

	INODAYA Hospitals - Kakinada		Documentation code: INH/AAC.- 03
	Policy for Registration and Admission		Issue date: 11/11/2025
	Reference: AAC.02a. NABH Standards – 6 th Edition		Review No: 00
	Prepared date: 11/11/2025	Review Date: 10/11/2026	Issue No: 01

AAC 2a Policy for Registration and Admission

1. PURPOSE:

To standardize the process for registration & admission of patients utilizing the services of our organization

2. Applicable areas:

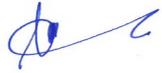
Front office for registration, Front office – OPD desk & Casualty

3. Responsibility:

Front office executives, Casualty executive & OPD executive

4. Definitions:

- a. **Outpatient:** A patient who registers with the hospital for treatment that does not require an overnight stay and also patients who come to hospital for only investigations.
- b. **Service:** This refers to any of the services offered by the hospital: Medical and/or Surgical treatments, Consultation services by the concerned specialists, Diagnostic services, Pharmacy, In-Patient services, other allied professional nutritional / rehabilitative services
- c. **Referral Matrix:** A matrix of clinical symptoms assigned to specific specialties as quick reference guide for front office staff & executives
- d. **Unidentified patient:** Patient who has come/brought to our hospital without proper demographic details (such as – name, age & address) is identified as an unidentified patient

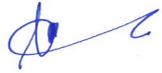
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- e. **CMO:** Casualty Medical Officer
- f. **Patient file:** A Medical records file that is maintained by the medical records dept.

4. Policy:

- a. Every patient is assessed at the OPD / Casualty with reference to our scope of services and registered/admitted for further care only if the needs of the patient is met by our scope of services policy
- b. Every patient utilizing the services of our hospital (Consultations, Investigations, IP services, OP services & Emergency services) will be registered and a unique ID(**UMR**) is provided to the patient - for specific registration procedures please refer –All patient registering for OP services are provided with a patient file
- c. Emergency care is provided in our hospital 24 hrs a day and 365 days a year. Registration process for Emergency care is available 24 hours
- d. All patients requiring emergency care are registered with our hospital & admitted under the primary consultant, if further care is required under the IP services
- e. All In-Patient/Day-care admissions are authorized by our consultants/Junior residents (on instructions of the consultants)
- f. All In-Patients are provided with a unique **UMR** number, IP number & and Patient file is generated for documenting the care process
- g. In-case of unidentified patient – every effort is made to identify the patient by providing information to the respective law enforcement agencies through MLC procedures. Temporary registration number is provided to the patient as defined by the nominal register of the casualty

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- h. The front office staff/executives use the referral matrix for providing advice to the patients with regards to specialty under which the patient can obtain further care. CMO is consulted when there is need for clarification
- i. The front office staff are trained with regards to the referral matrix and its usage for reference of the referral matrix
- j. The front office staff & casualty executive coordinates the process with the Operations team for management of patients during non-availability of beds –
 - a. For reference with regards to policy for management of patients during non-availability of beds
- k. All staff members dealing with the process of registrations & admissions are trained with regards to the respective policies & procedures

UNIDENTIFIED PATIENTS REGISTRATION AND ADMISSION

- The **registration staff** shall create a **provisional registration** using a temporary name such as “Unidentified Male/Female” along with a **unique hospital identification number (UHID)**.
- Available details, such as **approximate age, gender, date and time of arrival, and physical description**, shall be recorded in the hospital information system.
- The **patient’s belongings**, if any, shall be safely secured, checked for identification, and relevant details documented.
- If the patient is brought under circumstances involving **trauma, accident, or suspicion of a medico-legal case**, the case shall be registered as a **Medico-Legal Case (MLC)**, and the **local police shall be informed** as per legal requirements.
- **Nursing and medical staff** shall continuously monitor the patient and **document care provided** under the provisional identity.
- Hospital staff, including **social workers and security personnel**, shall make efforts to **identify the patient** through relatives, police, or other authorities.

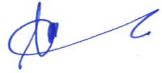
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- Once the patient’s identity is confirmed, the registration details shall be **updated in the system**, while maintaining a **linkage with the original UHID** to ensure continuity of care.
- The procedure shall be **followed by all departments** to ensure **patient safety, legal compliance, and continuity of care**.

