

***SPECIALISATIONS OFFERED**

	Tick (✓) if present
Anaesthesiology	
Cardiology	
Cardiovascular & Thoracic Surgery	
Chest Medicine	
Critical Care Medicine	
Dentistry / Dental Surgery	
Dermatology	
Diabetology	
ENT Surgery	
Gastroenterology	
General Surgery	
Gynaecology	
Urology	

	Tick (✓) if present
Nephrology	
Neurology/NeuroSurgery	
Oncology/Oncosurgery	
Ophthalmology	
Orthopaedic Surgery	
Paediatrics	
Pathology/Radiology	
Physiotherapy	
Plastic Surgery	
Psychiatrist	
Rheumatology	
Urology	

***OPERATION THEATRE FACILITIES**

No. of operation theatres _____ Operating hours _____

Please tick (✓) the facilities available in the theatre / s:

- Boyle's Apparatus Portable ECG, Cardiac Monitor Recovery Rooms
 Centralized Oxygen Connections Portable x-ray within OT Separate Sterilization Area

Please tick (✓) the facilities available in the theatre / s:

- Cardiac Major Septic
 Labour Room Minor Trauma/ Emergency

***STAFFING**

SR. NO.	STAFF	NO. OF STAFF
1.	Full time Doctors (non RMO) Round the Clock	
2.	Doctors with Ward duties (RMO) Round the Clock	
3.	Nurses (Round the Clock)	
4.	Other support staff (technicians, admin , house keeping , accounts etc)	
5.	Visiting doctors (Consultants, Surgeons, Specialists)	

Nurses-Bed Ratio: _____ Doctor-Bed Ratio: _____

***GENERAL INFORMATION**

Please tick (✓) the facilities available in the theatre / s:

- Medical Establishment Indemnity Cover present: Yes No Amount of Cover: ₹ _____
- Ultrasound/scanning facility registered with the District Health & Family Welfare Officer:
- Coding Procedure followed by Medical records Department
 CPT ICD 9 ICD M ICD 10 Others
- Bed Occupancy Rate in the hospital
 <20% 20-40% 40-60% 60-80% >80%
- Period of medical record storage
 1 year 2 year 3 year 4 year Others
- Please mention names of credit/ debit cards the following options to be offered If yes choose between Yes No
 Visa card Maestro card
 Master Card American express card
- Registration Details
 Rohini Registration No. _____ Validity _____
 NABH Accreditation No. _____ Validity _____

I/We hereby declare that information furnished above is true and correct in every respect and in case any information is found incorrect even partially the candidature shall be liable to be rejected.

Hospital stamp

Authorized signatory

***COMPUTERISATION PRESENT**

		Tick (✓) if present
1.	Computerised Inpatient Registration	
2.	Computerised Patient Billing Department	
3.	24 hours billing facility	
4.	Internet Facility at Insurance desk	
5.	Fax Facility at Insurance desk	
6.	Computerised Medical Records Department	

Maintains daily records of patients and makes these accessible to the insurance company's authorised personnel.

***CONTACT INFORMATION**

Contact Person for Insurance Related Matters

This person would be single point of contact for the insurance company and would assist in document retrieval and other claims process formalities.

Name _____
First Name
Last Name

Contact Numbers
STD
Office 1
Office 2
Ext
Mobile

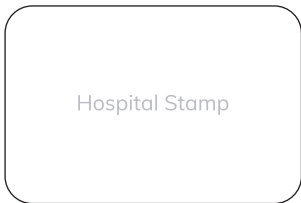
E-mail ID

Hospital Head

Name _____
First Name
Last Name

Contact Numbers
STD
Office 1
Office 2
Ext
Mobile

E-mail ID



 Authorised Signatory

Please ensure that the following annexures have been attached

1. Registration Certificate
2. Tax exemption certificate (if applicable)
3. Schedule of Charges
4. Name of consultants specifying area of specialization and qualifications

***ANNEXURE I - FORMAT FOR CONSULTANT INFORMATION**

Consultant Name _____
First Name
Last Name

Specialty _____

Registration No.

Contact Numbers
STD
Office
Ext
Mobile

E-mail ID

I/We hereby declare that information furnished above is true and correct in every respect and in case any information is found incorrect even partially the candidature shall be liable to be rejected.

