SAIDEEP
HEALTHCARE & RESEARCH PVT. LTD.

Patients & Guest Relations

SAIDEEP
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Annual Documents Adequacy & Change Requirements Review

Sr. No	SOP /Doc No	Documents Name	Issue. No	Rev. No	Review Date	Change	Rev No	Revision Date	Reason for Change	Amendment
1	SDH/PGR/4.1	Handling of Enquires	1	2	01-Jan-25	No Any change review completed	2	01-Jan-26	No Any change review completed	No Any Amendment History
2	SDH/PGR/4.2	Patient Registration	1	2	01-Jan-25		2	01-Jan-26		
3	SDH/PGR/4.3	Co-operate and Insurance Patient	1	2	01-Jan-25		2	01-Jan-26		
4	SDH/PGR/4.4	Handling of health Check Up Patient	1	2	01-Jan-25		2	01-Jan-26		
5	SDH/PGR/4.4A	Guideline For Health Check ups	1	2	01-Jan-25		2	01-Jan-26		
6	SDH/PGR/4.5	VIP Patient and Guests	1	2	01-Jan-25		2	01-Jan-26		
7	SDH/PGR/4.6	Patient Feedback Analysis	1	2	01-Jan-25		2	01-Jan-26		
8	SDH/PGR/4.7	Handling Patient Complaints	1	2	01-Jan-25		2	01-Jan-26		
		Original Date	**Effective Date**		**Next date of revision**		**Issue NO**			
		01-Nov-21	**01 January 2026**		**01 January 2027**		1			

Reviewed & Prepared By		**Recommended By**	**Approved By**
Mr. Sanjeev Dayma	Mrs. Renuka Sonawane	Dr. H. Kalgaonkar	Dr. S. S. Deepak
PRO	Quality Co-ordinator	Quality Head	Chairman & Managing Director
			

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Mr. Sanjeev Dayma	Mrs. Shraddha Suryavanshi	Dr. H. Kalgaonkar	Dr. S. S. Deepak
PRO	Quality Co-ordinator	Chief Medical Administrator	Chairman & Managing Director
			

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	SAIDEEP HOSPITAL PATIENTS & GUEST RELATIONS MANUAL	Doc No	SDH/PGR/01
		Issue No	01
		Rev No.	02
		Date	01 Jan 2026
		Page	1
	Amendment Sheet		

Sr. No	Page No	Clause No	Date of Amendment	Amendment Made	Reasons	Signature of Approval Authority

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
Quality Head		Chairman & Managing Director	

1. PURPOSE:

To describe the system established for handling various types of enquiries regarding the hospital facilities and services.

2. SCOPE:

This procedure is applicable for direct and telephone based enquiries.

3. DEFINITIONS

4. RESPONSIBILITY

The enquiry counter staff will be responsible for handling direct enquiries of patients / visitors.

The telephone operators will be responsible for sorting and channeling the various telephone enquiries as per the category and importance within addition pf following up online enquires.

All staff members are responsible for handling specific enquiries regarding their specialty / unit / functions as required.

5. DESCRIPTION

5.1 General Policies on Handling of Enquiries

The Saideep Sahyadri staff shall handle all enquiries in a prompt and courteous manner.

All staff members handling an enquiry shall ensure that the information provided is correct and up to date. In case of any doubt the staff member should refer to their respective supervisory staff or the Administrative Officer.

The key enquiry handling areas like the Enquiry Counter, Telephone Exchange etc shall maintain an updated version of frequently required details like hospital services, specialties, consultants name and timings, service availability and timings of various units, In-patients list, discharge list etc.

5.2 Enquiry Counter

The hospital shall operate a separate enquiry counter separate from other activities of the reception for effective handling of direct enquiries of the patients and guests.

The enquiry counter shall operate from 8 AM – 8 PM and shall be manned by adequate number of staff depending on the patient traffic.

5.3 Telephone Enquiries

The telephone operators are responsible for receiving, sorting and channeling of various types of enquiries based on the type and importance of the enquiry.