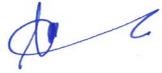
5. OP & Emergency care - Registration process:

- l. All patients utilizing the services of our hospital are greeted with “Namaste”
- m. All patient are assessed at the OPD / Casualty with reference to our scope of services
- n. Patients requiring further care in our hospital are requested to fill the registration form with their demographic details
- o. Every patient utilizing the services (OP Services & Emergency services) of our hospital will be registered on the HIMS registration module and a unique ID (UMR) is provided to the patient – OP patient file, OP MRD file & IP Patient files are generated according to the required documentation process
- p. In-case of unidentified patient – every effort is made to identify the patient by providing information to the respective law enforcement agencies through MLC procedures. Temporary registration number is provided to the patient as defined by the nominal register of the casualty
- q. The front office staff/executives use the referral matrix for providing advice to the OP patients with regards to specialty under which the patient can obtain further care, CMO is consulted when there is need for clarification
- r. The front office staff are trained with regards to the referral matrix and its usage
- s. Emergency care is provided in our hospital 24 hrs a day and 365 days a year. Registration process for Emergency care is available 24 hours

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- t. All patients requiring emergency care are registered with our hospital & admitted under the primary consultant, if further care is required under the IP services
- u. All OP patients/Emergency care patients requiring In-Patient/Day-care admissions are authorized only by our consultants/Junior residents (on instructions of the consultants)
- v. All In-Patients are provided with a uniqueMR, IP number & and IP Patient file is generated for documenting the care process
- w. Patient requiring only diagnostic tests are registered with our hospital through the quick registration module of In HIMS
- x. The front office staff & casualty executive coordinates the process for management of patients during non-availability of beds as defined in this SOP
- y. All staff members dealing with the process of registrations & admissions are trained with regards to the respective policies & procedures as defined in this SOP
- z. Further process details pertaining to registration/admission
 - (1) Registration/admissions process for cash paying patients:
 - i. Patient is greeted with “Namaste”
 - ii. Enquire with the patient regarding the nature of complaints/name of the consultant he/she wishes to see
 - iii. Register the patient and provide him/her a unique ID number (UMR), OP MRD file & OP Patient file
 - iv. Fix an appointment with the respective consultant
 - v. In case the patient is unable to decide the consultant name suitable for his problem, we consult the referral matrix / Causality Medical Officer to further advice the patient
 - vi. All admissions are authorized by the respective consultant/Junior resident (on instructions from the consultant)

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(2) Registration/admissions process for Credit patients (as defined above)

- i. The patient is greeted with “Namaste”
- ii. Patient is enquired with regards to the support that is required & consults the credit cell for further details pertaining to the registration/admission process
- iii. The credit cell addresses the concerns pertaining to all credit patients obtaining cashless services from our hospital
- iv. Verify the Employee’s identification documents/credentials and Referral Letter
- v. Verify the Service(s) referred in the letter and cross check with our scope of services
- vi. Verify for the authenticity of the referral letter
- vii. Register for services as mentioned in the reference letter & provide a unique ID, OP MRD file & OP Patient file
- viii. Fix the appointment with the respective consultant/s
- ix. In case the patient is from CGHS organization, request the patient to fill and sign the claims form available in the front office
- x. Verify the claims form to ensure that it is duly filled and signed by the employee
- xi. Verify the Identity card of the employee for its authenticity. In case the dependent of the employee is the patient, a letter from the organization or Identity proof is requested to be submitted by the patient and follow the registration/admissions process

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- xii. All admissions are authorized by the respective consultant/Junior resident (on instructions from the consultant)

(3) Quick registration process for Diagnostics:

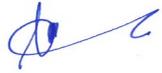
- i. The patient is greeted with a “Namaste”
- ii. The patient is explained of the process pertaining to quick registration
- iii. The demographic details (Name, Age & Sex) of the patient are obtained and entered in the HIMS module for quick registration and bill generation pertaining to the diagnostic process
- iv. Under quick registration the patient is provided with a unique **UMR** of further reference and bills pertaining to the diagnostic process

6. Responsibility:

- a. The responsibility pertaining to the registration process (OPD & Emergency) are defined as below in the responsibility matrix:
Responsibility matrix – OPD
Responsibility matrix – Emergency area
- b. The responsibility for the process is distributed amongst – Front Office staff, Executives, OPD nursing staff, Casualty Medical Officer, Emergency area – Executive & Operations – Manager

7. REGISTRATION OF FOREIGN NATIONALS VISITING INDIA

- All foreigners (including foreigners of Indian origin) visiting India on long term (more than 180 days) Student Visa, Medical Visa, Research Visa and Employment Visa are required to get themselves registered with the Foreigners Regional Registration Officer (FRRO)/Foreigners Registration Officer (FRO) concerned having jurisdiction

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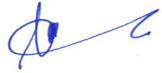
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over the place where the foreigner intends to stay, within 14 days of arrival. However, Pakistan nationals are required to register within 24 hours of their arrival. All Afghan nationals are required to register with the FRRO/FRO concerned within 14 days of arrival except those Afghan nationals who enter India on a Visa valid for 30 days or less provided the Afghan national concerned gives his/her local address in India to the Indian Mission/FRRO/FRO. The Afghan nationals who are issued Visas with 'Exemption from police reporting' are exempt from Police reporting as well as Exit permission provided they leave within the Visa validity period.

