

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

PROVIDER INFORMATION SHEET

BASIC INFORMATION-

- Name of the Hospital / Nursing home : _____
- Address: _____
- Area: _____ City : _____ Pin Code : _____ State : _____
- Nearest railway station: _____
- Established since: _____ Built-up area: _____
- Landmark if any: _____ Way to approach: _____
- Accreditation: ISO: _____ since: ____ from: _____
Other: _____

TIMINGS-

Slots	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning slot timings							
Slot 2 timings							

COMMUNICATION MODES-

- STD code: _____ Tel no: _____
Alternative Tel no: _____
- FAX: _____ Mobile: _____ Email : _____
- Skype ID: _____ Website : _____
- Contact person: _____ Phone No: _____

GENERAL FACILITIES-

<input type="checkbox"/> Waiting area	<input type="checkbox"/> Air conditioner
<input type="checkbox"/> Car parking	<input type="checkbox"/> Toilet
<input type="checkbox"/> E- reporting	<input type="checkbox"/> PHR / EMR
	<input type="checkbox"/> Dispensary
Consultation: Appointment system / First come first system	Available mode of payment: Cash / Card / Cheque

TREATMENTS-

1st consultation charges: _____ **Discounted charges:** _____ **Consul. Charges incl. of medicines:** Yes / No

1st free consultation availability: _____ **Flat discount given on treatment if any:** _____

Treatment Options	Method, description and duration	Charges	Discounted charges
Panchakarma			

Basti			
Abhyanga			
Udvaartana			
Dhara			
Thakra dhara			
Dhanymla dhara			
Netra dhara			
Tharpanam			
Shirodhara			
Naturopathic medicine			
Herbal steam			
Nasya			
Body composition analysis			
Ayurvedic health counseling			
Nutritional counseling			
Lifestyle counseling			
Natural skin health			
Massage therapy			
Vasthy			
Sirovasthy			
Kashayavasthy			
Kativasthy			
Uzhichil			
Kizhi			
Pizhichil			
Navara kizhi			
Podikkizi			
Ilakkizhi			
Relaxation package			
Childcare package			
Feminine package			
Pre-post maternity package			
Memory fitness package			
Skin nourishment therapy			
Health maintenance package			
Job fitness maintaining package			
De-addiction package			

Grand parenting package			
Chronic disease prevention package			

Other treatments if any: _____

ATTACHED CONSULTANTS/ SPECIALITIES-

DOCTOR NAME	SPECIALTY	CONTACT NO.	CONSULTATION DAYS & TIMINGS	AVAILABILITY OF FOLLOWING MODES OF CONSULTATION			EMAIL
				Tele	Web	Email	

OTHER CHAINS/CENTRES IF AVAILABLE:

Name of the centre	Address	City	Contact person	Contact No.	Email

Along with information mentioned above, kindly attach the original photographs of Clinic / Centre inclusive of,
 - Waiting room
 - Individual therapy rooms
 - Area outside Clinic / Centre
 - Consulting doctors

Authorized Signatory :

Stamp