



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

Preferred Service Provider (PSP) Information-cum-Application Form			
Name	<input style="width: 95%;" type="text"/>		
Address	<input style="width: 95%;" type="text"/>		
	Street	City	State
	<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"/>
E-mail	<input style="width: 30%;" type="text"/>	Website	<input style="width: 30%;" type="text"/>
Phone	<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>	Fax <input style="width: 15%;" type="text"/>
			Mobile <input style="width: 15%;" type="text"/>
Contact Person	First Name	Middle Name	Last Name
	<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>
Established on	_____		Registration No. _____
Medical Superintendent	_____		
Accounts Dept. (Billing)	_____		
Office Use Only			
Date of Receipt	<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"/>
Membership Code	<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"/>
Remarks	<input style="width: 95%;" type="text"/>		
Doctor	<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>
		Hospital	<input type="checkbox"/>
		Diagnostic Centre	<input type="checkbox"/>
		Laboratory	<input type="checkbox"/>
		Chemist	<input type="checkbox"/>
If Nursing Home/Hospital, tick the facilities available			
General Physician	<input type="checkbox"/>	Specialist	<input type="checkbox"/>
		Super Specialist	<input type="checkbox"/>
		Laboratory	<input type="checkbox"/>
Diagnostic Centre	<input type="checkbox"/>	Chemist	<input type="checkbox"/>
If Diagnostic Center or Laboratory or Chemist Please Specify time _____			
No. of Beds	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Ambulance Service	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Doctor/Nursing Home, please specify emergency 24 Hrs			<input type="checkbox"/> YES <input type="checkbox"/> NO
If No Specify Timings	_____		
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.			
			<input style="width: 200px; height: 20px;" type="text"/>
	Signatures		