

**HOSPITAL INFORMATION & VERIFICATION**

Name of the Hospital: \_\_\_\_\_ Empanelment No. : \_\_\_\_\_  
 Contact Person : \_\_\_\_\_ Hospital Reg. No. (By local authority): \_\_\_\_\_  
 Telephone Number : \_\_\_\_\_ Cell No. \_\_\_\_\_ Fax No: \_\_\_\_\_

No.	Facility	For Vidal Health Use Only													
1.	<b>Category: Please Tick in the box given below</b> <table border="1"> <tr> <td><input type="checkbox"/> Multi-specialty</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Super Specialty</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Single Specialty</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> General Hospital/Nursing Home</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Multi-specialty	<input type="checkbox"/>	<input type="checkbox"/> Super Specialty	<input type="checkbox"/>	<input type="checkbox"/> Single Specialty	<input type="checkbox"/>	<input type="checkbox"/> General Hospital/Nursing Home	<input type="checkbox"/>						
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<input type="checkbox"/> Single Specialty	<input type="checkbox"/>	<input type="checkbox"/> General Hospital/Nursing Home	<input type="checkbox"/>												
2.	<b>Bed Strength:</b> <table border="1"> <tr> <td><input type="checkbox"/> General Ward</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Semi Private Ward</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Single Room</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Deluxe Room</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Total # of Beds</td> </tr> </table>	<input type="checkbox"/> General Ward	<input type="checkbox"/>	<input type="checkbox"/> Semi Private Ward	<input type="checkbox"/>	<input type="checkbox"/> Single Room	<input type="checkbox"/>	<input type="checkbox"/> Deluxe Room	<input type="checkbox"/>	<input type="checkbox"/> Total # of Beds					
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3.	<table border="1"> <tr> <td><input type="checkbox"/> ICU Beds</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> ICU Beds</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> NICU Beds</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> ICU Beds	<input type="checkbox"/>	<input type="checkbox"/> ICU Beds	<input type="checkbox"/>	<input type="checkbox"/> NICU Beds	<input type="checkbox"/>								
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4.	Number of Equipped Operation Theater's: <table border="1"> <tr> <td><input type="checkbox"/> Minor</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Major</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Labor Room</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Others</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Minor	<input type="checkbox"/>	<input type="checkbox"/> Major	<input type="checkbox"/>	<input type="checkbox"/> Labor Room	<input type="checkbox"/>	<input type="checkbox"/> Others	<input type="checkbox"/>						
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<input type="checkbox"/> Labor Room	<input type="checkbox"/>	<input type="checkbox"/> Others	<input type="checkbox"/>												
5.	Number of Qualified Doctors (full time)														
6.	Number of Visiting Consultants														
7.	Number of Qualified Nurses (full time)														
8.	Discount offered to Vidal Health Cardholders in %														
9.	Whether recognized by CGHS / state It exemption certificate	Yes Yes	No No												
10.	<b>Laboratory</b> 1. Hematology 2. Biochemistry 3. Microbiology 4. Pathology 5. Serology 6. Histopathology 7. Endocrine Lab 8. Registered Blood Bank 9. Dialysis Unit 10. Lithotripsy 11. Nuclear Medicine 12. Cath Lab 13. Endoscopy	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No No No No No No												
11.	<b>Radiology:</b> 1. Portable X- Ray 2. Conventional X-Ray 3. Digital X-Ray 4. C Arm 5. Ultra – Sound 6. Color Doppler 7. CT Scan 8. MRI	Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No												
12.	<b>Ambulance Service</b> 1. In House 2. Outsource	Yes Yes	No No												
13.	<b>Emergency Services</b> 1. Casualty 2. RTA cases/ Trauma 3. Cardiac Emergency cases	Yes Yes Yes	No No No												
14.	<b>Pharmacy Service</b> 1. In House 2. Out Source	Yes Yes	No No												
15.	<b>Centralized Oxygen Facility</b>	Yes	No												
16.	<b>Bio Medical Waste Management</b>														
17.	<b>Fire Safety Measures and License/ Certificate</b>	Yes	No												
18.	<b>Computerized Billing</b>	Yes	No												
19.	<b>Integrated Hospital Information System and Medical Records Department (HIS / Software Licenzed Application)</b>	Yes	No												
20.	<b>Accreditation (eg.ISO/NABH/JCI/NABL)</b>	Yes	No												

Date : \_\_\_\_\_

Hospital Signature & Seal