



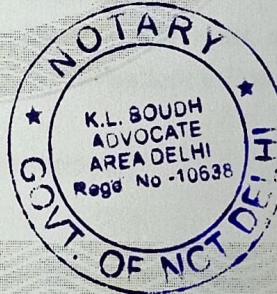
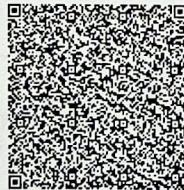
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Government of National Capital Territory of Delhi

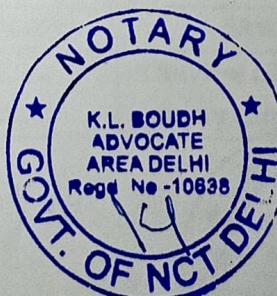
e-Stamp

Certificate No.	IN-DL36958684921431T
Certificate Issued Date	14-Oct-2021 12:23 PM
Account Reference	IMPACC (IV) / dl826403/ DELHI/ DL-DLH
Unique Doc. Reference	SUBIN-DLLD82640369295925276973T
Purchased by	SHRI VATS AYURVEDIC CHIKITSALAYA
Description of Document	Article 5 General Agreement
Property Description	Not Applicable
Consideration Price (Rs.)	0 (Zero)
First Party	SHRI VATS AYURVEDIC CHIKITSALAYA
Second Party	SAWAN NEELU ANGELS HOSPITAL
Stamp Duty Paid By	SHRI VATS AYURVEDIC CHIKITSALAYA
Stamp Duty Amount(Rs.)	100 (One Hundred only)



Please write or type below this line

Signature
Shri Vats Ayurvedic Chikitsalya
640/C, Chirag Delhi
New Delhi-110017



DR. ASHOK KUMAR
SAWAN NEELU ANGELS
NURSING HOME

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at www.shcilestamp.com or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please Inform the Competent Authority.

MEMORANDUM OF UNDERSTANDING

Patient Care MOU Between:

SHRI VATS AYURVEDIC CHIKITSALAYA AND SAWAN NEELU ANGELS HOSPITAL

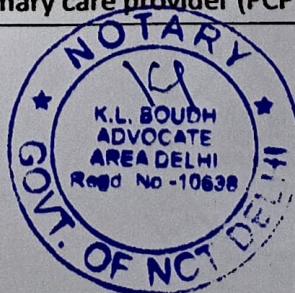
As part of our patient-centered medical home model of care **Shri Vats Ayurvedic Chikitsalaya** Whose address is **640/C, Chirag Delhi, New Delhi-110017** enters into this Memorandum of Understanding (MOU) with **Sawan Neelu Angels Hospital** whose address is **J-293, J-Block Market Saket, New Delhi-110017** to further our vision of optimizing health care delivery and the overall health and wellbeing of our patients. The purpose of this MOU is to define goals and expectations for the relationship between **SHRI VATS AYURVEDIC CHIKITSALAYA** and **SAWAN NEELU ANGELS HOSPITAL** as it pertains to the care of **SHRI VATS AYURVEDIC CHIKITSALAYA** patients who receive services from **SAWAN NEELU ANGELS HOSPITAL**. This MOU will provide a framework for access to services, effective collaboration, and timely communication among **SHRI VATS AYURVEDIC CHIKITSALAYA**, **SAWAN NEELU ANGELS HOSPITAL**, and **SHRI VATS AYURVEDIC CHIKITSALAYA** patients.

Goals for SHRI VATS AYURVEDIC CHIKITSALAYA and SAWAN NEELU ANGELS HOSPITAL:

- Provide optimal health care for our patients, regardless of ability to pay. This includes care that is timely, high quality, and patient-centered.
- Improve collaboration, communication, coordination of services, and continuity of care by supporting efficient, real-time communication of patient information among those caring for the patient.
- Foster healing relationships and patient engagement.

Expectations:

Pre-Hospitalization	SAWAN NEELU ANGELS HOSPITAL
SHRI VATS AYURVEDIC CHIKITSALAYA	SAWAN NEELU ANGELS HOSPITAL
Inform SHRI VATS AYURVEDIC CHIKITSALAYA patients of the relationship with SAWAN NEELU ANGELS HOSPITAL in the event of an admission to SAWAN NEELU ANGELS HOSPITAL.	None
During Hospitalization	
SHRI VATS AYURVEDIC CHIKITSALAYA	SAWAN NEELU ANGELS HOSPITAL
<input type="checkbox"/> Provide SAWAN NEELU ANGELS HOSPITAL with any necessary medical	<input type="checkbox"/> Review clinical information sent by the primary care provider (PCP).

