



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

PROVIDER INFORMATION SHEET

BASIC INFORMATION-

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

COMMUNICATION MODES-

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

GENERAL FACILITIES-

<input type="checkbox"/> Waiting area at OPD	<input type="checkbox"/> Air conditioner
<input type="checkbox"/> Car parking	<input type="checkbox"/> ICU facility
<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"/> Waiting room outside ICU	<input type="checkbox"/> Canteen
<input type="checkbox"/> In-house OT	<input type="checkbox"/> Food service for patients
<input type="checkbox"/> TPA desk	<input type="checkbox"/> Cashless insurance facility
If cashless available, since when: _____	From whom: _____
No. of beds: _____	<input type="checkbox"/> In-house dispensary
Consultation: Appointment system / First come first system	Available mode of payment: Cash / Card / Cheque

TIMINGS-

Services	Name of the contact person	Contact no.	Timings on working days	Timings on weekends
Registration				
Billing				
TPA desk				
Laboratory				
Emergency duty hours				
Outpatient department				

Other services if any: _____

ATTACHED CONSULTANTS / SPECIALISTS-

First consultation charges: _____

Name of the consultant	Highest qualification	Contact no.	Days and timings of consultation	Consultation charges

Flat discount given on consultation if any: _____

ADVANCED EQUIPMENTS-

Sr No.	Equipments	Availability	Brand/ Make of equipment
1	Phoropter	<input type="checkbox"/>	
2	Speculum	<input type="checkbox"/>	
3	Tonometer	<input type="checkbox"/>	
4	Toric marker	<input type="checkbox"/>	
5	Pre-chopper	<input type="checkbox"/>	
6	Canula	<input type="checkbox"/>	
7	Retractor	<input type="checkbox"/>	
8	Prisms	<input type="checkbox"/>	
9	Slit lamp bio-microscope	<input type="checkbox"/>	
10	Retinoscope	<input type="checkbox"/>	

ROOMS:-

Flat discount given if any: _____

Type of rooms	No. of rooms/ beds	Facilities inclusive of..					Charges/ day	Deposit
		TV	AC	Bed	Meals	taxes		
General ward		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Twin sharing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Separate room		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Deluxe		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ICU		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Other categories if any: _____

CLINICAL SERVICES-

Services	Method and description	Charges	Discounted charges
Cataract services			
Phacoemulsification			
Foldable IOLS			
Multifocal IOLS			
Phakic IOLS			
Retina services			
Ophthalmoscopy			
Fundus photography			
Florescein angiography			
Laser- diabetic retinopathy			
Laser-ARMD			
Laser-BRVO, CRVO			
Laser- retinal break/ weakness			
Laser vision correction			
Surgery for retinal detachment			
Surgery for dislocated lens/ nucleus			
Surgery for endophthalmitis			
Ultrasonography			
A scan/ B scan			
Glaucoma services			
Tonometry			
Perimetry			
Disc photography			
Childhood glaucoma			
Surgeries for glaucoma			
Cyclo-cryopexy for glaucoma			
Squint services			
Squint evaluation			
Eye muscle exercises			
Squint surgery			
Oculoplasty services			
Chalazion			



Ptosis			
Cosmeic lid services			
Intraocular surgeries			
Cornea services			
Lamellar keratoplasty			

Along with information mentioned above, kindly attach the original photographs of Hospital / Nursing home inclusive of,

- Reception
- Area outside hospital
- Diagnostic room
- Attach rate list of different services and treatments if any
- Attach a brochure of the hospital if available

Authorized signatory

Stamp