



HOSPITAL INFORMATION SHEET

Name of Hospital.....

Name of Owner:.....

Whether Ownership: Individual [] Partnership [] Pvt. Ltd. [] Ltd. [] Others (Specify) []

Address:

City:....., District..... State.....Pin Code.....

STD Code :....., Ph. No.Fax No.....

E-mail ID:

Registration Number of Hospital:

Whether Recognized by: State Govt. [] Local Municipal [] State Medical Council [] CGHS []
Others [] (Specify)

Any Accreditation (e.g. ISO, ICRA) If yes Specify.....

Medical Superintendent:Mob. No.Reg.No.....

Marketing / TPA Head:Mob. No.....

PAN Number of Hospital: (Mandatory).....

Service Tax No : (Mandatory)

Please specify if any exemption is there, provide proof of same.....

Name of Bank and Branch.....A/C No.....
MICR No.....Whether want to avail ECS facility? Yes/No, RTGS/IFSC Code.....

Number of qualified Doctors: Full Time...../Visiting Consultant...../Nursing Staff.....

No. of RMO: (Enclose list with qualification) /Whether RMO is available round the clock?

In House Facilities	Yes / No	Radiology	Yes/No
Blood Bank		X-Ray	
In House Pharmacy		Portable X-Ray	
Medical Waste Management		Ultra Sound	
Integrated Hospital Information System (Software)		Color Doppler	
Computerized Billing?		Mammogram	
Disease coding e.g. ICD-9, ICD-10 followed		CT Scan	
Centralized Oxygen		MRI	



NS-ENISO9001:2008/ISO9001:2008

Alankit HEALTH CARE TPA LTD.

Corp. Office: Alankit House, 2E/21 Jhandewalan Extn., New Delhi -110 055

Phone: 42541256-60, Fax: 42541266-67, E-mail: health@alankit.com

Facilities	No. of Beds	Room No.	Room Rent including RMO & Nursing Charges (if charged separately)	¹ Consultant Visiting Charges	² Super Specialist visiting charges
General Wards*					
Semi Pvt. (Twine Sharing)*					
Pvt. Room /Single Room*					
Deluxe Room*					
Suites*					
Other Category*					
ICU/ICCU Beds*					
Dialysis Unit					
Burn Unit					
Physiotherapy					

*Please mention details of all room nos.

¹Maximum two visits allowed in one day

In operative cases, two visits for pre or post are not allowed

Facilities in OT/ Labour Room	Yes/ No
Cardiac Monitor	
Ventilator	
Defibrillator	
C - ARM	
Pulse Oxymeter	
Auto Analyser	
Suction Machine	
Boyle's Apparatus	

Facilities in ICU/ ICCU	No
Cardiac Monitor	
Ventilator	
Defibrillator	
C - ARM	
Pulse Oxymeter	
Auto Analyser	
Suction Machine	
Boyle's Apparatus	

Kindly refer to Empanelment sheet for Non-payable items.

Signature.....

Name & Designation.....

Hospital's Seal.....