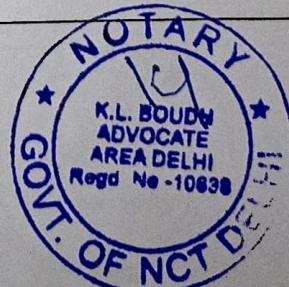


<p>information for the admission, including medications, chronic diagnosis, etc.</p> <p><input type="checkbox"/> Be available for phone consultation to assist hospitalist.</p> <p><input type="checkbox"/> Be available to confer with patient or patient's family when necessary, particularly with serious change in condition.</p> <p><input type="checkbox"/> Confer with SAWAN NEELU ANGELS HOSPITAL to provide list of specialists who have agreed to provide discounted services to uninsured SHRI VATS AYURVEDIC CHIKITSALAYA patients if indicated.</p>	<p><input type="checkbox"/> At the discretion of the attending provider, contact PCP during the hospital admission to discuss any serious complications or change in status and collaborate on recommended plan to support the patient/family, as appropriate.</p> <p><input type="checkbox"/> Inform patient of diagnosis and prognosis.</p>
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Post-Hospitalization	SAWAN NEELU ANGELS HOSPITAL
<p><input type="checkbox"/> Contact patient via telephone within 2 business days from discharge.</p> <p><input type="checkbox"/> Schedule follow-up appointment within 1 week of discharge, for example, within 72 hours for a complex/high risk patient, or 14 days for other patients unless otherwise documented in medical record.</p> <p><input type="checkbox"/> Resume care of patient on discharge and act on care plan developed by hospitalist or care team.</p>	<p><input type="checkbox"/> Inform patient of follow-up recommendations.</p> <p><input type="checkbox"/> Through hospital process, contact PCP and provide PCP with care plan for complex/high risk patients.</p>

Other terms:

Compensation
<p>Patients with Insurance Coverage: SAWAN NEELU ANGELS HOSPITAL will bill the patients' insurance company. The patient will be responsible for any co-pays or deductibles, unless arrangements are otherwise made between patient and SAWAN NEELU ANGELS HOSPITAL.</p>



Patients without Insurance Coverage:

SAWAN NEELU ANGELS HOSPITAL will bill patients without insurance coverage in accordance with its Financial Assistance Policy in effect at the time of service. Under the policy in effect as of the date of execution of this agreement, SAWAN NEELU ANGELS HOSPITAL will provide medically-necessary hospital inpatient, outpatient and Emergency Department services that are billed by SAWAN NEELU ANGELS HOSPITAL and all medically-necessary services provided by any SAWAN NEELU ANGELS HOSPITAL -employed physician at a discounted fee. If the patient's household income is at or less than 200% of the federal poverty level (FPL), then the patient will receive a sliding fee discount. SAWAN NEELU ANGELS HOSPITAL will calculate the bill for such patients using the same amounts as are billed to people with insurance.

Quality of Care

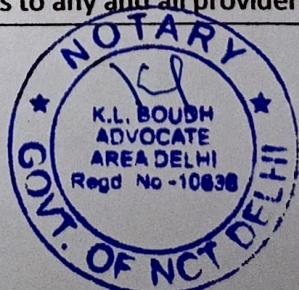
Both SAWAN NEELU ANGELS HOSPITAL and SHRI VATS AYURVEDIC CHIKITSALAYA will furnish their services in a manner that is consistent with, at a minimum, the prevailing standard of care, and the same professional manner and pursuant to the same professional standards as are generally furnished to all patients, and in accordance with all relevant federal, state and local laws and regulations, including, but not limited to, non-discrimination laws. SAWAN NEELU ANGELS HOSPITAL will accept all SHRI VATS AYURVEDIC CHIKITSALAYA patients, regardless of ability to pay, subject to capacity limitations (as SAWAN NEELU ANGELS HOSPITAL may determine in its sole discretion). Each party will provide the other, on request, with assurances that, during the life of this MOU, it and, as applicable, its individual health care practitioners are and will remain duly licensed, certified and/or otherwise qualified to provider services hereunder, with appropriate training, education and experience in their particular field: appropriately credentialed and privileged, and eligible to participate in federal health care programs including Medicaid and Medicare.

Insurance

SHRI VATS AYURVEDIC CHIKITSALAYA and SAWAN NEELU ANGELS HOSPITAL each presents and warrants that it has adequate coverage against professional liabilities that may occur as a result of furnishing services under this MOU. SHRI VATS AYURVEDIC CHIKITSALAYA and SAWAN NEELU ANGELS HOSPITAL each shall be responsible for its own acts or omissions and for any and all claims, liabilities, injuries, suits, demands, and expenses of all kinds which may result or arise out of any alleged malfeasance or neglect caused or alleged to have been caused by that Party or its employees or representatives in the performance or omission of any act or responsibility of that Party under this MOU.

