



MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MoU) is made between:

SHIFA INTERNATIONAL HOSPITALS LTD., a company incorporated under the Companies Ordinance 1984, having its registered office at Sector H-8/4, Islamabad (hereinafter referred to as "**The Hospital**" which expression shall include its representatives, successor-in-interest, and assigns) of the one part

Mandi Bahauddin Chamber of Commerce & Industry, Constituted under the law of Pakistan and has its registered office in Jinnah City Phase #2 Near District Complex Mandi Bahauddin (hereinafter referred to as "**The Client**" which, wherever the context so admits, shall include its successors and assigns) of the other part,

The Client and **The Hospital** may hereinafter be referred to individually as "**Party**" and collectively as "**The Parties**".

PRINCIPAL AGREEMENT:

The Parties do hereby agree:

That **The Client** is desirous of availing Healthcare services from **The Hospital** for its beneficiaries (Members) and their Dependents (Spouse, Children & Parents only) (hereinafter referred to as "patients")

And

That **The Hospital** is ready to provide such services.

Now, therefore, in consideration of the premises and subject to the terms and conditions hereinafter set forth, the parties through this MoU do hereby mutually agree as follows:

COVENANTS OF THE PARTIES:

1. This MoU shall become effective from the date of signing and shall remain valid unless terminated by either party as per the Termination Clauses given hereafter.
2. **The Hospital** will provide the highest quality of Healthcare Services including medical, surgical, diagnostic, and other allied and ancillary services, subject to availability, to the patients referred by **The Client**.
3. **The Hospital** will provide Home Healthcare Services through its subsidiary Shifa Integrated Healthcare Technologies Pvt. Ltd. (eShifa) including but not limited to Teleconsultation, Home Phlebotomy, Home Nursing procedures, Home Admissions, Home Peritoneal Dialysis, Home Chemotherapy, etc

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The Client: _____

The Hospital: _____

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+92-333-450-2519
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Chamber Secretariat Jinnah City
Phase-2, Near District Complex Mandi Bahauddin





ایوان صنعت و تجارت مندی بہاولدین
CHAMBER OF COMMERCE & INDUSTRY
MANDI BHAUDDIN

4. **The Hospital** aims to provide the highest quality of medical services commensurate with international standards; however, it cannot guarantee the favorable results of the medical services rendered.
5. **The Client** agrees to honor the policies, rules, and procedures established/as amended from time to time, by **The Hospital**. **The Client** shall also ensure that the patients referred comply with the rules and procedures laid down by **The Hospital**. In case of non-compliance, **The Hospital** reserves the right to refuse the provision of any/all services (including but not limited to admission and treatment of the patient/s).
6. **The Hospital** is not specifically authorized to handle medico-legal cases. Therefore, medico-legal cases are excluded from the scope of this MoU.
7. **The Hospital** will provide the medical services to the patients referred by **The Client** on a fixed percentage of Discount on "Cash Rates" for its services, which the client has accepted by signing the Summary of Discount (**ANNEX A**).
8. **The Client** hereby undertakes not to divulge any information which it may receive during the pendency of this MOU to anyone unless such information is in the public domain. (This clause of the agreement shall survive even after the termination/conclusion of this MOU)
9. **The Client** shall provide full details of the beneficiaries / Categories of beneficiaries, entitled to treatment, with regards to;
 - o Patient Identification / Verification Procedure / Documents
10. To facilitate the working of this MoU, **The Client** shall inform its members about this MoU and disseminate complete information about **The Hospital's** services and its limitations, to all beneficiaries, and others concerned at **The Client's** end.
11. **The Client** shall not assign its rights and obligations under this MoU to any other establishment/individual unless authorized by **The Hospital** in writing.
12. No discounts shall be applicable on transplant surgeries including Kidney Transplants, Liver Transplants, Bone Marrow Transplants, and Cornea Transplants. Therefore, transplants are not under the scope of this MoU.
13. All notices, reports, and other communications required by this MoU or agreed mutually by the parties later, shall be in writing and shall be deemed to have been given when delivered by courier, by hand, by facsimile, or through E-mail at the given official address, Fax Number, or email address.
14. For In-Patient/Out-Patient/Emergency referrals, **The Hospital** shall need a copy of the membership card, ID proof of family members, and pre-authorization of the patient. This authorization shall either be brought in by the patient in the form of a **card** at the time of admission/Treatment.
15. In the absence of a Company Employee card, patients shall not be offered any discounts.

