. Necessary guidance regarding scheduling follow-up appointments shall also be provided.
- 6.4 Staff Nurse follows up and educates parents/guardians regarding routine immunization schedules, due vaccinations, and pediatric follow-up visits during each OPD visit.
- 6.5 Follow-up visits with consultants/pediatricians shall be coordinated by the Desk Associate and Staff Nurse to ensure smooth appointment scheduling and patient guidance.
- 6.6 Staff Nurse educates and guides the patient in case of referral to another consultant/department as per Referral Policy.
- 6.7 Consultant may advise follow-up consultation, investigations, procedures, dietary modifications, or referral services as clinically indicated, and the same shall be communicated appropriately to the patient.
- 6.8 All relevant patient education, follow-up advice, referrals, and continuity of care instructions shall be documented in patient records/HIS wherever applicable.
- 6.9 In case of patients requiring urgent medical attention during follow-up or continuity care process, the patient shall be guided to the Casualty/Emergency Department as per consultant advice.

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	Document Title : Managing Consultants Leave		

1.0 Policy:

Consultant shall arrange for a Locum Consultant during his/her absence to ensure continuity of patient care and OPD services.

Consultant leave forms shall be submitted to GM – Operations for approval and documentation.

2.0 Purpose:

To guide the process of consultant leave management and arrangement of Locum Consultant services.

3.0 Scope:

This process applies to all panel consultants/doctors associated with Saideep Hospital.

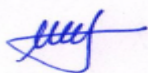
4.0 Responsibility:

- Desk Associate
- Desk Supervisor
- OPD Supervisor
- Consultant
- GM Operations
- HR Department

5.0 Definitions & Abbreviations: ---

6.0 Procedure:

- 6.1 Whenever a consultant plans leave or remains unavailable for OPD services, it shall be mandatory to fill and submit the Consultant Leave Form available in the OPD department.
- 6.2 The consultant shall identify and arrange a suitable Locum Consultant from the approved consultant panel of Saideep Hospital.

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Document Title : Managing Consultants Leave

- 6.3 The consultant shall personally confirm the availability and willingness of the Locum Consultant for the specified leave period.
- 6.4 After confirmation, the consultant shall complete the leave form mentioning consultant name, specialty, leave dates, locum consultant name, specialty, contact details, and signatures of both consultants wherever applicable.
- 6.5 The completed leave form shall be submitted to the Desk Associate/OPD department for further processing and scheduling updates.
- 6.6 Desk Associate/OPD staff shall verify the appointment scheduler and reschedule already booked appointments as per consultant or locum availability after informing the patients appropriately.
- 6.7 OPD department shall circulate the compiled consultant leave and locum schedule information to all concerned departments on a daily basis for coordination and continuity of services.
- 6.8 In case the assigned Locum Consultant is also unavailable during the same period, an alternate Locum Consultant shall be arranged in coordination with the primary consultant and hospital administration.
- 6.9 Leave forms shall be verified for leave dates, consultant details, locum details, and signatures by GM – Operations/authorized authority and thereafter submitted to HR Department for record maintenance and documentation.
- 6.10 In case leave information is communicated telephonically or through electronic communication, the consultant shall still provide complete locum details. Desk Associate/OPD staff shall document the information, confirm availability with the Locum Consultant, and update the concerned departments accordingly.
- 6.11 Signatures pending on leave forms, if any, shall be completed during the next OPD visit of the consultant/locum consultant as applicable.

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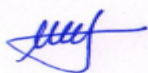


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Document Title : Managing Consultants Leave

- 6.12 Emergency/On-call Rota shall be maintained for consultant availability during emergencies and off-duty periods.
- 6.12.1 List of on-call consultants for the upcoming month shall be obtained from HR Department during the 4th week of every month.
- 6.12.2 The finalized on-call rota/schedule shall be communicated to all concerned consultants and departments through approved communication channels such as HIS, email, SMS, or official messaging platforms.

