



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

PROVIDER INFORMATION SHEET

BASIC INFORMATION-

- Name of the Centre: _____
- Address : _____
- Area: _____ City : _____ Pin Code : _____ State : _____
- Nearest railway station: _____
- Established since: _____ Built-up area: _____
- Landmark if any : _____ Way to approach: _____
- Accreditation: ISO: ___ since: ___ from: ___
 ISAPS: ___ since: ___ from: ___
 ESHRS: ___ since: ___ from: ___
 ISHRS: ___ since: ___ from: ___
 ABHRS: ___ since: ___ from: ___
 ASPs: ___ since: ___ from : ___
 Other: _____

TIMINGS-

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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"/> Attachments to hospitals in case of emergency	<input type="checkbox"/> Individual therapy rooms
Consultation: Appointment system / First come first system	Available mode of payment: Cash / Card / Cheque

ADVANCED FACILITIES-

Equipment	Availability	Make / Brand of equipment
	<input type="checkbox"/>	
Ultra violet sanitizer	<input type="checkbox"/>	
Wet sterilizer	<input type="checkbox"/>	
Magnifying lamp	<input type="checkbox"/>	

Reclining chair with accessories	<input type="checkbox"/>	
Operating / Treatment table	<input type="checkbox"/>	
Laser machine	<input type="checkbox"/>	
Recovery room	<input type="checkbox"/>	
Standard sized work station for each operator	<input type="checkbox"/>	

Other facilities if any: _____

SERVICES-

1st consultation charges: _____ **Discounted charges:** _____

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

Service	Cost	Discounted cost	Method/Description & duration	Service	Cost	Discounted cost	Method/ Description & duration
Bariatric surgery				Acne treatment (non-laser)			
Endoscopic intragastric balloon				Laser therapy			
Gastric bypass				Acne treatment			
Ileal transposition				Hair removal			
Laparoscopic gastric band surgery				Scar management			
Lap.gastric bypass surg.				Hair transplantation			
Lap. Sleeve gastrectomy				Corrective treatments			
Lap. Duodenal switch				Liposuction			
Sleeve gastrectomy				Breast augmentation			
SGIT				Breast reduction /lift/mastectomy			
Skin therapy				Rhinoplasty			
Revitalization				Eyelid correction			
Re-surfacing				Facelift			
Face firming				Cheek/ chin augmentation			
Skin tightening				Ear reshaping			
Youth renewal				Dimple creation			
Age control peel				Body lift program			
Wrinkle reduction with botox				Genital cosmetic surgery			
Dark circle reduction				Lip enhancement			
Skin lightening				Orthogenetic surgery			
Skin radiance				brachioplasty			
Oil control therapy				Necklift			
Microdermabrasion therapy				Tummy tuck			
Skin care package				Bridal package			
Glow therapy				Hair care			

				package			
Fairness package				Customized package			
Craniofacial therapy				Burn treatment			

Other treatments if any: _____

ATTACHED CONSULTANTS/ SPECIALITIES-

Doctor Name	Specialty	Contact No.	Consultation days and Timings	Availability of following modes of consultation			Email
				Tele	Web	Email	
				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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
- Reception
- Area outside centre
- Therapy rooms
- Operating rooms
- Consultation room
- Attach a brochure of a centre if available

Authorized Signatory

Stamp