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

PROVIDER INFORMATION SHEET

BASIC INFORMATION-

- Name of the Hospital : _____
- Address: _____
  _____
- Area:_____ City :_____ Pin Code :_____ State : _____
- 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 :_____
- Emergency helpline no: _____
- Contact person: _____ Phone No: _____

GENERAL FACILITIES-

☐ Waiting area at OPD	☐ Air conditioner
☐ Waiting area outside ICU	☐ Canteen
☐ Car parking	☐ ICU facility
☐ E- reporting	☐ PHR / EMR
☐ Attachments to hospitals in case of emergency	☐ In-house OT
☐ Food service for patients	☐ Stay facility for relatives
☐ TPA desk	☐ Cashless insurance facility
If cashless available, since when: _____	From whom: _____
No. of beds:_____	☐ In-house dispensary
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				
Laboraroty				
Emergency duty hours				
Out patient 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: _____

ROOMS-
Flat discount given if any: _____

Type of rooms	No. of rooms/ beds	Facilities inclusive of.. (television, air-conditioner, bed/sofa for relatives, meals etc.)					Charges/ day	Deposit
		TV	AC	Bed	Meals for pts.	Taxes		
General ward		☐	☐	☐	☐	☐		
Twin sharing		☐	☐	☐	☐	☐		
Separate room		☐	☐	☐	☐	☐		
Deluxe		☐	☐	☐	☐	☐		
ICU		☐	☐	☐	☐	☐		

Other categories if any: _____
_____
_____

CLINICAL SERVICES-

Charges of first consultation: _____Discount on first consultation if any: _____

Flat discount on services if any: _____

Services	Method and description	Charges	Discounted charges
Integrated antenatal services			
Labour and delivery care			
FTND			
Cesarean section			
Post natal services			
In vitro fertilization			
Zygote intra fallopian transfer			
Gamete intra fallopian transfer			
Medical termination of pregnancy			
Dilatation and curettage			
Abdominal hysterectomy			
Vaginal hysterectomy			

Other services if any: _____
_____
_____

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

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

Authorized signatory **Stamp**