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: _____
- Area:_____ City :_____ Pin Code :_____ State : _____
- Established since: _____Built-up area: _____
- Nearest railway station: _____
- Landmark if any :_____Way to 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
☐ Attachments to hospitals in case of emergency	☐ Individual therapy rooms
	☐ In-house dispensary
Consultation: Appointment system / First come first system	Available mode of payment: Cash / Card / Cheque

OTHER FACILITIES-

Equipment	Availability	Make/ brand of equipment
Otoscopes	☐	
Pulse oximeter	☐	
Glucometer	☐	
Ambu bag	☐	

JAINAM
Health Services Limited

TREATMENT-

1st consultation charges:_____ Discounted charges_____

Med. incl. in consultation fees: Yes / No

1st free consultation availability: _____Flat disc. given on treatment if any: _____

Treatment	Charges	Discounted charges
Follow up		
Injection administration		
Blood pressure check		
General body check up		
Dressing		
Stitches		
Home visit		
Sugar check		

ATTACHED CONSULTANTS/ SPECIALITIES-

Doctor Name	Specialty	Contact No.	Consultation days and Timings	Availability of following modes of consultation			Email
				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 visiting card or brochure if available**

Authorized Signatory **Stamp**