



To be filled in and Sent back to Jainam Health Services Pvt. Ltd.

PROVIDER INFORMATION SHEET

BASIC INFORMATION-

- Name of the service: _____
- Address of the office : _____
- Area: _____ City : _____ Pin Code : _____ State : _____
- Nearest railway station: _____ Established since: _____
- Landmark if any : _____ Way to approach: _____
- Accreditation: ISO: ___ since: ___ from: _____
Other: _____

TIMINGS-

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Timings							

COMMUNICATION MODES-

- STD code: _____ Tel no: _____
Alternative Tel no: _____
- Emergency helpline no: 1. _____
2. _____
- FAX: _____ Mobile: _____ Email : _____
- Website : _____ Contact person: _____
- Phone No: _____

GENERAL FACILITIES-

<input type="checkbox"/> Advanced booking	<input type="checkbox"/> Attachment to hospitals
<input type="checkbox"/> Patient transfer facility	<input type="checkbox"/> Cashless insurance facility
<input type="checkbox"/> 24/7 ambulance service	Available mode of payment: Cash / Card / Cheque
Boundary of service provision: _____	Names of attached hospitals : _____ _____

SERVICES-

Flat discount given on services if any: _____

Facilities included...	Type of ambulance				
	Basic ambulance	Cardiac ambulance	Trauma ambulance	Complete medical intensive unit	Air ambulance
ECG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable ventilator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulse oximeter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resuscitation kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nebulizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syringe pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bi-pap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spine board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stretcher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paramedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trained nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total charges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discounted charges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTACHED IN-HOUSE DOCTORS / PARAMEDICS-

Sr. No.	Doctor Name	Specialty



OTHER CHAINS/CENTRES IF AVAILABLE:

Name of the centre	Address	City	Contact No.	Email

Along with information mentioned above, kindly a brochure of a centre if available

Authorized Signatory

Stamp