

**Citizen's Charter Physical Therapy Section**

**OPD NEW PATIENT ( WALK-IN, NON ORTHO, ORTHO SERVICE PATIENTS)**

STEP	ACTIVITIES	FEE	DOCUMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE OFFICER/ EMPLOYEE	ALLOWABLE PERIOD OF EXTENSION ACCEPTABLE REASON
1	RECEIVING OF REFERRAL AND KIOSK	NONE	PT Prescription form, BGHMC inter Departmental Referral form	5 MINUTES	PT CONTROL OFFICER	20 – 30 MINUTES  Increase number of patients  The control officer assist the Physiatrist  The section is having a conference /meeting  Availability of room for check-Up/treatment
2	PHYSIATRIST EVALUATION/ASSESSMENT (30 MINUTES)	NONE	BGHMC Rehab med Form, PT notes form	30 MINUTES	PHYSIATRIST	
3	SCHEDULING	NONE	PT Schedule (Computer), PT patient Schedule form	5 MINUTES	PT CONTROL OFFICER	
4	KIOSK	15 mins before the scheduled time	NONE	2-3 MINUTES	PT staff	
5	PREPARATION OF CHARGE SLIP CHARGING	50.00	HOMIS	3 mins	PT control Officer	
5	PT ASSESSMENT AND TREATMENT	50.00	None	1-2 HOURS	PT	
6	DOCUMENTATION	NONE	PT I.E FORM, PT PEDIATRIC I.E FORM , PT NOTE FORM	10 MINUTES	PT staff	

**OPD OLD PATIENTS**

STEP	ACTIVITIES	FEE	DOCUMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE OFFICER/EMPLOYEE	ALLOWABLE PERIOD OF EXTENSION ACCEPTABLE REASON
1	RECEIVING OF SCHEDULED PATIENT	None	PT OPD schedule	5 mins	PT control officer	20 – 30 MINUTES  Increase number of patients  The control officer assist the Physiatrist  The section is having a conference /meeting  Availability of room for check-Up/treatment
2	KIOSK	15 mins before the scheduled time	PT OPD schedule	2- 3	PT staff	
3	PREPARATION OF CHARGE SLIP CHARGING	50.00	HOMIS	3 mins	PT Control Officer	
4	PT ASSESSMENT AND TREATMENT	None	None	1- 2 hours	PT staff	
5	DOCUMENTATION	None	PT I.E FORM, PT PEDIATRIC I.E FORM , PT NOTE FORM	10 mins	PT staff	

**OPD NEW ORTHO (CONSULTANTS)**

STEP	ACTIVITIES	FEE	DOCUMMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE OFFICER/ EMPLOYEE	ALLOWABLE PERIOD OF EXTENSION ACCEPTABLE REASON
1	RECEIVING OF REFERRAL AND KIOSK	None	PT Prescription form, BGHMC inter Departmental Referral form	5 mins	PT control officer	Increase number of patients  The control officer assist the Physiatrist  The section is having a conference /meeting  Availability of room for check-Up/treatment
2	SCHEDULING OF PATIENT	None	PT Schedule (Computer), PT patient Schedule form, ortho consultant referral	5 mins	PT CONTROL OFFICER	
3	PREPARATION OF CHARGE SLIP	None	HOMIS	3 mins	PT CONTROL OFFICER	
4	PT and OT ASSESSEMENT AND TREATMENT	50.00	None	1 to 2 hours	PT staff	
5	DISPOSITION AND DOCUMENETATION	None	PT note form	10 mins	PT 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, PT In- patient monitoring form	3 Mins	PT control officer	20 to 30 mins
2	PT/OT ASSESSMENT AND TREATMENT	35.00	None	45 – 60 Mins	PT staff	Increase number of patients  The section is having a conference /meeting  Late referral
3	DOCUMMENTATION	None	PT note form, PT in-patient monitoring form	5 Mins	PT staff	
4	CHARGING	35.00	HOMIS	2 Mins	PT staff	

**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	Control Officer	
2	PHYSIATRIST EVALUATION AND PT TREATMENT		None	45-60 mins	Physiatrist in charge and PT staff	20 to 30 mins
3	DOCUMMENTATION	None	Physicians order sheets, PT notes form, PT in-patient monitoring form	5 mins	Physatrist and PT staff	Increase number of patients  The section is having a conference /meeting  Late referral
4	CHARGING	Payward 75.00, Semi Private 100.00, Private 125.00	HOMIS	2 mins	PT staff	