5.4 Categories of Enquiries and Responsibility

The various types of enquiries and responsibility for handling them are described as given below.

Type / Category of Enquiry	Responsibility
Services and Facilities	Guest and Public Relations Officer
Tariffs	Billing Clerk
Medical Services	Respective Units / Medical Practitioners
Vendor / Supplier Enquiries	Purchase Manager
Admission and discharge status	Enquiry Counter
Patient Status	Nursing unit in-charges

1. PURPOSE:

To describe the process for patient registration at the hospital.

2. SCOPE:

This procedure is to ensure the assignation proper identification of each patient through a unique patient number. The process of registration is applicable for all patients of the hospital.

3. RESPONSIBILITY

The registration counters at the reception is responsible for ensuring the proper registration of the patients and collection of registration charges. After collection of relevant count id's & photo.

4. DESCRIPTION

4.1 General Policies on Patient registration

All patients who undergoes outpatient or inpatient treatment or avails diagnostic services of the hospital shall be registered as a patient.

Each registered patient of the hospital shall be issued a unique hospital number, which shall be of permanent nature.

The hospital number shall be the primary identification key for all transactions and processes involving the patient.

The hospital number shall be legibly noted all on records pertaining to the patients interaction with the hospital and all components of the medical documentation pertaining to the patient.

4.2 Registration Process

The registration counter shall provide the patient with a pre-registration form.

The registration counter staff will enter the details provided in the pre-registration format into the appropriate module of the Hospital Information System to generate the registration number. (Refer to relevant section of HIS User Manual).

The registration staff shall ensure that all the patient information required for the registration process is complete in all respects. Along with relevant fout ID & photo.

The registration staff shall print a barcode sticker and paste it in the new patient folder for identification.

In case of registration of patients other than Indian nationals, the registering staff member shall verify the relevant details like the passport number.

4.3 Registration of Emergency Patients

In case of patients needing emergency attention they shall be immediately shifted to the emergency care.

The emergency care reception shall coordinate with the relatives and the registration staff to ensure priority registration for the emergency cases.

The emergency reception shall directly inform the medical record department for retrieval of old medical records.

4.4 Validity of Patient Registration

Permanent

1. PURPOSE:

To narrate the process for handling of patients referred to Saideep under corporate tie-up schemes and patients under various insurance / Third Party Administered schemes.

2. SCOPE:

This procedure is define the system for authorization, verification and processing of requests from various patients associated with various insurance schemes having tie-up with the hospital; for providing treatment and services to members of their scheme.

3. RESPONSIBILITY

The marketing & insurance department – In-charge is responsible for communicating to the various units of the hospital regarding procedures to be followed in case of each category / scheme of insurance patients.

The insurance counter at the reception is responsible for verification and processing of the requests of patients under insurance scheme.

4. DESCRIPTION

4.1 Patients under Third Party Administered (TPA) Health Insurance Schemes

All patients under the insurance cover are required to present an authorization letter specifying the nature of treatment / services required from the hospital.

In case of emergency admissions, the authorization has to be obtained from the concerned Third Party Administrator (TPA) within 24 hours.

The credit facility shall be extended to the extent of the amount stated in the authorization.

Non-medical expenses like Television charges, telephone charges, Fax Charges, F& B expenses, transportation, barber charges, ambulance charges, Private Nursing charges,

and Energy drinks, toiletries etc shall not be covered by the credit facilities or re-imbursement and should be collected directly from the patients.

In case of any clarification regarding whether a particular expense / service shall come under the re-imbursement; it shall be referred to In-charge marketing or insurance department staff for clarification.

4.2 Supporting documentation for bill processing

The billing in-charge will verify that the following supporting documentation is available before submitting the patient bill for claims processing.

- Hospital final bill with proper break up item wise, countersigned by the patient.
- A copy of the TPA ID card / pre-authorization issued by the TPA.
- Original Discharge summary
- Cash memos from the hospital
- Diagnostics test reports and payment receipts
- Surgeons bills and receipts for charges
- Original reports of all investigations mentioned in the bills
- Prescriptions for medicine and consumables
- Claim form of the respective insurance company signed by the patient.

