Vipul MedCorp TPA Private Limited
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

Preferred Service Provider (PSP) Information-cum-Application Form

Name

Address

Street	City	State	Pin

E-mail **Website**

Phone **Fax** **Mobile**

Contact Person

First Name	Middle Name	Last Name

Established on _____ **Registration No.** _____
Medical Superintendent _____
Accounts Dept. (Billing) _____

Office Use Only

Agreement Date

Date of Receipt D D M M Y Y Thru D D M M Y Y

Membership Code Issued On D D M M Y Y

Remarks

Doctor ☐ **Nursing Home** ☐ **Hospital** ☐ **Diagnostic Centre** ☐ **Laboratory** ☐ **Chemist** ☐

If Nursing Home/Hospital, tick the facilities available

General Physician ☐ **Specialist** ☐ **Super Specialist** ☐ **Laboratory** ☐
Diagnostic Centre ☐ **Chemist** ☐

If Diagnostic Center or Laboratory or Chemist Please Specify time _____

No. of Beds ☐☐☐ **Ambulance Service** YES NO

If Doctor/Nursing Home, please specify emergency 24 Hrs YES NO
If No Specify Timings _____

I/We agree in principle to be a Preferred Service Provider (PSP) of Vipul MedCorp 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.

Signatures