

Rohini ID				
Hospital Name				
Hospital Address			Pin code	
District		State		
Longitude		Latitude		
Type of hospital	Secondary Care / Tertiary care/ Nursing Home			
Contact Person			Email ID	
Contact Number		Emergency Contact Number		WhatsApp Number
No. of Beds (Functional)				
No. of Beds in General ward	No. of Beds in Semi Pvt Ward			
No. of Beds in Pvt ward	No. of Beds in ICU			
No. of Beds in NICU	No. of Beds in PICU			
No. of Major OT	No. of Modular OT			
No. of Ambulance	Ambulance contact number			
Inhouse facility	Pathlab	Yes / No	X Ray	Yes / No
	USG	Yes / No	MRI	Yes / No
	CT Scan	Yes / No	PET SCAN	Yes / No
Accreditation	NABH	Yes / No	Entry level NABH	Yes / No
	NABL	Yes / No	JCI	Yes / No

<b>Key treatment specialities available in house</b>			
General Surgery	Yes / No	Gastroenterology	Yes / No
Obs and Gynae	Yes / No	Ophthalmology	Yes / No
Urology	Yes / No	Skin disease	Yes / No
Neurosurgery	Yes / No	ENT	Yes / No
Cardiology	Yes / No	Dental Surgery	Yes / No
Cardiac Surgery	Yes / No	Plastic Surgery	Yes / No
Orthopaedics	Yes / No	Joint Replacement	Yes / No
Oncology	Yes / No	Radiation Oncology	Yes / No
Others (mention the name)			

**Key doctors**

Name	Qualification	Experience in years	Full Time/ Visiting	Speciality	Highlight	Available days	Available Time

**Payment details/ KYC**

Payee Name		Bank account Number	
Bank Name		IFSC code	
PAN card holder name		PAN number	
Cancel cheque collected	Yes/ no	PAN card Copy provided	Yes/ no

**Undertaking**

I, .....(Name of Hospital Representative), on behalf of .....[Hospital Name], hereby declare that the information provided to Medifinder/Exmass Healthtech for the purpose of inclusion on their platform is accurate and complete to the best of our knowledge.

We understand that Medifinder/Exmass Healthtech will not be held responsible for any errors, omissions, or discrepancies in the information provided by our hospital. We agree to indemnify and hold Medifinder/Exmass Healthtech harmless from any claims, liabilities, damages, or expenses arising out of or in connection with the information provided by us. ....[Hospital Name] shall be solely responsible for updating any changes or modifications to the information provided.

[Signature of Hospital Representative]

### Cashless Facilities ( Insurance companies )

National Insurance		ICICI Lombard General Insurance		Raheja QBE General Insurance	
The New India Assurance		HDFC ERGO General Insurance		Universal Sompo General Insurance	
United India Insurance		Shriram General Insurance		Bharti AXA General Insurance	
The Oriental Insurance		Star Health & Allied Insurance		MAX Bupa Health Insurance	
Iffco Tokio General Insurance		Future Generali India Insurance		SBI General Insurance	
Reliance General Insurance		Aditya Birla Health Insurance		Magma HDI General Insurance	
Bajaj Allianz General Insurance .		Go Digit General Insurance		Care Health Insurance	
Cholamandalam MS General Insurance		Acko General Insurance		Liberty General Insurance	
Royal Sundaram General Insurance		Navi General Insurance		Manipal Cigna Health Insurance Company	
Tata AIG General Insurance		Zuno General Insurance		Kotak Mahindra General Insurance	

### Cashless Facilities ( TPAs )

Medi Assist Insurance TPA		Genins India Insurance TPA	
MDIndia Health Insurance TPA		Health India Insurance TPA Services	
Paramount Health Services & Insurance TPA		Good Health Insurance TPA	
Heritage Health Insurance TPA		Park Mediclaim Insurance TPA	
Family Health Plan Insurance TPA		Safeway Insurance TPA	
Raksha Health Insurance TPA		Ericson Insurance TPA	
Vidal Health Insurance TPA		Health Insurance TPA of India	
Volo Health Insurance TPA ( Formerly East West Assist Insurance TPA )		Vision Digital Insurance TPA	
Medsave Health Insurance TPA		Link-K Insurance TPA	

Department		Govt Schemes	