



SURYA HOSPITAL

YOUR HEALTH OUR PRIORITY
ISO 9001:2008 CERTIFIED
(NABH CERTIFIED)



AGREEMENT LETTER

To,

Date:- 01/07/2025

Accurate Group of Institutions.

Address: Plot No. 49, Knowledge Park III, Greater Noida. 201306
Cont. 9582447947

Sub:- Agreement between Vedansh Group of Hospitals (A Unit of Vedansh Medicare Pvt. Ltd.), 47, Knowledge Park 3, Greater Noida with Accurate Group of Institution.

Add- 201310, Knowledge Park III, Greater Noida, Uttar Pradesh

Dear Sir,

It gives us immense pleasure to introduce you to **Vedansh Group of Hospitals**. We would be glad to offer our facilities and benefits to your esteemed organization.

OPD

- ❖ 50% Discount on OPD Consultation by in-house doctors.
- ❖ 20% Discount on OPD Consultation in out-source Doctors.
- ❖ 25% discount on all Pathology and Radiological Diagnostics.
- ❖ 10 % Discount on Vaccines.
- ❖ 10% Discount on OPD Medicine.

IPD

- ❖ 20% discount on Room/Bed charges for IPD cases at the Hospital.
- ❖ 20% discount on all investigations.
- ❖ Waiver of Copayment or deduction in case of cashless hospitalization up to 10%.
- ❖ **Free Ambulance Service for pick up during Medical Emergencies**. Ambulance charges will be applicable if patient did not convert to IPD.
- ❖ These rates/ Discounts are not for the TPA Cashless Card Holder.

📞 Reception 9650494019, 0120-3114450, 51, 52, 53

📍 47, KNOWLEDGE PARK-III, GREATER NOIDA, U.P.

E-mail: hospitalsuryagn@gmail.com | Web : www.vedanshmedicare.com



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Terms & Conditions

1. Above OPD Discount is applicable only for Vedansh Medicare Card holders. And associated corporate.
2. For all the beneficiary of Company the Identification Proof issued through Company (ID Card/Authorization Letter) is mandatory to avail services.
3. Offers available on all our below mentioned facilities.
4. Payments are to be made in favor of "**Vedansh Medicare Pvt. Ltd.**"
5. The employee/dependent availing our services should be carrying an authorization letter for the treatment clearly stating the entitlement & duly signed by an authorized signatory nominated by you. In case of it being a holiday, the letter should be submitted at our concerned hospital within the next working day & compulsory by the day of discharge in exigent situations.
6. Standard Hospital Tariff will be applicable (Subject to Revision).
7. This agreement can be terminated by either party, with a 30 days' notice period in case if the mutual objectives are not being met.

Looking forward to your acceptance and confirmation.

With Regards,

SIGN AUTHORITY

SURYA HOSPITAL

NAME - Dr Syed

DESIGNATION - Clinical Administrator

CONT. NO. - 9010538316

Accurate College of Pharmacy

Principal

SIGN AUTHORITY

Accurate Group of institutions.

NAME - Dr. Mayal

DESIGNATION - Director/Principal

CONT. NO. - 9582497947

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