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	Document Title : Cancelling and Rescheduling of OPD By Consultants		

1.0 Policy:

Consultant shall inform the OPD Desk Associate in case of any cancellation or rescheduling of the OPD appointment.

Desk Associate shall inform the patient in case of cancellation or rescheduling of the appointment.

In case of planned leave/rescheduling, prior intimation should be communicated to the OPD team to facilitate smooth patient coordination and continuity of care.

2.0 Purpose:

To standardize the process of cancellation and rescheduling of OPD appointments by consultants so that inconvenience to patients is minimized and appropriate rescheduling is ensured.

3.0 Scope:

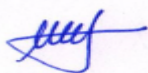
It encompasses all OPD consultants whose appointments may require cancellation or rescheduling due to unforeseen circumstances, emergencies, planned leave, or schedule changes.

4.0 Responsibility:

- Desk Associate
- Desk Supervisor
- OPD Supervisor
- Executive – General Operations
- Consultant
- GM Operations

5.0 Definitions & Abbreviations: --

6.0 Procedure:

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Quality Head		Chairman & Managing Director	



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Document Title : Cancelling and Rescheduling of OPD By Consultants

- 6.1 A consultant scheduled to visit the OPD on a particular day and time may have to cancel or reschedule the OPD due to an emergency, unforeseen circumstance, planned leave, or any other unavoidable reason.
- 6.2 The consultant shall inform the respective OPD/Desk Associate staff regarding the cancellation or rescheduling of appointments preferably in advance, along with details of the revised schedule or locum arrangement if applicable.
- 6.3 The Desk associate Staff receiving the call must inform the immediate in-charge of the OPD as well as record the same in the daily report that such a cancellation has taken place along with details of the rescheduled date and number of patients cancelled and rescheduled.
- 6.4 The Desk Associate staff shall check the appointment list for the concerned consultant and contact all scheduled patients individually regarding the cancellation and revised appointment schedule. Proper communication shall be ensured to minimize inconvenience to patients.
- 6.5 If the patient's phone is unreachable/switched off/not responding, the Desk Associate may communicate the message through SMS/ WhatsApp/ authorized hospital communication mode as available. All communication attempts should be documented whenever feasible.
- 6.6 If any patient arrives in the OPD despite cancellation of the appointment, the Desk Associate staff shall politely explain the situation, apologize for the inconvenience caused, and guide/assist the patient appropriately. If clinically required, coordination may be done with the available Consultant/In-house Physician/Medical Officer/Nursing staff for necessary immediate care.
- 6.7 All appointment cancellations and rescheduling details shall be reported to the OPD Supervisor on daily basis by the respective Desk Associate staff.
- 6.8 In case of repeated cancellation/rescheduling of OPD by any consultant, the same may be informed to GM Operations/Management for review and further coordination if required.

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	Document Title : New Consultant Joining & Orientation Process		

1.0 Policy:

All new consultants joining the OPD area shall be informed to all concerned hospital departments.

New consultants shall be oriented to all relevant clinical and administrative areas of the hospital by the allotted Desk Associate / OPD representative.

2.0 Purpose:

To standardize the process by which a new Consultant joins the OPD so that he/she feels comfortable and is aware about the facilities, services, systems and workflow of the hospital.

3.0 Scope:

Any consultant who wishes to join the OPD – full time or part time.

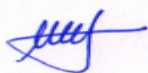
4.0 Responsibility:

- Desk Associate
- Desk Supervisor
- OPD Supervisor
- GM Operations

5.0 Definitions & Abbreviations: --.

6.0 Procedure:

- 6.1 Following communication with the HR Department and the OPD Operational Head, the new Consultant is provided with suitable days and timings for scheduling his/her OPD appointments. This is finalized based on the convenience and availability of both the Consultant and the hospital.