- Foreigners other than those mentioned above will not be required to get themselves registered, even if they have entered India on a long term Visa provided their continuous stay in India does not exceed 180 days. If the intention of the foreigner is to stay in India for more than 180 days, he/she should get himself/herself registered well before the expiry of 180 days from the date of arrival with the FRRO/FRO concerned.
- Foreigners (including minors above 16 years of age) have to report in person or through an authorized representative to the appropriate Registration Officer for registration. Medical patients may be exempted from appearing in person for registration.

SUPPORTING DOCUMENTS TO BE SUBMITTED ONLINE FOR OBTAINING SERVICE:

1. Applicant's Photo.
2. Photo Page, Page indicating validity, Page bearing arrival Stamp of IndianImmigration, Visa with endorsement.
3. Form C copy from Hotel or Lodge/Electricity bill/Landline Telephone/ Municipal Bill of the landlord in case of staying in a house of a relative or friend along with a letter

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and photo ID card of the landlord. In case of rented accommodation, copy of the Lease and License agreement (1st and last page & page containing its validity).

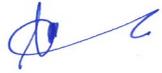
4. Letter from recognized/reputed hospital where treatment is being taken.

MEDICAL VISA/MEDICAL ATTENDANT VISA (OTHER THAN PAKISTAN AND BANGLADESH NATIONALS)

- The initial period of validity of Medical Visa (MED Visa)/Medical Attendant Visa (MED X Visa) may be up to a period of one year or the period of treatment, whichever is less. This period can be extended for a further period up to one year by the FRROs/FROs on production of medical certificate/advice from established/recognized/specialized hospitals/treatment centres in India. Any further extension will be granted only by the Ministry of Home Affairs on the recommendations of the FRRO/FRO concerned supported by appropriate medical documents. Two medical attendants allowed.

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MEDICAL VISA/MEDICAL ATTENDANT VISA (PAKISTAN NATIONALS)

- The initial period of validity of Medical Visa/Medical Attendant Visa may be up to a period of 3 months or the period of treatment, whichever is less. This period can be extended by the Ministry of Home Affairs on the recommendations of the State Governments/FRRO supported by appropriate medical documents. Only one Medical Attendant allowed.

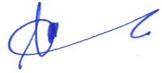
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4. Letter from recognized/reputed hospital where treatment is being taken.

MEDICAL VISA/MEDICAL ATTENDANT VISA (BANGLADESH NATIONALS)

- The initial period of validity of Medical Visa/Medical Attendant Visa may be up to a period of one year or for the period of treatment whichever is less. The Medical Visa and the Medical Attendant Visa will be extendable by another one year subject to production of the required medical report. Three Medical Attendants are allowed.

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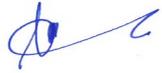
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4. Letter from recognized/reputed hospital where treatment is being taken.

TOURIST VISA CONVERSION TO MEDICAL VISA

- Tourist Visa of a foreigner who falls ill after his/her entry into India rendering him/her unfit to travel and who requires specialized medical treatment may be converted to Medical Visa by the FRRO/FRO concerned if he/she is eligible for grant of Medical Visa and a medical certificate is obtained from a government/ICMR recognized hospital.

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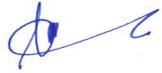
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CHILD BORN IN INDIA (OTHER THAN SURROGACY CASES) ENDORSEMENT OF VISA/EXIT PERMISSION

- In all cases relating to child born in India (other than surrogacy cases), Visa endorsement/exit permission may be granted by FRROs/FROs subject to usual checks. Any further extension of Visa may also be granted by FRROs/FROs.
- Letter from the Embassy of the foreign country in India.
- Discharge letter from the hospital where child is born.
- Birth Certificate(s) of the child/children.
- A copy of the passport issued to the child by the respective foreign country.
- A copy of the passport and Visa of the foreign parents.
- Residence Proof.