The billing section in-charge will ensure that the above-mentioned documents are in-order before providing clearance for formal discharge.

4.3 Patients under General & Life Insurance Check up Schemes.

These patients are to be considered as customers for the hospitals services and not patients.

The insurance counter at the reception shall be responsible for handling of these customers.

All such customers are required to produce a photo identity card.

They are to be requested for a letter from the concerned company requesting for tests.

All the bills shall be signed by the customer.

These patients shall be directed to only the empanelled medical practitioners for that scheme.

The concerned company stationery shall only be used. In case the stationeries are not available the marketing team is to be informed.

The signature on the Medical Examination Form and request slip sent by the company should be checked.

The following documents are to be forwarded in an envelope to the company.

- Medical reports
- Investigation reports
- Medical request / requirement letter issued by the company

4.4 Corporate Patients

Corporate patients are patients referred to the hospital under specialized package schemes and indirect re-imbursement for service agreements with various corporate bodies. These patients / customers shall be either the employees of the concerned corporate or their dependents.

The services to such patients / customers shall be provided based on an authorization letter signed by the authorized signatory of that organization. The details regarding authorized signatory of each company shall be provided and updated periodically by the marketing team.

In case of emergency cases the marketing team shall be informed. The marketing team shall take a verbal authorization from the authorized person in the company.

A written authorization shall be obtained within a period of one working day.

4.5 Company specific instructions for processing of insurance patients

The marketing department shall periodically issue instructions on the authorization and processing of patients under various insurance and corporate tie-ups agreed upon by the hospital.

In case of any clarification the concerned department shall verify with the marketing team for guidance in the matter.

5. ANNEXURE

1. Company / Scheme specific instructions for processing of insurance patients.

1. PURPOSE:

To provide prompt and quality service to patients / customers utilizing the various pre-paid health check up schemes of the hospital.

2. SCOPE:

This procedure is applicable for the handling of the patients under the various health checks up schemes offered by the hospital.

3. RESPONSIBILITY:

The Guest and Public relations Officer are responsible for ensuring the quality and timely service to the patients utilizing the health check-up packages at various service points of the hospital.
The Guest and Patient Relations Executives are responsible for ensuring individual attention to such customers and guiding them through various steps of the respective health-check-ups.

4. DESCRIPTION

4.1 Appointments & Patient Instructions

The reception shall be responsible for fixing appointments for the health check-up patient requesting for the same.

The reception staff shall prepare a list of such appointments and submit it to the GPRO at 5.30 PM the previous evening.

GPRO will communicate to the concerned physicians and service units regarding the schedule of Health-check up patients.

The Guest and Patients Relation Executives shall provide the necessary instructions to the patients regarding the time of arrival, fasting requirements, diet restrictions etc as required.

The walk-in patients for health check-ups shall be added on to the days list of health check-ups and concerned departments informed.

4.2 Receiving and Guidance of the health-check up patients

All health-check-up patients shall be required to report to the reception.

They shall be received and escorted for their required blood collections to the laboratory. The Guest and Public Relation Executives shall personally escort them to the service centers.

Each health-check-up patient shall be provided with an identity card for their easy identification by staff members and to facilitate a priority service at each unit.

The guest band public relation executives shall ensure that each health check-up customer is handed over to the concerned person at the service units and they are escorted to the next investigation / consultation at appropriate time.

The health check-up customer shall be guided through the process as per the instructions of the *Guideline for Handling Health Check-up Patients*

4.3 Medical Consultations for the Health Check-up patients

All health check-up customers shall be examined by the Family Physician as per schedule. The physician shall peruse the test reports and results of other procedures done. He / She shall counsel the health check-up client and prepare a summary of the same.

In case a specialist consultation is included in the health check-up package, this shall be arranged after the consultation by the family physician along with the summary.

4.4 Referral Consultations

The GPRE shall co-ordinate for any other referral consultation that the MHC client has to undergo based on the recommendations of family physician, or as per the entitlement in case of Health check up or for payment of an additional consultation fee.