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Quality Head		Chairman & Managing Director	

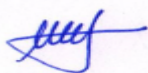


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Document Title : New Consultant Joining & Orientation Process

- 6.2 The Main Reception, concerned OPD cluster and all relevant departments are informed about the joining of the new Consultant. The consultant cabin is allotted and kept ready for OPD functioning. A circular/intimation is shared with all concerned departments regarding the joining of the Consultant. Necessary updates are also made in the HIS.
- 6.3 On the first day of OPD, the new Consultant is greeted by the OPD Operational Head and HR representative.
- 6.4 The OPD Operational Head introduces the new Consultant to the Desk Associate staff of the respective cluster, Staff Nurses and other important members of the department as well as key hospital personnel.
- 6.5 The OPD Operational Head hands over the necessary documents/details to the Consultant, including hospital extension numbers, OPD schedules and other important operational information required for smooth functioning.
- 6.6 Any assistance or operational support required by the new Consultant shall be coordinated and provided by the OPD Operational Head along with the Desk Associate staff on priority basis.
- 6.7 The OPD Operational Head shall allot a Desk Associate staff member to orient the new Consultant regarding various OPD areas, hospital workflow, departmental coordination and a brief tour of important hospital areas.

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Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Quality Head		Chairman & Managing Director	

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	Document Title : Inventory Management		

1.0 Policy:

Desk Associate and Staff Nurse shall ensure availability of inventory for the department.

No expired drugs/material shall be stored in the OPD.

All CSSD equipment shall be sent to CSSD after every use.

All medicines shall be indented from Hospital Pharmacy only.

Inventory shall be checked regularly to maintain adequate stock availability and avoid stock shortage during patient care activities.

2.0 Purpose:

To standardize the process of inventory management, stock maintenance and material utilization within the department.

3.0 Scope:

It includes the entire inventory stored within the department including medical items, surgical items, consumables, equipment and stationery material.

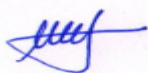
4.0 Responsibility:

- Desk Associate
- OPD Supervisor
- Executive
- Sr. Executive
- GM – Operations
- Staff Nurse

5.0 Definitions & Abbreviations:

OPD – Outpatient Department

CSSD – Central Sterile Supply Department

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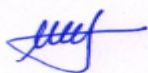
6.0 Procedure:

6.1 INDENTS

- 6.1.1 Indents are a process that is used for procuring materials/items from Pharmacy and Central Store.
- 6.1.2 The HIS is opened with the user ID → Select Store Module → Click on Store Indents → Select Floor/Department Indents → Choose the respective store (Pharmacy/Central Store/Surgical Store) → Enter material code and quantity required → Save the request.
- 6.1.3 Choose the indent from the indent list, right click on the indent requisition and verify the indent request.
- 6.1.4 The respective store accepts the indent request and issues the material to the department. The receiver checks the quantity and condition of material received and acknowledges the stock received
- 6.1.5 If any specific equipment/material is required by a Consultant, the Material Requisition Form / Capital Procurement Form shall be filled as applicable depending upon the nature and cost of the item. The form shall be signed by the Consultant and forwarded to the concerned authority/HOD for approval and further processing.

6.2 CONSUMPTION

- 6.2.1 All chargeable items are billed to the patient. Non-chargeable items are shown as department consumption.
For this, Select Floor Department Issues → Select Store → Choose Without Consumption Option → Enter Remarks/Reason for Consumption.
- 6.2.2 Enter the material code and quantity of material consumed against the physical stock available and save the entry in the system.
Physical stock verification should be carried out regularly to avoid stock mismatch.

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6.3 RETURN OF EXPIRED / NEAR EXPIRY MATERIAL

- 6.3.1 All stock (medical/surgical items) that is going to expire within the next 2 months shall be returned to the respective Pharmacy Store before expiry.
- 6.3.2 The material details shall be entered in the duplicate register/book and necessary authorization/signature shall be obtained from the concerned authority/HOD.
- 6.3.3 The duplicate register/book along with the material shall be sent to the respective store for return. The receiving store staff shall acknowledge the receipt and return the signed copy/register to the department.
- Expiry dates of medicines and consumables shall be checked regularly by the concerned staff.