Registration process – responsibility matrix

S. NO.	STEPS	RESPONSIBILITY
1.	Registration is done for all patients requiring OPD and IPD services. Front Office Executive shall be contacted for any clarification or in matter of conflict.	Front Office Executive
2.	OPD registration shall be done on the basis of first come first serve basis	Front Office Executive

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3.	The front office staff collects the following details from the patient / relative through the Registration Form - Name, Age, Sex, Address & mode of payment	Front Office Executive
5.	Enter the required details in the HIMS registration module	Front Office Executive
6.	Generate OP MRD file, OP patient file & Appointment	Front Office Executive
7.	Direct the patient towards concerned OPD consultation area	Front Office Executive

Emergency area - Registration process – responsibility matrix

1.	Registration for emergency care is available 24 hours a day	Front Office Executive & Emergency area Executive
2.	For patients obtaining care in our emergency area – the relatives/attenders of the patient are involved in the registration process of the patient	Front Desk Executive, Emergency area Executive, CMO, Nurse In-charge Emergency area
3.	Registration of un-identified patients under MLC procedures	CMO & Emergency area Executive

Patients admitted from Casualty:

- a. Patients are assessed at our emergency area for their treatment needs

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- b. The treatment needs of the patient are co-related with our scope of services
- c. The patient attenders are counseled by the consultants/CMO/Casualty-Executive with regards to the type of treatment, type of ward, surgery, investigations or procedure required and overall cost estimate pertaining to the care process
- d. If the patient attenders are willing for admission in our hospital, the Casualty – Executive coordinates with the front office in admitting the patient:

Admission formalities pertaining to CGHS cash patients -

- i. If the patient is a CGHS cash patient, verify the employee's identity
- ii. If the dependent is getting admitted, verify family photo identity card or verify the letter from the organization for treatment of patient's dependent as proof of relationship
- iii. If the patient/attendant is not carrying such a letter request him/her to produce the letter within 48 hours of admission
- iv. Explain the cost of treatment, surgery, room tariffs, advance deposit or package costs applicable to CGHS cash patients
- v. The amount of cash deposit to be paid during admission is same as cash patients

In case the patient is having Medical insurance - cashless policy -

- i. Explain the general procedures pertaining to obtaining care under the medical insurance – cashless policy
- ii. If the patient has availed cash insurance then explain about the costs of the treatment.
- iii. The patient produces a Medical insurance Card issued by the Medical Insurance Company. No deposit is collected
- iv. The patient/attenders are explained that in case the insurance company does not pay for the services – then the patient is responsible for clearing the dues pertaining to the care process

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If the patient is from empanelled organization:

- i. Request for a Referral letter for admission
- ii. If the patient is already carrying the letter, verify and retain the letter.
- iii. Since the patient is being admitted from the casualty, he/she may not carry a referral letter
- iv. In such a case explain the attendant/employee about the terms and condition of admission of a Credit patient
- v. The patient must sign the undertaking for non-submission of Referral letter
- vi. If the patient agrees for the admission then start the admission formalities
- vii. Since the patient is being admitted to intensive care, briefly mention about the room tariffs & services

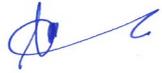
If the patient is a cash-paying patient:

- i. Explain the patient about the approximate cost of treatment/surgery and the amount of deposit required
- ii. Explain patient that the cost of the treatment will vary with type of treatment, days of hospitalization & disease pattern/progression
- iii. Deposit amount for surgery varies from surgery to surgery and availability of the amount with the patient/attendant at the moment

Admission procedure for daycare process

- i. Explain the patient about the date and approximate cost of the surgery
- ii. For certain companies, surgery cannot be performed until letter of authorization for surgery is received from the organization
- iii. If the patient agrees for the admission then start the admission formalities
- iv. Since the patient is being admitted to OT, briefly mention about the room tariffs and services. However this aspect is discussed in details once the patient is fit for transfer to Intensive care or normal inpatient wards

Admission procedure for Intensive Care units (ICU)

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- i. Explain patient/about the room tariffs applicable for intensive care units. If any procedures or investigation have been asked for, inform about the costs concerned
- ii. If the patient agrees for admission, check for the availability of the beds in the concerned Intensive Care Units
- iii. In case beds are not available, Refer Policy: Bed Management of bed in case of non-availability of beds

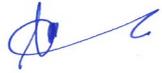
Admission procedures for Inpatient wards:

- a. Explain the patient or Attendant about various categories of Rooms, tariffs of each category, facilities available during hospitalization such as Nursing services, Inpatient pharmacy, canteen, Laundry, Housekeeping services and other support services as defined by our scope of services
- b. In case of Credit patients, Verify grade and designation of the patient in the organization and explain the patient/attendant for the type of room and other facilities that he /she is eligible for. In case patient is not willing to stay in the accommodation available, he /she may opt for up-gradation. In such a situation he/she may be allotted the room (of patient choice) provided the patient agrees to bear the extra amount and subject to the availability of the rooms
- c. Based on eligibility/availability the patient selects his /her room. Refer the Bed management module in HIMS and datasheet available from nursing station of all floors

