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

PROVIDER INFORMATION SHEET

BASIC INFORMATION-

- Name of the Hospital / Nursing home : _____
- Address: _____
  _____
- Area:_____ City :_____
- Nearest railway station: _____
- Established since: _____Built-up area: _____
- Pin Code :_____ State : _____ Landmark if any :_____
- Way to approach:_____
- Type of hospital: Specialty: _____ Super specialty: _____
- Accreditation: ISO: ___ since: _____ from: _____
  NABH: ___ since: _____ from: _____
  Other: _____

COMMUNICATION MODES-

- STD code: _____Tel no: _____ Alternative Tel no: _____
- FAX: _____Mobile: _____
- Email :_____Website :_____
- Emergency helpline no: _____
- Contact person: _____ Phone No: _____

GENERAL FACILITIES-

☐ Waiting area at OPD	☐ Air conditioner
☐ Waiting area outside ICU	☐ Waiting area outside ICCU
☐ Car parking	☐ ICU facility
☐ E- reporting	☐ PHR / EMR
☐ External Attached Hospital in Emergency	☐ Canteen Facility
☐ Waiting room outside OT	☐ Stay facility for relatives
☐ In-house OT	☐ Food service for patients
☐ Food service for patients	☐ Travel desk
☐ TPA desk	☐ Cashless insurance facility
No. of beds:_____	☐ In-house dispensary
No of OT's: _____	
Consultation at OPD: Appointment system / First come first system	Available mode of payment: Cash / Card / Cheque

JAINAM
Health Services Limited

TIMINGS-

Services	Name of the contact person	Contact number	Timings on working days	Timings on weekends
Registration				
Billing				
TPA desk				
Travel desk				
Laboratory				
Radiology investigations				
CT scan				
MRI				
Color Doppler				
2-D Echocardiography				
ECG				
Emergency duty hours				
Pharmacy				
Outpatient department				

CLINICAL SERVICES

Type / specialty	Name of the doctor	OPD consultant	IPD consultant	Highest qualification	Contact no.	Days and timings of consultation	Consultation charges
Orthopedics							
Neurology							
Nephrology							
Obstetrics and gynecology							
Pediatric							
Medicine							
Surgery							
ENT							
Ophthalmology							
Cardiology							

Gastroenterology							
Ayurveda							
Oncology							
Physiotherapy							
Occupational therapy							
Speech therapy							
Dental							
Nutrition and diet							
Psychiatry							
Dermatology							

Flat discount given on consultation if any: _____

Other services if any: _____
_____
_____

<u>ROOMS-</u>

Flat discount given if any: _____

Type of rooms	**No. of rooms/ beds**	**Facilities inclusive of..**					**Charges/ day**	**Deposit**
		TV	**AC**	**Bed for relatives**	**Meals for pts.**	**taxes**		
General ward		☐	☐	☐	☐	☐		
Twin sharing		☐	☐	☐	☐	☐		
Separate room		☐	☐	☐	☐	☐		
Deluxe		☐	☐	☐	☐	☐		
ICU		☐	☐	☐	☐	☐		
ICCU		☐	☐	☐	☐	☐		

Other categories if any: _____
_____
_____

SUPPORTIVE SERVICES-

Name of services	Contact person	Timings	Availability on Sundays / holiday	Attached centres if any
Casualty				
Pharmacy				
Ambulance				
Blood bank				
Pathology				
Radiology				
Dialysis centre				
CSSD				
Bio medical waste				
Laundry				
Cafeteria				

Other services if any: _____
_____
_____

SPECIAL PROGRAMS-

Flat discount given on programs if any: _____

Name of the package	Description of the package	Discounted charges of the package inclusive hospital stay in...						% discount if available in package
		General ward	Twin sharing	Separate room	Deluxe room	Super deluxe	Suit room	
Total knee replacement								
Total hip replacement								
Arthroscopy								
Bypass surgery								
Open heart surgery								
Angiography								
Angioplasty								
Spine surgery								
Pregnancy and child birth								

Other programs if any: _____
_____
_____

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

- **Reception**
- **Area outside centre**
- **Individual departments**
- **Attach rate list of different services and treatments if any**
- **Attach a brochure of the hospital if available**

Authorized signatory **Stamp**