6.4 MEDICINE STOCK

- 6.4.1 Medicine stock shall be checked during every shift by the Staff Nurse on duty.
- 6.4.2 If any medication is administered/used for a patient, the same shall be charged/billed appropriately.
- 6.4.3 All medicines shall be indented only from the Hospital Pharmacy.
- 6.4.4 High-risk, emergency and cold-chain medications shall be stored as per hospital policy and manufacturer recommendations.

6.5 CSSD EQUIPMENT

- 6.5.1 All used OPD instruments/equipment shall be sent daily to CSSD for sterilization after use.
- 6.5.2 Soiled instruments/equipment shall be wrapped in the green cloth and a sterilization request shall be made in the CSSD form book.
- 6.5.3 If replacement/new instruments are required, the same shall be requested simultaneously.

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- 6.5.4 The instruments/equipment shall be sent to CSSD and sterile equipment shall be received by the department staff/housekeeping staff.
- 6.5.5 If any additional/new equipment is required, requisition for the same shall preferably be made one day prior.
- 6.5.6 Sterile packs/instruments received from CSSD shall be checked for expiry/sterility status before use.

6.6 BIOMEDICAL EQUIPMENT

- 6.6.1 Biomedical staff shall carry out daily morning checks of all biomedical equipment to ensure proper functioning, safety and maintenance status.

6.6.2 Biomedical Equipments

- 6.6.2.1 ECG Machine
- 6.6.2.2 Pulse Oximeter
- 6.6.2.3 Glucometer
- 6.6.2.4 Nebulizer Machine
- 6.6.2.5 B.P. Apparatus (Digital/Manual)
- 6.6.2.6 Thermometer
- 6.6.2.7 Weighing Machine
- 6.6.2.8 Defibrillator

6.6.3 Other Equipments

- 6.6.3.1 ECG Trolley
- 6.6.3.2 Wheelchairs
- 6.6.3.3 Stretchers
- 6.6.3.4 Instrument Trolley
- 6.6.3.5 Dressing Trolley

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	Document Title : Patient Education		

1.0 Policy:

All patients visiting the OPD shall be explained about the estimated cost of treatment/investigations wherever applicable.

All patients visiting the OPD shall be educated regarding available patient education material.

All patients visiting the OPD shall be educated regarding medication dosage, frequency of medicines, precautions and emergency contact details whenever required.

Patient education shall be provided in a language understandable to the patient and relatives as far as possible.

2.0 Purpose:

The purpose of patient education is to educate and guide patients regarding their health, disease condition, treatment, medications, preventive care and healthy lifestyle practices.

3.0 Scope:

Hospital wide.

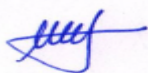
4.0 Responsibility:

- Desk Associate
- Desk Supervisor
- OPD Supervisor
- Staff Nurse
- Consultant

5.0 Definitions & Abbreviations: ---

6.0 Procedure:

- 6.1 The Desk Associate staff educates the patient regarding the Medical Record (MR) Number, its importance and future use during hospital visits.

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- 6.2 Patient education also includes guidance related to health promotion, disease prevention and maintenance of healthy lifestyle practices.
- 6.3 The Desk Associate staff and Staff Nurse/Health Care Assistant of the respective OPD cluster guide and educate patients regarding healthy living and basic healthcare awareness.
- 6.4 The Staff Nurse educates the patient regarding prescribed medications, including dosage, frequency, precautions and importance of compliance as advised by the Consultant.
- 6.5 The Staff Nurse guides the patient to the Diagnostic Department for prescribed investigations and facilitates appointment booking whenever required. Necessary instructions related to investigations and follow-up are also explained to the patient.
- 6.6 In case of pediatric patients, parents/guardians are educated regarding regular immunization schedules, importance of vaccination and need for periodic pediatric follow-up.
- 6.7 Mandatory Patient Education Material / Brochures
 - Know Your Hospital
 - Pain Management
 - TPA Information
 - Health Check-up Packages
 - Heart Check-up
 - Patient Care Partnership
 - Blood Donation
 - Infection Control
 - Get Active / Lifestyle Modification
 - Diet Chart
 - Coronary Angiography
 - Bypass Surgery
 - Chemotherapy
 - Breast Cancer Awareness
 - Medicine Safety
 - Kidney Disease Awareness
 - Joint Care
 - Hospital Information Booklet