5.5 Results and Summary of health Check-ups

The health check-up customer shall leave the OP file at the reception and shall take all the reports with him except the Medical Summary of Health Check up.

In case of corporate clients, the marketing department will be responsible for collection of reports from Front office for delivery to the respective corporate offices.

The reception shall co-ordinate to get the family physician's summary typed and the physician shall check and sign the same.

The customer shall receive the physician's summary from reception the following evening. A copy of the physician's summary is filed into the OP file.
The customer shall also be offered an option of receiving the summary through courier.

5. ANNEXURE

1. Guideline for Handling Health Check-up Patients

Appointment to be scheduled as per the appointments register.

Note down Name, Type of health check-up, Corporate or private, if already registered, not down registration number and telephone number.

1. Inform the person to be fasting from 10.00 PM the previous night.

2. Report to 'RECEPTION' between 7.45am - 8.00am with samples of urine and stools. (Containers could be collected the previous day from the sample collection center.)

3. Register the person, Hand over Health Check-up details.

4. Billing. If corporate members, check for referral letter and inform billing.

5. Guide the person to sample collection center.

6. Hand over breakfast coupon and guide to restaurant.

7. Guide for X-ray and ECG

8. Vital statistics - Room *33* & Gynaec Check-up Room *124*.

9. Second sample of blood after 1-½ hours of breakfast.

10. Guide the customer for other investigations as per the test details.

11. The customer to be guided to the family Health Clinic for Consultation.

11. Entry to be made in Health Check-up Register and signature of the receiver to be taken.

12. Reports to be handed over to the person and the Health Check-up folder attached to the OP file. Summary to be given for typing.

13. Cross consultation register to be filled in and handed over to Billing Supervisor for entry in consultant's account.

Saideep has four types of health check uppackages

- Basic health Check Up
- Well Women Health Check Up
- Comprehensive Health Check Up
- Executive Health Check Up

1. PURPOSE:

To ensure prompt and courteous handling of the important patients and guests such as Ministers, Legislators, highly ranked officials, leading citizens and celebrities

2. SCOPE:

This procedure is applicable for determining the correct protocols for handling VIP patients and important guest to the hospitals.

3. DEFINITIONS

Nil

4. RESPONSIBILITY

The Guest and Public relations Officer is responsible for coordinating that the program for the visit of the concerned patient / guest is organized and carried out in planned and efficient manner.

The Administrative officer is responsible for ensuring that due priority is ensured to the concerned patient / guest at various service units in coordination with respective unit in-charges.

5. DESCRIPTION

5.1 Planning for the visit

The Administrative officer shall inform all departments regarding the visit and the schedule of important guests/patients at least a day in advance.

The GPRO will ensure that incase the patient is to be admitted to the hospital the appropriate category room / bed is made reserved for the patient in advance.

Incase of guest visits for purpose of hospital visit / inspection the schedule shall be provided to various units involved.

The Administrative officer shall inform the F& B in-charge regarding the lunch / dinner / snacks arrangements to be made for the guest including appropriate menu.

5.2 Receiving and Guiding the important guests / patients

The GPRO shall be responsible for receiving the guests at the entrance and escorting him to the VIP lounge or concerned office.

In cases of important patients the GPRO shall make arrangements for their transfer to the concerned ward or unit. He shall make arrangements to complete the registration procedures with minimum delay.

The GPRO shall hand over the patient to the concerned unit head after introducing them. The unit heads shall be responsible for ensuring courteous and efficient service to the patient while in his unit.

Incase of guests requiring a tour of the hospital and its facilities the Chief Medical Administrator shall arrange for a senior member of the hospital staff to accompany them and provide sufficient explanation regarding the various units and facilities of Saideep.

5.3 Allied Services

Incase of important patients the chief dietician shall visit the patient on a daily basis and ensure satisfactory Food and beverages services.

The Chief Medical Administrator shall monitor the hospital services provided to such patients to ensure that quality and efficiency of service is achieved.