Refer Policy: Bed allotment policy

Refer Policy: Bed Management in case of non-availability of beds

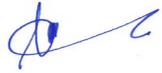
- d. If the patient agrees for the admission then start the admission formalities.
- e. Prepare the Case - file for the patient. The Case - file contains Registration form for admission, Initial assessment form, and Patient Education form
- f. The following Registration details are entered for registration & admission

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- Patient name
- Age
- Sex
- Religion
- Inpatient No.
- Bed No.
- Father's/ Husband's Name
- Insurance Card No.
- Patient's Occupation
- Address
- District
- Village
- Town
- Date of admission
- Time
- Name and signature of the staff registering the patient.

- g. A Unique identification number is generated. This number is commonly called IP number. All the transaction and treatment procedures on patient are carried out with this IP no. This IP no is recorded in the case file of the patient
- h. Many times patient is brought in unconscious state by a non-related /non-acquainted person. In such a situation, every effort should be taken to discover the identity of the patient such as checking for an identity card, license etc. Meanwhile if the delay is affecting the treatment, the patient is admitted with a nominal registration formality & Identifiers
- i. Explain the patient/attendant about the content and scope of General consent form. Request the patient/attendant to sign the General Consent form in the case file and explain the patient about scope of such a form. Ref policies on general /informed consent form. If the patient is unconscious and not in the state of signing the consent form and relatives are not available, the casualty medical officer or the consultant in-charge would sign the form with authorization from the Director of Medical Services – **Inodaya Hospitals - Kakinada**

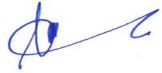
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- j. Explain the patient/attendant about the undertaking form applicable to their category. Request the patient/attendant to sign undertaking form relevant to their category, i.e., Cash or Credit
- k. Handover a Copy of Patient Education Booklet and Patient Rights brochure to the patient/attendant (Inpatient Guide);
 - i. Patient is briefly explained about the patient rights and responsibilities.
 - ii. Patient education brochure include:
 - Patient’s rights
 - Patient Safety
 - Safe and Effective use of Medication
 - Visitors Policy
- l. After the Registration of the patient is over at the Reception, if the patient is a cash patient, request the attendant or the patient to make the advance deposit through Cash/payment through Credit or Debit card at the Reception Counter. One Attendant pass is issued to each of patient.
- m. Inform the concerned IP Executive about the new admission
- n. When the bed is ready, a ward boy escorts the patient to the inpatient care in a wheelchair or stretcher

Patients admitted from OPD

- a. When the consultant recommends for admission, all the aspects of care and treatment are explained such as benefits of the treatment or surgery, risks involved, & alternatives available
- b. The patient is then directed to Admission counter
- c. Verify the Doctor’s prescription to understand the type of treatment, type of ward, surgery, investigations or procedure required

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- d. Verify the recommended date of surgery or date of admission.
- e. Patients are admitted in our hospital without referral letter only in case of emergency conditions
- f. If the patient is recommended for admission as a non-emergency case, then request the attendant/employee to produce the referral letter before admission

Policy on Patients with clinical needs which warrant an early response:

In OPD Area :

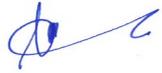
- Patients who took appointment and waiting in OPD area are taken care by Consultant specific OPD secretaries whom will be reporting to OPD incharge nurse.
- While doing initial assessment if they feel that the patient in a clinical condition which warrant early response like Vulnerable patient, Patient with seizure history, patients with low GCS, patients on wheel chair, Patients having severe pain with pain score more than 4 will be shown to consultant priority.
- If the patient vitals are unstable they will be shifted to Emergency room after informing primary consultant.

In DiagnosticArea:

Patients who are waiting for diagnostic tests like CT scan,Ultra sound and Lab investigations will be monitored and given priority to undergo investigation by not following appointment schedule with help of OPD nurse incharge.

In Emergency Area :

Patients will have triaged in ER at the entry point and will BE categorized into 4 priorities and treated them accordingly.

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Note : All the staff in OPD and Diagnostic area are trained in Basic life support.

Document Revision History

DOCUMENT REVISION HISTORY		
Version	Date of issue	Reason for Revision
Original version - 1	11/11/2025	Prepared 6 th edition
Revised version - 2		
Revised version - 3		

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