

Memorandum of Understanding (MoU)

Between MediKaya Healthcare Pvt. Ltd. and [Referring Doctor/Clinic Name]

This MoU is made on [Date] between:

MediKaya Healthcare Pvt. Ltd.,

A medical tourism company based in Delhi, India,

Website: www.medikayahealthcare.com

Email: info@medikayahealthcare.com

Represented by: [Your Name], Director

AND

Dr. [Full Name] / [Clinic/Hospital Name],

[Full Address],

[Email] | [Phone Number]

Hereinafter referred to as the "Referring Partner"

Purpose of the MoU:

This Memorandum of Understanding sets forth the terms and conditions under which both parties agree to collaborate in referring international patients to India for treatment through MediKaya Healthcare's partnered hospitals and specialists.

Scope of Collaboration:

Referral of Patients:

The Referring Partner will refer patients requiring medical treatment to MediKaya Healthcare for support with hospital selection, appointments, cost estimates, and travel assistance.

Medical Documentation:

The Referring Partner agrees to assist patients in preparing and sending all necessary medical records for proper case evaluation.

Treatment Coordination:

MediKaya Healthcare will coordinate with its network hospitals to provide expert opinions, cost estimates, visa invitations, and complete patient logistics in India.

Post-Treatment Follow-up:

MediKaya Healthcare shall share relevant post-treatment reports with the Referring Partner to support continuity of care.

Financial Terms:

Coordination Fee / Service Fee:

For each patient successfully treated through MediKaya Healthcare, the Referring Partner shall receive a coordination fee of [USD XX] to [USD YY], depending on the type and complexity of treatment.

Payment Timeline:

The fee will be transferred via bank or international remittance within 15 working days after the patient's admission and upon receipt of an invoice from the Referring Partner.

Confidentiality & Consent:

All referrals must be made with the patient's informed consent. MediKaya Healthcare will maintain strict confidentiality of patient information and shall comply with international data protection regulations (such as GDPR if applicable).

Duration and Termination:

This MoU is valid for 1 year from the date of signing and can be extended by mutual agreement.

Either party may terminate this MoU with 30 days written notice without obligation.

Miscellaneous:

This MoU does not create a legal partnership or joint venture.

Any disputes arising from this collaboration shall be resolved amicably or through arbitration, as mutually decided.

Signatures:

For MediKaya Healthcare Pvt. Ltd.

Signature: _____

Name: [Your Name]

Designation: Director

Date: _____

For Dr. [Full Name] / Clinic

Signature: _____

Name: [Doctor's Name]

Designation: [Title]

Date: _____