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The Client:

(Signature & Stamp)

The Hospital:

(Signature & Stamp)



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All patients referred by **The Client** will make payments in cash. All the payments shall be made before the discharge in case of Hospitalization and before treatment in OPD.

16. In case of any default or damage caused to the equipment/property of **The Hospital** by the referred patient or his/her dependents **The Client** through its President shall ensure facilitation to **The Hospital** in the recovery of the same.

17. **The Hospital** reserves the right to change any/all of the discount/payment terms, at its sole discretion, but with a prior written intimation of 10 days to **The Client**.

18. Either party can terminate this MoU by serving one month prior written notice, duly served at the official addresses given in this MoU.

In witness whereof the parties have executed this MoU on the date as indicated below:

THE HOSPITAL

Shifa International Hospitals Ltd.

Through;

Shuja Rauf

Name: Shuja Rauf
Design: General Manager CBD
Date: 14-09-2023

THE CLIENT

**Mandi Bahauddin Chamber of
Commerce & Industry**

Through;

S.M. Haider Raza Naqvi

Name: S.M HAIDER RAZA NAQVI
Design: PRESIDENT
Date: 14-09-2023

WITNESS:

Name: Muhammad Bin Tariq
Design: Manager CBD
Date: 14-09-2023

Muhammad Bin Tariq

WITNESS:

Name: MUHAMMAD ARIF
Design: SECRETARY GENERAL
Date: 14-09-2023

Muhammad Arif

WITNESS:

Name: Muhammad Waqas Khan
Design: Assistant Manager CBD
Date: 14-09-2023

Muhammad Waqas Khan

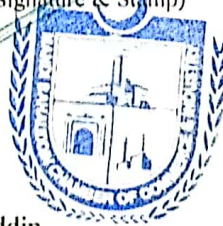
WITNESS:

Name: SHABI UL HASSAN
Design: DEPUTY SECRETARY
GENERAL
Date: 14-09-2023

Shabi Ul Hassan

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(Signature & Stamp)



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(Signature & Stamp)

Shuja Rauf



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(ANNEX A)

A1: Hospital-Based Services

Sr. No.	Service Category	Discount
1	Clinical Services –OPD Procedures	10%
2	OPD & IPD Consultation	10%
3	Laboratory Services	10%
4	Radiology Services	10%
5	Room Charges (for Hospitalization)	10%
6	Medical Officer & Nursing Care Fee (for Hospitalization)	10%
7	Surgeon Fee (for non-packaged surgery services)	10%
9	Cardiac and Delivery Packages	7%
10	Mammography (Breast Cancer Screening)	50%

A2: eShifa Services

Sr. No.	eShifa online & Home Health care Isb/ Rwp/ Lhr/ Psh	Discount
1	Online Fauree Mashwara Clinic	50%
2	Online Consultation with Consultant	10%
3	Home Lab Collection	10%
4	Home Physiotherapy Services	5%
5	Home Nursing Visits	5%

Note:

1. Pharmacy, Medical/ surgical consumables and supplies are charged as per actual pricing.
2. Surgical packages are discounted by defining inclusions/ exclusions and hospitalization days. In case of any complication and extended length of stay, the packaged bill is transformed into an open bill (actual expense).
3. Similarly, Physiotherapy packages are already discounted and include multiple sessions.
4. Meal charges are also exempted from the discount.
5. Lab tests performed in collaboration with outside laboratories and a few special Radiology procedures (supplies intensive) are also exempted from a discount.

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