



Genins India Insurance TPA Ltd.
Third Party Administrator in Health Insurance

HEALTHCARE UNIT INFORMATION FORM

1. GENERAL INFORMATION

1)	Name of Healthcare Unit	:	
2)	Address	:	
3)	City, State	:	
4)	Land Mark	:	
5)	Pin Code	:	
6)	STD Code	:	
7)	Phone No.	:	
8)	Fax No.	:	
9)	E-mail ID	:	
10)	Website	:	
11)	Registration no.	:	
12)	Registration Authority Name	:	
13)	Year of establishment	:	
14)	ROHINI Code	:	
15)	NABH Certificate Number	:	
16)	Is the hospital registered with Income tax department under section 17-B for IT exemption? (If yes then attach the certificate)	:	
17)	PAN Number	:	
18)	Indemnity bond for Doctors	:	
19)	Does the hospital take medico legal cases	:	
20)	Hospital bed occupancy	:	
21)	Number of OPD chambers	:	
22)	OPD count/month	:	
23)	Total Admissions/month	:	
24)	Emergency admissions/month	:	
25)	No. of OTs	:	
26)	Is the billing system computerized	:	
27)	Is the medical record system computerized	:	
28)	Medical library	:	
29)	Internet facilities	:	
30)	Canteens	:	



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2. CLAIM SETTLEMENT

1)	Cheque to be drawn in favour of	:	
2)	Bank name	:	
3)	Branch Name	:	
4)	Branch Address	:	
5)	Branch Code	:	
6)	MICR Code, IFSC Code	:	
7)	Type of Account	:	
8)	Service Tax Registration Number		
9)	Service Tax Registration Number (Pan Based)		

3. CONTACT INFORMATION

			Number	E-mail ID
1)	Head of the Institution	:		
2)	Medical Superintendent	:		
3)	TPA Coordinator	:		
4)	Billing Coordinator			

4. HOSPITAL BEDS

Total:-

			Number	Charges per day
1)	No. of Beds	:		
2)	Suite	:		
3)	Super Deluxe Room	:		
4)	Deluxe Room	:		
5)	Private Room	:		
6)	Semi Pvt. Room			
7)	General Ward Beds	:		
8)	ICCU & ICU	:		
9)	Dialysis beds	:		
10)	Emergency	:		

5. DISCOUNT OFFERED TO GIITL :

6. SERVICES AVAILABLE:

S.NO.	MEDICAL SERVICES	(YES/NO)
1.	Casualty	
2.	Cardiology	
3.	Cardiovascular	



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4.	Cath Lab	
5.	Thoracic Surgery	
6.	Respiratory	
7.	Gastroenterology	
8.	Endoscopy Surgery GI	
9.	Urology	
10.	Neurology	
11.	Pediatric	
12.	Neonatology	
13.	Nephrology	
14.	Medical Intensive care	
15.	Orthopedic	
16.	Gynecology & Obstetric	
17.	Laparoscopy Surgery	
18.	Plastic Surgery	
19.	Dental Surgery	
20.	ENT	
21.	Ophthalmology	
22.	Chemotherapy	
23.	Dialysis	
24.	Laser	
25.	Physiotherapy	

7. EMERGENCY SERVICES

(YES/NO)

1)	Are emergency services available 24 hours	:	
2)	Does the emergency room have separate OT services	:	
3)	Does the hospital own an ambulance service?	:	
4)	Number of ambulances	:	

8. DIAGNOSTIC SERVICES

(YES/NO)

1)	24 hours in –house laboratory	:	
2)	In house X-ray	:	
3)	Biochemistry	:	
4)	Clinical pathology	:	
5)	Hematology	:	
6)	In house ultrasonography	:	
7)	In house CT Scan	:	
8)	In house MRI	:	
9)	In house Nuclear Medicine	:	
10)	In house blood bank	:	
11)	PFT / Spirometry	:	
12)	Tread Mill Test	:	
13)	Holter	:	



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14)	ECHO	:	
15)	EEG	:	
16)	EMG	:	

9. OTHER DETAILS

(YES/NO)

1)	Blood Bank	:	
2)	Boiler / Sterilizers	:	
3)	Physiotherapy	:	
4)	Gas Plant	:	
5)	Pharmacy	:	
6)	Ambulance Services	:	
7)	House keeping	:	
8)	Laundry facilities	:	
9)	Security services	:	
10)	Waste Disposal system	:	
11)	Fire Control System	:	
12)	Ramp facility	:	
13)	Separate lift for patients	:	
14)	Water purification plant	:	
15)	Mortuary	:	
16)	Central gas supply	:	

10. ATTACHMENTS REQUIRED

- Hospital Profile
- Tariff List
- Doctors List
- Bank Details
- Pan Card Copy and if the PAN is for Individual do provide the Hospital Stamp over it and the letter
- Service Tax Certificate
- Cancelled Cheque
- Registration Certificate
- MoU-2 Sets in Original Duly Filled/Signed and sealed. The first page of agreement has to be executed on a Non Judicial Stamp Paper of Rs.100.
- Information Sheet-Duly filled/Signed And Sealed
- List of TPAs in which you are already empanelled
- ROHINI Code mentioned on hospital's letter head. If applied provide a mail copy received from ROHINI
- NABH Certificate copy

Note: -Please fill the information sheet in clear writing.

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