



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: _____
- Type: Diagnostic centre: ____
 Pathology laboratory: ____
 Collection centre: ____
- Accreditation: ISO: ____ since: ____ from: _____
 NABL: ____ 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 : _____ 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
<input type="checkbox"/> Attachment to collection centres	
<input type="checkbox"/> E-reporting	<input type="checkbox"/> EMR / PHR
<input type="checkbox"/> Home collection facility	<input type="checkbox"/> Availability of female paramedic

Equipments	Availability	Make / Brand of equipment
CT machine	<input type="checkbox"/>	
MRI machine	<input type="checkbox"/>	
X- ray machine	<input type="checkbox"/>	
Ultrasound machine	<input type="checkbox"/>	
Bone mineral density machine	<input type="checkbox"/>	
Mammography machine	<input type="checkbox"/>	
ECG machine	<input type="checkbox"/>	
Doppler machine	<input type="checkbox"/>	
Syringe cutter	<input type="checkbox"/>	

SERVICES-

Charges for home testing and sample collection: _____

Flat discount given on services if any: _____

Test	Charges	Discounted charges	Test	Charges	Discounted charges
General test			Lipid profile		
CBC			Serum cholesterol		
ESR			Serum triglycerides		
ABO blood group			HDL		
Rh factor			LDL		
Urine routine and microscopy			VLDL		
Stool			LDL / HDL ratio		
Diagnostic			Cholesterol / HDL ratio		
Chest x-ray			Renal profile		
Other joint x-ray (single) AP view			BUN		
Other joint x-ray (single) Lat. View			Uric acid		
Other joint x-ray (single) AP & Lat. view			S. creatinine		
Other joint x-ray (b/l) AP			Calcium		
Other joint x-ray (b/l) Lat.			Phosphorus		
Other joint x-ray (b/l) AP & Lat.			Sodium		
Diagnostic evaluation			Potassium		
FBS			Chloride		
PPBS			Ultrasonography		
Mammography			Abdominal		
2D-Ecocardioqram			Pelvis		

Liver profile			TMT / Stress test		
S. billirubin total			PSA (for males)		
Billirubin direct			Thyroid function (for remales)		
Billirubin indirect			Examination		
Total proteins			General examination		
Albumin			Basic eye check up		
Globulin			Basic dental check up		
A:G ratio			Basic ENT check up		
SGOT			Gynecology		
SGPT			Bone densitometry		
GGPT			Color Doppler		
Optional tests			MRI		
HIV			CT scan		
HBsAg			ECG		
Angiography			EEG		

Other services if any: _____

ATTACHED CONSULTANTS/ SPECIALITIES-

Doctor Name	Specialty	Contact No.	Consultation days and Timings	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
- Reception
- Area outside centre
- Processing room
- Collection room
- Attach a brochure of a centre if available

Authorized Signatory

Stamp