MedSea

By Alexarya Foundation

Hospital Empanelment Application

HOSPITAL DETAILS:

Name of the Hospital:	
Address:	
City	
State	
Country	
Pincode	
Phone Number (s)	
Fax No.	
Email ID	
Registration No. of Hospital	
Registration Authority	
PAN No. of Hospital	

CONTACT PERSON DETAILS:

Name of the Contact Person:	
Designation	
Phone Number (s)	
Mobile Number (s)	
Email ID	

BED CAPACITY:

< 10 Beds	
10 - 14 Beds	
15 - 100 Beds	
> 100 Beds	

FACILITIES:

Medical	
Surgical (Intervention)	

ICU:

Total ICU Beds (including ventilator)	
Total no. of Ventilator beds	

OPERATION THEATRES (OT):

General	
Specialized OT (like neuro/opthal)	
Labour Room	
Laproscope	
C-Arm	
Total no. of OT's	

MEDICAL SERVICES:

A1 IPD	
A2 OPD	
B1 Monitoring	
B2 Therapeutic Interventions (surgery & Invasive procedures)	

HUMAN RESOURCES:

STAFF	**STRENGTH**
Full time consultants (not RMO)	
Ward/ICU duty/Emergency/Casualty Doctors (RMOs) & Sr RMOs	
Nurses	
Other support staff (technicians/housekeeping/security etc.)	
Total Staff	

CLINICAL SUPPORT SERVICE WITHIN PREMISES:

Radiology		USG	
CT Scan		MRI	
Clinical Pathology		Biochemistry	
Cytology		Microbiology	
Histopathology		Dialysis	
Ventilator		Nuclear Medicine	
Endoscopy		Lithotripsy	
Hematology		Echocardiograpy	
Stress test (TMT)		Cath Lab(interventional	

		cardiology)	
Chemist in House		Blood Bank	
Blood Fractional facility			

AMBULANCE:

	OWNED	OUTSOURCED
General		
Cardiac		
Total		

GENERAL AMENITIES:

Fax Availability	
24 Hours Billing Facility	
Computerised Billing	

SELF DECLARATION

It is certified that the particulars furnished in the empanelment application form are correct. That the hospital agrees to abide by ethical medical practices at all times.

Date of Application:_____

Name of the Authorized Signatory:_____

Designation of Authorized Signatory:_____

Signature of Authorized Signatory with Hospital Stamp