



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

PROVIDER INFORMATION SHEET

BASIC INFORMATION-

- Name of the Physician: _____
- Address : _____
- Qualification: B.A.M.S- ____ B.H.M.S- ____ B.U.M.S- ____ M.B.B.S- ____
- Highest qualification: _____
- Area: _____ City : _____ Pin Code : _____ State : _____
- Nearest railway station: _____ Landmark if any : _____

PREFERRED TIMINGS- Morning- _____

Evening- _____

PREFERRED AREA OF HOME VISIT- _____

COMMUNICATION MODES-

- STD code: _____ Tel no: _____ Alt. Tel no: _____
- FAX: _____ Mobile: _____
- Email : _____ Skype ID: _____ Website : _____
- Contact person: _____ Phone No: _____

GENERAL FACILITIES-

<input type="checkbox"/> Tele consultation	<input type="checkbox"/> Web consultation
<input type="checkbox"/> Email consultation	<input type="checkbox"/> Mobile dispensary
<input type="checkbox"/> E- reporting	<input type="checkbox"/> PHR / EMR

AVAILABILITY OF HOME VISIT TREATMENT OPTIONS-

Flat discount given on treatment if any: _____

General consultation charges: _____

Discounted charges: _____

Flat discount given on family consultation if any: _____

Medicines inclusive in consultation fees: Y / N

Treatment	Charges	Discounted charges
I.V. administration		
Injection administration		
Dressing		
Stitches		
Follow up		
Blood pressure check		
Sugar level check		
BMI check		
Whole body check up		

Along with information mentioned above, kindly attach the visiting card if available.

Authorized Signatory

Stamp