5.4 Patient feedback

The patient counselor shall visit the important patients on a daily basis and discuss various complaints / suggestions. In case of any complaints he / she shall initiate immediate corrective action and report the same to the CMD.

She / he shall ensure that the patient feedback is obtained at the time of discharge using the patient feedback form.

1. PURPOSE:

To ensure implementation of effective arrangements for obtaining patient feedback on treatment, care and services provided by the hospital; and determine methods for its analysis to ensure continual improvements of various hospital processes.

2. SCOPE:

This procedure is applicable for all types of patient feedbacks; verbal or written and their analysis.

3. RESPONSIBILITY

The Patient Counselor is responsible for coordinating the collection of feedback from the patients and its analysis.

The Quality Improvement Coordinator is responsible for coordinating the utilization of the patient feedback analysis data for the continual improvement of various hospital processes.

4. DESCRIPTION

4.1 Patient Counselor

The Patient Counselor has the responsibility for coordinating the patient feedback collection process at various levels and its analysis.

The patient counselor shall have the authority and responsibility to ensure that corrective and preventive actions are taken on various feedback provided by the patients.

The patient counselor shall interact with the patients in a constant basis to obtain feedback regarding various services of the hospital.

4.2 Methods for Patient Feedback Collection

The following methods shall be used for collection of patient feedback.

- *Patient Feedback Form* – A patient feedback form shall be provided at all in-patient rooms at the time of admission. The nursing in-charges shall be responsible for the collection of filled up feedback forms and forwarding them to the Patient counselor.

The patients shall be provided the opportunity to mail these forms to the hospital or deposit them at the reception or complaint suggestion / boxes.

These forms shall be designed in such a manner that these may be filled in forms may be sealed to ensure confidentiality of the feedback and these shall be opened only by the patient counselor.

- *Direct Visits* – The patient feedback and opinions may be obtained verbally during direct patients visits of the Patient Counselor, Administrative officer or Senior Management. In case of any significant feedback, which is received verbally, the person shall raise the same during the next Daily Executive Meeting.

- *Outpatient Feedback Forms* – All out patients of the hospitals shall be provided with a Out-patient Feedback Card, along with their OP files at the time of registration. These shall be collected either by the reception or through appropriately placed feedback collection boxes in the OP areas.

4.3 Patient Counselor Visits

The patient counselor shall visit all new in-patients within the first day of their admission and familiarize them with the rules and regulation of the hospital.

During his / her visit to the patients she / he shall discuss with patients their complaints and grievances (Refer to procedure for Patient Complaints Handling).

The patient counselor shall encourage the patients to utilize the Patient Feedback Form to provide their feedback and rating regarding various hospital services and personnel.

4.4 Analysis of Patient Feedback

The patient counselor shall do a qualitative analysis of the both the in-patient and outpatient feedback received once every two months.

Appropriate tools like histograms, pie charts, tables etc shall be used to present the collated data.

The patient counselor shall prepare a report based on the quantitative analysis of the patient feedback and submit the copies of the same to the CMD and ED.

A copy shall be forwarded to the Quality Improvement Coordinator as an input for the review meetings of the Quality Improvement Committee.

These reports shall contain;

- Quantitative representation of the feedbacks received
- Comparison with the previous feedback analysis
- Highlights on areas of concern
- Areas showing significant improvement
- Areas with significant reduction in patient satisfaction

4.5 Utilizing Patient feedback for continual improvement

The data obtained from the patient feedback form vital information for the continual improvement of the processes and services.

The patient feedback analysis reports shall form a input for the management review conducted by the Quality Improvement Committee (Refer to Procedure for Management Review).

5. RECORDS

Record Code	Record	Format	Responsibility	Indexing	File No	Minimum Retention Period
R-GPR-01	In-patient feedback Form	Manual	Patient Counselor	Chronological	GPR/F01	Six Months
R-GPR-02	Out Patient Feedback Card	Manual	Patient Counselor	Chronological	GPR/F02	Six Months
R-GPR-03	Patient Feedback Analysis Reports	Manual	Patient Counselor	Chronological	GPR/F03	Two Years

6. ANNEXURE

1. Format of In-patient Feedback Form
2. Format of Out-patient Feedback Card

1. PURPOSE:

To ensure implementation of effective arrangements for communicating customer complaints and grievances regarding treatment, care and services provided by the hospital; process for corrective actions and analysis of the root causes for prevention of its recurrence.

