

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

PROVIDER INFORMATION SHEET

BASIC INFORMATION-

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

TIMINGS-

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Timings							

COMMUNICATION MODES-

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

GENERAL FACILITIES-

<input type="checkbox"/> Waiting area	<input type="checkbox"/> Air conditioner
<input type="checkbox"/> Car parking	<input type="checkbox"/> Toilet
<input type="checkbox"/> Attachments to hospitals in case of emergency	<input type="checkbox"/> Individual therapy rooms
Consultation: Appointment system / First come first system	Available mode of payment: Cash / Card / Cheque

ADVANCED FACILITIES-

Equipment	Availability	Make/Brand of the machine
Vaccum machine	<input type="checkbox"/>	
Ultrasonic lipolysis machine	<input type="checkbox"/>	
Stimulator with multiplse current	<input type="checkbox"/>	
Diathermy	<input type="checkbox"/>	
Radio frequency machine	<input type="checkbox"/>	

1st consultation charges: _____ **Discounted charges:** _____

Free consultation given if any: _____ **Flat discount given on treatment if any:** _____

Service	Method, description & duration	Cost	Discounted cost
Weight loss package			
Weight gain package			
Inch loss package			
Tummy tuck			
Arm tuck			
Thigh tuck			
Double chin			
Tucks (package)			
Figure correction package			
Body tonning			
Firming			
U lipolysis (single)			
U lipolysis (package)			
Heating			
Skin therapy			
Photo facial			
Wellness therapy package			
Body therapy			
Meditation			
Yoga			
Weight loss therapeutic massage			
Anti cellulite massage			
Stretch mark reduction			
Breast firming			
Mind therapy			
Cognitive behavioral therapy			
Neuro linguistic programming			
Behavioral counselling			
Pranic healing			
Reiki			
Holistic stress elimination			
Diet counseling			
Spot reduction package			

Customized package: Available / Not-available

Other treatments if any: _____

ATTACHED CONSULTANTS/ SPECIALITIES-

Doctor Name	Specialty	Contact No.	Consultation days and Timings	Availability of following modes of consultation			Email
				Tele	Web	Email	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OTHER CHAINS/CENTRES IF AVAILABLE:

Name of the centre	Address	City	Contact person	Contact No.	Email

Along with information mentioned above, kindly attach the original photographs of Clinic / Centre inclusive of,

- Waiting room
- Reception
- Area outside centre
- Individual therapy rooms
- Attach a brochure of the centre if available

Authorized signatory

Stamp