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	Document Title : Terminal Cleaning And Pest Control		

1.0 Policy:

Terminal cleaning in OPD areas shall be done on weekly basis on Sunday.
Pest control activity shall be undertaken periodically as per hospital pest control schedule and requirements.

2.0 Purpose:

To standardize the process of terminal cleaning and pest control in order to maintain cleanliness, infection prevention standards and a safe patient care environment within the OPD areas.

3.0 Scope:

It encompasses all OPD consultation rooms, procedure rooms, dressing rooms and associated patient care areas within the hospital.

4.0 Responsibility:

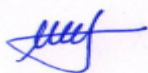
- Desk Associate
- Desk Supervisor
- OPD Supervisor
- Staff Nurse
- Housekeeping Supervisor

5.0 Definitions & Abbreviations: --

6.0 Procedure:

6.1 TERMINAL CLEANING

- 6.1.1 The staff involved in terminal cleaning includes the Housekeeping Supervisor, Housekeeping Staff and Nursing Staff.
- 6.1.2 Terminal cleaning shall be carried out on weekly basis, preferably on Sunday or as per Infection Control requirements.
- 6.1.3 Rooms/areas included for terminal cleaning include:
 - Procedure Room
 - Dressing Room

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- 6.1.4 The terminal cleaning process begins with thorough scrubbing and cleaning of the room using approved hospital disinfectant solution as per Infection Control guidelines.
- 6.1.5 The Walls, ceilings, patient examination couch, furniture, biomedical equipment and frequently touched surfaces are cleaned with the disinfectant solution.
- 6.1.6 After completion of terminal cleaning, the room shall remain closed and sealed for 24 hours.
- 6.1.7 On opening it after 24 hours, a swab sample is taken from any part of the room & is sent to pathology lab for analysis.
- 6.1.8 If cleaning quality is found unsatisfactory, re-cleaning and corrective actions shall be carried out immediately.
- 6.1.9 Fumigation, if needed is performed at periodic intervals such as once in 3 months or once in 6 months as per the need.

6.2 PEST CONTROL

- 6.2.1 Pest control activity shall be carried out as per hospital schedule and requirement.
- 6.2.2 The staff involved in pest control activities include pest control personnel, Housekeeping Supervisor, Housekeeping Staff and concerned OPD/Desk associate staff.
- 6.2.3 Pest control registers shall be maintained and signed by the concerned OPD/Desk associate staff after completion of the activity.

6.3 Daily Cleaning

- 6.3.1 Daily cleaning is done in all OPD consultation rooms and patient care areas as per housekeeping schedule.
- 6.3.2 The staff involved for daily cleaning process is Housekeeping Supervisor and Housekeeping Staff.
- 6.3.3 The rooms are locked/secured after cleaning is completed in coordination with the concerned staff/security personnel.

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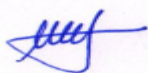


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- 6.3.4 If the rooms are not available for cleaning during scheduled timing, the cleaning shall be completed at the next available opportunity.
- 6.3.5 In case the rooms are to be opened by the staff/consultant in the absence of the Desk Associate, the security needs to take a confirmation about the same from the HOD and do the needful.
- 6.3.6 The Desk Associate shall mention the same in the handover book for communication to the next shift staff whenever required.

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