



# Vipul Medcorp Insurance TPA Pvt Ltd.

B-416 Ansal Chamber I, Bhikaji Cama Place, New Delhi-110 066

Tel. : 91-11-46074578-81 Fax : +91-11-41659833, Email: info@vipulmedcorp.com

<b>Preferred Service Provider (PSP) Information-cum-Application Form</b>			
<b>Name</b>	<input style="width: 95%;" type="text"/>		
<b>Address</b>	<input style="width: 95%;" type="text"/>		
	<b>Street</b>	<b>City</b>	<b>State</b>
	<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>
	<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>
<b>E-mail</b>	<input style="width: 30%;" type="text"/>	<b>Website</b>	<input style="width: 30%;" type="text"/>
<b>Phone</b>	<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>	<b>Fax</b> <input style="width: 15%;" type="text"/>
			<b>Mobile</b> <input style="width: 15%;" type="text"/>
<b>Contact Person</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
	<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>
<b>Established on</b>	_____		<b>Registration No.</b> _____
<b>Medical Superintendent</b>	_____		
<b>Accounts Dept. (Billing)</b>	_____		
<b>Office Use Only</b>			
<b>Date of Receipt</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Membership Code</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Remarks</b>	<input style="width: 95%;" type="text"/>		
<b>Doctor</b>	<input type="checkbox"/>	<b>Nursing Home</b>	<input type="checkbox"/>
		<b>Hospital</b>	<input type="checkbox"/>
		<b>Diagnostic Centre</b>	<input type="checkbox"/>
		<b>Laboratory</b>	<input type="checkbox"/>
		<b>Chemist</b>	<input type="checkbox"/>
<b>If Nursing Home/Hospital, tick the facilities available</b>			
<b>General Physician</b>	<input type="checkbox"/>	<b>Specialist</b>	<input type="checkbox"/>
		<b>Super Specialist</b>	<input type="checkbox"/>
		<b>Laboratory</b>	<input type="checkbox"/>
<b>Diagnostic Centre</b>	<input type="checkbox"/>	<b>Chemist</b>	<input type="checkbox"/>
<b>If Diagnostic Center or Laboratory or Chemist Please Specify time</b> _____			
<b>No. of Beds</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<b>Ambulance Service</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>If Doctor/Nursing Home, please specify emergency 24 Hrs</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>If No Specify Timings</b>	_____		
<b>I/We agree in principle to be a Preferred Service Provider (PSP) of Vipul MedCorp Insurance TPA Pvt. Ltd. subject to finalisation of terms and conditions. The details of specialist, services, etc. and the consulting/visiting time along with rate are to be mentioned in the annexure.</b>			
			<input style="width: 150px;" type="text"/>
			Signatures