



SAFEWAY TPA SERVICE PVT.LTD.

6/2, Industrial Area Kirti Nagar Near SBI Bank New Delhi-15,
Tel : 011-41425671/72 ,2511464823, Fax :011-41425672/912266466797
Email-support@safewaymediclaim.com

PROVIDER INFORMATION

(Please type or write in CAPITAL)

Name of the Provider _____

Address _____

City _____ Pin Code _____ State _____

Landmark & Way to Approach _____

COMMUNICATION DETAILS

(Area Code) _____ TEL NOs. _____ Mobile _____

Fax No. _____ E-mail ID _____ Website www. _____

ADDITIONAL INFORMATION

Is the hospital/nursing home recognized by the State Govt./Local Govt. bodies YES NO

Is the hospital/nursing home registered with the local govt. authority.

Registration Number of the Provider (hospital) _____ Registered With _____

(Please attach the registration certificate issued by the local govt. authority.)

Whether Registered with Income Tax Dept. for IT exemption YES NO

(Please attech Income Tax Registration & Income Tax exemption Certificate)

PROVIDER CATEGORY:

- | | | | |
|---------------------------------------|--------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Proprietor | <input type="checkbox"/> Partnership | <input type="checkbox"/> Pvt. Trust | <input type="checkbox"/> Public trust |
| <input type="checkbox"/> Private Ltd. | <input type="checkbox"/> Public Ltd | <input type="checkbox"/> Co-op. Society | <input type="checkbox"/> Others |

PROVIDER CATEGORY:

- | | |
|---|---|
| <input type="checkbox"/> Tertiary Care Hospital - Multi Specialty | <input type="checkbox"/> Nursing Home – General |
| <input type="checkbox"/> Tertiary Care Hospital – Single Speciality | <input type="checkbox"/> Nursing Home – Single Speciality |
| <input type="checkbox"/> Secondary Care – Hospital | |

Area of the Premises: Built Up _____ Open _____

Bed Strength: TOTAL :

Departments / Facilities: (Tick the facilities available)

- | | | | | |
|---|---|--|-------------------------------|---|
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Trauma Care | <input type="checkbox"/> ICU | <input type="checkbox"/> ICCU | <input type="checkbox"/> NICU |
| <input type="checkbox"/> OPD | <input type="checkbox"/> X-Ray | <input type="checkbox"/> Ultrasound | | <input type="checkbox"/> CT Scan / MRI |
| <input type="checkbox"/> Dialysis Unit | <input type="checkbox"/> ECG | <input type="checkbox"/> 2D ECHO | | <input type="checkbox"/> Cardiac Cath.Lab |
| <input type="checkbox"/> Holter Monitoring | <input type="checkbox"/> Bronchoscopy Lab | <input type="checkbox"/> Endoscopy Lab | | <input type="checkbox"/> Rehab./PT |
| <input type="checkbox"/> Cobalt Unit | <input type="checkbox"/> EEG | <input type="checkbox"/> EMG | | <input type="checkbox"/> Chemotherapy |
| <input type="checkbox"/> DSA (Digital Substraction Angiography) | <input type="checkbox"/> Nuclear Medicine | | | <input type="checkbox"/> MRD |

OPD:

How many consulting rooms does the hospital have? _____

What is the average number of OPD patients seeking treatment per day? _____

Operation Theatre: (Tick the facilities available)

No.of Operation theatres _____

- | | |
|--|---|
| <input type="checkbox"/> Average No. of Sx/day | |
| <input type="checkbox"/> Boyle's Apparatus | <input type="checkbox"/> Laminar Air Flow |
| <input type="checkbox"/> Centralised Oxygen Connection | <input type="checkbox"/> Portable X-ray within OT |
| <input type="checkbox"/> Portable ECG, Cardiac Monitor | <input type="checkbox"/> Ventilator |
| <input type="checkbox"/> Pulse-Oxymeter | <input type="checkbox"/> Attached Recovery Rooms |

Blood Bank :

In-house Blood Bank	Yes	No
Is the facility available for 24 hours?	Yes	No
Does it cater to outside requests?	Yes	No

Pharmacy :

Is there any In-house Pharmacy Yes No

Day and night Yes No

Ambulance:

Type of Ambulance	No. of Ambulances available
Plain	
Cardiac	
Total	

Ambulance facilities:(Tick the facilities available)

- 24 hours Emergency service Oxygen Facility
Resuscitation equipment Trained Medic/Paramedic
Dead bodies accepted

Medical & Para – Medical staff:

	Total Number	Qualification
RMOs / CMOs		
Nurses		
OT and Cath Lab technicians		
Lab Technicians		
Physiotherapists		
Dieticians		

Computerization :

Is the Administration / Billing / Medical Records System computerized? Yes No

Do you have internet access? Yes No

Do you have a Hospital Management System that links all Departments to billing and medical records? Yes No

Quality control :

Do You follow Patient Safety Guidelines? Yes No

Do you follow any set Clinical Protocols? Yes No

Is there a professional indemnity cover available Yes No

Do you adhere to Waste Disposal Guidelines? Yes No

Do you have a hospital infection committee? Yes No

Is the facility accredited/assessed by any recognized accreditation bodies?

Yes No

If yes, which are they?

KEY CONTACT PERSONNEL WITH THEIR EXTENSION / DIRECT NUMBER & E-MAIL ID:

Designation	Name	Telephone Number	E-mail Address
Director /s			
Director /s			
Medical Superintendent			
Administrator			
PRO/			
Admission /Reception			
Billing / Finance			
Others (Pl.specify)			
Contact person for TPA			

List of consultants (Please attach separate sheet as per the below)

FORMAT FOR CONSULTANT INFORMATION.

- Consultant Name
- Specialty
- Registration Number
- OPD Days and Timing
- Private Clinic
- Address
- Telephone Number
- Timings
- Residence
- Address
- Telephone Number
- Mobile Number
- Pager Number
- E-mail ID (if any)