 Hospital stamp

 Authorized signatory

ROOM TARIFF CHART

Sr. No.	Occupancy	Facility	Attendant Room attached	Category	Room Name	Room Rent
1	Single	AC	No	A		
2	Single	AC	No	B		
3	Single	AC	No	C		
4	Single	Non AC	No	A		
5	Single	Non AC	No	B		
6	Single	Non AC	No	C		
7	Double	AC	No	A		
8	Double	AC	No	B		
9	Double	AC	No	C		
10	Double	Non AC	No	A		
11	Double	Non AC	No	B		
12	Double	Non AC	No	C		
13	Triple	AC	No	A		
14	Triple	AC	No	B		
15	Triple	AC	No	C		
16	Triple	Non AC	No	A		
17	Triple	Non AC	No	B		
18	Triple	Non AC	No	C		
19	Multi-bed	AC	No			
20	Multi-bed	Non AC	No			
21	Suite	AC	Yes			

Rules:

- Please write the room name and rent satisfying the conditions in the first three columns
- Category A is the costliest room satisfying the conditions put forth in the first three columns, category B would be the 2nd costliest and category C would be third
 - » Eg: if in your hospital, there are two types of single occupancy AC rooms
 - › Private room with rent ₹ 1000 and deluxe room with rent ₹1500
 - › Then Deluxe room would be category A and private room would be category B
 - › If there is only one type of room satisfying the conditions then write it against category A only
- Please follow the same rules for all types of rooms

*TARIFF DEFINITION SHEET

Surgery Package Tariff	
Inclusions	Exclusions

Note : Package tariff has to contain room rent for the length of stay
Please fill the below table only if surgery is offered as treatment at the hospital

Surgery Tariff	
Inclusions	Exclusions

I/We hereby declare that information furnished above is true and correct in every respect and in case any information is found incorrect even partially the candidature shall be liable to be rejected.

Hospital stamp

Authorized signatory

HOSPITAL CONFIDENTIALITY REPORT (to be filled by ICICI Prudential personnel)

Package Tariff Offered - Yes/ No

Note: Please put in the reason if package tariff not offered

Discount Offered - Yes/ No

Note: Please put in reason if discount not offered

Rack rates Offered - Yes/ No

Note: Please put in reason if discount not offered

I/We hereby declare that information furnished above is true and correct in every respect and in case any information is found incorrect even partially the candidature shall be liable to be rejected.

Hospital stamp

Authorized signatory

APPLICATION FOR PAYOUT MODE



Date

Hospital Name _____

Communication Address

 City State Pincode

Contact Details STD Office 1 Office 2 Ext Mobile

PAN No.
Please attach a photocopy of the pan card along with the application

E-Mail ID

Tax Exemption Yes No

*PAYOUT METHODS

Please tick one of the options

- National Electronic Fund Transfer (NEFT)
- Electronic Clearing System (ECS)
- Direct Credit (select banks*)
- Cheque

Please attach a cancelled copy of your cheque.

If none of the above options are selected, the default option will be NEFT (National Electronic Fund Transfer).

Name as per Bank Records

Bank Name _____

Branch Name _____

A/c Type Current Savings

Bank Account No.

MICR Code (Only mandatory for ECS mode) (You can get this code from your cheque book)

IFSC Code (Only mandatory for NEFT Mode) (You can get this code from your bank)
Indian Financial System Code

The payout mode selected in this form would be used by the Company to make all payout(s) to the Hospital. Payouts would be in accordance and subject to the terms and conditions of the products of ICICI Prudential Life Insurance company limited.

I declare and state that the Company shall not be responsible for non credit of my bank account for any reason whatsoever or if the credit is delayed. I also understand and agree that the Company reserves the right to use any alternative payout option including a demand draft payable at par or cheque, in spite of my opting for the electronic payout method. I undertake to provide the IFSC code to the company. I understand that the IFSC code for RTGS and IFSC code for NEFT may be different.

I understand and agree that the submission of this Form does not mean or amount to the acceptance of the claim by the company.

I hereby take the sole responsibility for the correctness of my Bank Account number and other details of this form. I undertake that I will not hold the Company responsible in any manner for any transactions effected by the Company due to incorrect Bank A/C No. or other details stated by me.

National Electronic Fund Transfer (NEFT) is a funds transfer from one bank branch to another provided these bank-branches are participating in the network system. Indian Financial System Code (IFSC code) for NEFT will be available from the bank branch where you hold your account.

Electronic Clearing System (ECS) is a method of funds transfer where funds are processed through Clearing Houses created by RBI. MICR code can be obtained from the cheque leaf. The credit received will depend on the customer's ECS location.

***Direct Credit** is a method of funds transfer from one bank to another bank (destination bank) provided ICICI Prudential has a tie-up with the destination bank. Currently, this facility is available with ICICI Bank only.

I/We hereby declare that information furnished above is true and correct in every respect and in case any information is found incorrect even partially the candidature shall be liable to be rejected.

Hospital stamp

Authorized signatory