Provider of Judgment and Freedom of Choice

All health and health-related professionals employed by or under contract with either Party shall retain sole and complete discretion, subject to any valid restriction(s) imposed by participation in a managed care plan, to refer patients to any and all provider(s) that best



meet the requirements of such patients. All such patients shall be advised that, subject to any valid restriction(s) imposed by participation in a managed care plan, said patients may request referral to any provider(s) they choose.

Agreements with Other Parties

Both Parties retain the authority to contract with other Parties, if, and to the extent that, they reasonably determine that such contracts are necessary in order to implement their policies and procedures, or as otherwise may be necessary to ensure appropriate collaboration with other local providers (as required by Section 330(k)(3)(8) of the Public Health Services Act), to enhance patient freedom of choice, and/or to enhance accessibility, availability, quality and comprehensiveness of care.

Volume or Value of Referrals

Nothing in this MOU requires, is intended to require, or provides payment or benefit of any kind (directly or indirectly) for the referral of individuals or businesses to either Party by the other Party. Neither Party shall track such referrals for purposes relating to setting the compensation of its professionals or influencing their choice.

Confidentiality

The Parties (and their directors, officers, employees, agents, and contractors) shall maintain the privacy and confidentiality of all information regarding the personal facts and circumstances of their patients in accordance with all applicable federal and state laws and regulations (including, but not limited to, the Health Insurance Portability and Accountability Act and its implementing regulations set forth at 45 C.F.R Part 160 and Part 164). The Parties (and their directors, officers, employees, agents and contractors) shall not use or disclose patient information, other than as permitted or required by this MOU for the proper performance of duties and responsibilities hereunder. The Parties shall use appropriate safeguards to prevent use or disclosure of patient information, other than as provided for under this MOU.

Termination

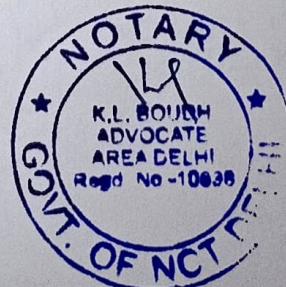
This MOU may be terminated by either Party without penalty or cause by giving written notice to the other Party.

Notices

All notices and other communications required or permitted under this MOU, unless otherwise stated, shall be deemed duly given if in writing and delivered personally, via e-mail or by First Class US Mail, postage prepaid.

Notices will be deemed given on the date of delivery. Either Party may change its notice address by giving the other ten (10) days prior notice of such a change.

Dispute Resolution



If a dispute arises regarding this MOU, SHRI VATS AYURVEDIC CHIKITSALAYA and SAWAN NEELU ANGELS HOSPITAL shall first attempt to resolve it by informal discussions between Parties, unless there are circumstances under which an extended resolution procedure may endanger the health and safety of patients.

Relationship of the Parties

The Parties are and shall remain separate and independent entities. Neither Party shall be construed to be the agent, partner, co-venture, employee or representative of the other Party.

Third Party Beneficiaries

Nothing herein is intended or shall be construed as creating any rights for any person or entity not a Party hereto, including, but not limited to, employees or patients who are receiving services under this MOU.

Amendments

This MOU may be modified or amended in writing with the express written consent of both Parties.

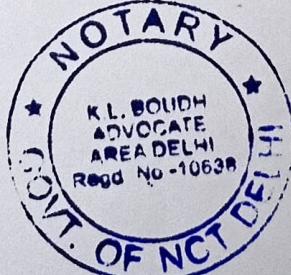
Governing Law

This MOU shall be construed and enforced in accordance with the laws of the State of _____ excluding the state's choice-of-law principles.

IN WITNESS WHEREOF, the Parties here have executed this MOU as of the dates written below.

SAWAN NEELU ANGELS HOSPITAL DR ASHOK KUMAR C.M.D. Signed: <u>Ashok Kumar</u> Title: <u>Medical Director</u> Date: <u>13/10/21.</u>	SHRI VATS AYURVEDIC CHIKITSALAYA Signed: <u>Pushpa Sircara</u> Title: <u>Shri Vats Ayurvedic Chikitsalya 640/C, Chirag Delhi New Delhi-110017</u> Date: <u>14/10/21.</u>
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K.L. BOUDH ADVOCATE
CH. NO.541 SAKET COURT
NEW DELHI (INDIA)



ATTESTED
NOTARY PUBLIC
DELHI

K.L. BOUDH ADVOCATE
CH. NO.541 SAKET COURT
NEW DELHI (INDIA)

14 OCT 2021