2. SCOPE:

This procedure is applicable for all types of all patient complaints and grievances both written and verbal.

3. RESPONSIBILITY

The Patient Counselor is responsible for coordinating the collection, analysis and initiating corrective and preventive actions.

The Quality Improvement Coordinator is responsible for coordinating the utilization of the quantitative analysis data on patient complaints for the continual improvement of various hospital processes.

4. DESCRIPTION

4.1 Patient Counselor

The Patient Counselor has the responsibility for coordinating the patient complaints handling process at various levels and its analysis.

The patient counselor shall have the authority and responsibility to ensure that corrective and preventive actions are taken on various complaints and grievances of the patients.

The patient counselor shall interact with the patients in a constant basis to directly discuss with them regarding complaints and grievances.

During the duty hour's patient counselor shall be the coordinating point of receipt of all patient complaints. During the night hours the night manager shall be the point of coordination for handling of patient complaints.

4.2 Methods for Communicating Patient Complaints and Grievances

The following methods shall be established for the patients to communicate their complaints and grievances to the management.

- *Patient Complaint Registers* – All units (nursing stations, investigations, OP etc) shall maintain a Patient Complaint Register, which shall be provided on request to the patients for recording their complaints and grievances. (Refer to attached Format for Patient Complaints Register)

- *Direct Visits by Patient Counselor* – The patient feedback and opinions may be obtained verbally during direct patients visits of the Patient Counselor. The Patient Counselor shall use a Patient Visit Report to record and track various complaints and grievances communicated by the patients during his / her visit.

- *Complaints / Suggestion Boxes* – Complaints / Suggestion Boxes shall be provided at all public areas and floors where the patients can drop their complaints/suggestions. These boxes shall be locked and shall be opened only by the Patient Counselor.

4.3 Patient Counselor Visits

The patient counselor shall visit all in-patients on a frequent basis and collect complaints and grievances regarding the hospital's services, like nursing, housekeeping, security, cleanliness, F&B services etc.

She / he shall note the various complaints and grievances in the Patient Visit Report (Refer to attached format).

The patient counselor shall discuss the complaints with the concerned department and ensure corrective actions as soon as possible.

The patient counselor shall follow-up the effectiveness of the corrective action with the patients on the following visits.

The patient counselor during the visits to the various in-patient rooms shall examine the respective Patient Complaints Register and shall ensure corrective actions for the same.

The patient counselor will also examine the Patient Complaints Register in the OP area and investigation units on a frequent basis and shall ensure corrective actions for the same.

The patient counselor will collect the complaints and suggestions from the various complaints and suggestion boxes and file the same.

4.4 Analysis of Patient Complaints & Grievances

The patient complaints received from the various sources shall be analysed by the patient counselor to identify the recurring complaints and areas requiring improvement.

These recurrent complaints shall be analysed further to identify the root causes. These shall be discussed with the respective unit in-charges and preventive actions taken to ensure that these do not recur.

The patient counselor shall compile a monthly report on recurring complaints, their volume, their causes and actions taken to rectify them. This report shall be forwarded to the CMD and ED.

A copy shall be forwarded to the Quality Improvement Coordinator as an input for the management review meetings of the Quality Improvement Committee.

5. RECORDS

Record Code	Record	Format	Responsibility	Indexing	File No	Minimum Retention Period
R-GPR-04	Patient Complaint Registers	Manual	Unit In-charge	NA	NA	One Year
R-GPR-05	Patient Visit Reports	Manual	Patient Counselor	Chronological	GPR/F04	Six Months
R-GPR-06	Patient Complaints Analysis Reports	Manual	Patient Counselor	Chronological	GPR/F05	Two Years

6. ANNEXURE

1. Format of Patient Complaints Register
2. Format of Patient Visits Reports