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

PROVIDER INFORMATION SHEET

BASIC INFORMATION-

- Name of the Medical Centre / Physician:_____
- Address : _____
  _____
- Qualification: _____Super specialty: _____
- Area:_____ City :_____ Pin Code :_____ State : _____
- Nearest railway station: _____
- Established since: _____Built up area: _____
- Landmark if any :_____approach:_____
- Accreditation: NABH: _____ 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-

☐ Waiting area	☐ Air conditioner
☐ Car parking	☐ Toilet
☐ E- reporting	☐ PHR / EMR
☐ ECG machine	Available mode of payment: Cash / Card / Cheque
Consultation: Appointment system / First come first system	

TREATMENT-

- **1st consultation charges:_____ Discounted charges_____Follow-up charges: _____**
- **Med. Incl. in consultation fees:** Yes / No
- **1st free consultation availability: _____Flat discount given on treatment if any: _____**

JAINAM
Health Services Limited

ATTACHED TO OTHER CENTRES-

Hospital name	Consultation days	Consultation time	Contact No.	Email	Availability of following mode of consultations		
					Tele	Web	Email
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐

Along with information mentioned above, kindly attach the original photographs of Clinic / Centre inclusive of,

- **Waiting room**
- **Main consultation area / treatment room**
- **Area outside Clinic / Centre**
- **Consulting doctor**
- **Attach a brochure if available**

Authorized Signatory **Stamp**