

OCCUPATIONAL THERAPY

STEP	ACTIVITIES	FEE	DOCUMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE OFFICER/EMPLOYEE	ALLOWABLE PERIOD OF EXTENSION ACCEPTABLE REASON
1	RECEIVING OF REFERRAL AND KIOSK	NONE	OT Prescription form, BGHMC inter Departmental Referral form	5 MINUTES	OT Staff	20 – 30 MINUTES Increase number of patients
2	PHYSIATRIST EVALUATION/ASSESSMENT (30 MINUTES)	NONE	BGHMC Rehab med Form, OT notes form	30 MINUTES	PHYSIATRIST	The control officer assist the Physiatrist The section is having a conference /meeting
3	SCHEDULING	NONE	OT Schedule (Computer), OT patient Schedule form	5 MINUTES	OT Staff	Availability of room for check-Up/treatment
5	PREPARATION OF CHARGE SLIP CHARGING	50.00	HOMIS	3 mins	OT Staff	
5	OT ASSESSMENT AND TREATMENT	50.00	None	1-2 HOURS	OT Staff	
6	DOCUMENTATION	NONE	OT I.E FORM, OT PEDIATRIC I.E FORM , OT NOTE FORM	10 MINUTES	OT staff	

OPD OLD PATIENTS

STEP	ACTIVITIES	FEE	DOCUMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE OFFICER/EMPL OYEE	ALLOWABLE PERIOD OF EXTENSION ACCEPTABLE REASSON
1	RECEIVING OF SCHEDULED PATIENT And kiosk	None	OT OPD schedule	5 mins	OT Staff	20 – 30 MINUTES Increase number of patients
2	PREPARATION OF CHARGE SLIP CHARGING	50.00	HOMIS	3 mins	OT Staff	The control officer assist the Physiatrist
3	OT ASSESSMENT AND TREATMENT	None	None	1- 2 hours	OT staff	The section is having a conference /meeting
4	DISPOSITION /DOCUMENTATION	None	OT I.E FORM, OT PEDIATRIC I.E FORM , OT NOTE FORM	10 mins	OT staff	Availability of room for check-Up/treatment

OPD NEW ORTHO (CONSULTANTS)

STEP	ACTIVITIES	FEE	DOCUMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE OFFICER/EMPLOYEE	ALLOWABLE PERIOD OF EXTENSION ACCEPTABLE REASSON
1	RECEIVING OF REFERRAL AND KIOSK	None	OT Prescription form, BGHMC inter Departmental Referral form	5 mins	OT Staff	Increase number of patients The control officer assist the Physiatrist
2	SCHEDULING OF PATIENT	None	OT Schedule (Computer), OT patient Schedule form, ortho consultant referral	5 mins	OT Staff	The section is having a conference /meeting Availability of room for check-Up/treatment
3	PREPARATION OF CHARGE SLIP	None	HOMIS	3 mins	OT Staff	
4	PT and OT ASSESSEMENT AND TREATMENT	50.00	None	1 to 2 hours	OT staff	
5	DISPOSITION AND DOCUMENETATION	None	OT note form	10 mins	OT staff	

IPD SERVICE PATIENT

STEP	ACTIVITIES	FEE	DOCUMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE OFFICER/EMPLOYEE	ALLOWABLE PERIOD OF EXTENSION ACCEPTABLE REASON
1	RECEIVING OF REFERRAL	None	In-patient Referral, OT In- patient monitoring form	3 Mins	OT control officer	20 to 30 mins Increase number of patients
2	PT/OT ASSESSMENT AND TREATMENT	35.00	None	45 – 60 Mins	OT staff	
3	DOCUMMENTATION	None	OT note form, OT in-patient monitoring form	5 Mins	OT staff	The section is having a conference /meeting
4	CHARGING	35.00	HOMIS	2 Mins	OT staff	Late referral

IPD PRIVATE PATIENT

STEP	ACTIVITIES	FEE	DOCUMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE OFFICER/EMPLOYEE	ALLOWABLE PERIOD OF EXTENSION ACCEPTABLE REASON
1	RECEIVING OF REFERRAL	NONE	In- Patient referral form	3 Mins	OT Staff	
2	PHYSIATRIST EVALUATION AND PT TREATMENT		None	45-60 mins	Physiatrist in charge and OT staff	20 to 30 mins Increase number of patients
3	DOCUMMENTATION	None	Physicians order sheets, PT notes form, PT in-patient monitoring form	5 mins	Physatrist and OT staff	The section is having a conference /meeting
4	CHARGING	Payward 75.00, Semi Private 100.00, Private 125.00	HOMIS	2 mins	OT staff	Late referral