



Clinic Empanelment Registration Form



SELECTION CRITERIA FOR SELCARE PANEL OF GENERAL PRACTITIONER (GP) CLINIC

1. Practicing GP must be registered with Malaysia Medical Council (MMC) and has a valid Annual Practicing Certificate (APC).
2. Facilities available e.g. : Internet, Fax Machine, and Telephone.
3. Location.
4. Clinic Fees charged must adhere to Malaysian Medical Association Schedule of Fees.
5. Business Hours.
6. Clinic Services.
7. Registration fee RM 100 per clinic. Payable to **SELCARE Management Sdn. Bhd.** Account Number **8008292593 - CIMB Bank**.

If clinic meets selection criteria, a letter of offer will be prepared upon receiving letter of acceptance from clinic, an agreement will be forwarded to clinic to be signed by both parties. A copy will be given to panel clinic.

HEALTHCARE PROVIDER REGISTRATION CHECKLIST

No	Documents	Checklist
1	Application Form (PS-AP-C)	<input type="checkbox"/> <input type="checkbox"/>
2	Clinic Details Form (PS-CD-C)	<input type="checkbox"/> <input type="checkbox"/>
3	Annual Practicing Certificate (APC)	<input type="checkbox"/> <input type="checkbox"/>
4	Memorandum of Association (M&A)	<input type="checkbox"/> <input type="checkbox"/>
5	Clinic Summary of Quotation/ Charges (PS-CC-C)	<input type="checkbox"/> <input type="checkbox"/>
6	Healthcare Provider Panel Approval Form (PS-AF-C)	<input type="checkbox"/> <input type="checkbox"/>



SKIM PEDULI SIHAT GP Panel Approval Form

(for office use only)



Clinic Name	<input type="text"/>	Business Hour	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>
	<input type="text"/>	Person in Charge	<input type="text"/>
Postcode	<input type="text"/>	City / Town	<input type="text"/>
Tel No.	<input type="text"/>	Fax No.	<input type="text"/>
Clinic Code	<input type="text"/>	USER ID	<input type="text"/>

Application Checklist

<input checked="" type="checkbox"/> Letter Of Acceptance	Date Sent	<input type="text"/>	Date Received	<input type="text"/>
<input checked="" type="checkbox"/> Annual Practicing Certificate (APC)	Doctor in Charge	<input type="text"/>	Duration Date	<input type="text"/>
<input checked="" type="checkbox"/> Acceptable Charge List (Summary of Charge) - Please Refer Attached				
<input checked="" type="checkbox"/> Smart Terminal	<input checked="" type="checkbox"/> YES	Date Sent	<input type="text"/>	Date Received
	<input checked="" type="checkbox"/> NO			

Reason for Recruitment

<input checked="" type="checkbox"/> Requested By	<input type="text"/>
<input checked="" type="checkbox"/> Requested By Member	

Type of Provider

<input checked="" type="checkbox"/> GP Clinic	<input checked="" type="checkbox"/> Dental
<input checked="" type="checkbox"/> Specialist Clinic	<input checked="" type="checkbox"/> Maternity

Criteria of Recruitment

Location	<input type="text"/>
Type of Services	<input checked="" type="checkbox"/> MINOR SURGERY <input checked="" type="checkbox"/> PRIMARY CARE <input checked="" type="checkbox"/> PRE-EMPLOYMENT CHECKUP

Prepared by

SIGN HERE	
Name	<input type="text"/>
Date	<input type="text"/>

Approved By (Provider Management)

SIGN HERE	
Name	<input type="text"/>
Date	<input type="text"/>

Approved by

SIGN HERE	
Name	<input type="text"/>
Date	<input type="text"/>

Approved By (Medical)

SIGN HERE	
Name	<input type="text"/>
Date	<input type="text"/>

Notification To ED / MD Office

SIGN HERE	
Name	<input type="text"/>
Date	<input type="text"/>

Request Status

Accept
 Reject

If Reject, Reason :



SKIM PEDULI SIHAT GP Panel Letter of Invitation (LOI)



To

Tel No.

Fax No.

Attention

REPLY OF INVITATION / APPLICATION TO JOIN SELCARE A PANEL GP CLINIC

Please tick either one



YES! I would like to be a panel service provider of SELCARE Management Sdn. Bhd. I am pleased to forward to you a quotation of our charges. Please forward to me a copy of the Letter of Appointment of which I shall return to SELCARE Management Sdn. Bhd. signing. Following that, I look forward to a training session on SELCARE Management Sdn. Bhd. Outpatient Management System – mySCM.



NO. I am not interested in being a panel service provider of SELCARE Management Sdn. Bhd.

Clinic Name

Doctor in Charge

Staff in Charge

Clinic Stamp

Date / /

Please tick where appropriate

Do you have internet connection for your PC? YES NO

Do you have a fax machine at your clinic? YES NO Fax No.

Where do you station your computer terminal?
 Registration Counter
 Doctor's Room

Your computer system network?
 Stand Alone
 Sharing / Networking

Business Operation 24 Hours Clinic Hours

ADUN



SKIM PEDULI SIHAT GP Panel Clinic Details Form



To:

Tel No.

Fax No.

Attention:

DUN

Clinic Name

Party To Be Named In Service Agreement

(Clinic Name / Company Name – pls provide us Form 49 if registered as “Sdn. Bhd.”)

Group of (if any)

Address

Postcode City / Town

Clinic Hours

Tel No. Fax No.

Email

Bank Details

Payee Name

Payee Bank Payee Bank Account No.

Payee NRIC (if Individual)

Payee Business Registration No. (BRN) (if Sole Proprietor / Partnership)

Payee Company No. (if Company)

Please attach the latest copy of “Perakuan Amalan Tahunan” (Annual Practicing Certificate) and photograph of your clinic

Signature

Name


Date / / Clinic Stamp



SKIM PEDULI SIHAT GP Panel Summary Of Clinic Charges



No	Type of Treatment	Rate / Charges (RM)	Internal Use
1	Consultation only		
2	Consultation and Medication (General)		
3	Consultation + Medication + Injection		
4	Minor Surgery (procedure)		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
5	X-ray		
6	Simple Investigation		
	<input type="text" value="Blood glucose test"/>		
	<input type="text" value="Urine test (using test strip)"/>		
	<input type="text" value="ECG"/>		
	<input type="text" value="Ultrasound Examination"/>		
	<input type="text" value="Pap Smear"/>		
7	Pre-Employment Medical Check-Up (please list out all the tests)		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

<p>Prepared by</p> <p>Name <input type="text"/></p> <p>Designation <input type="text"/></p>	<p>Clinic Stamp</p> <div style="border: 1px solid black; padding: 10px; text-align: center;">  <p>STAMP HERE</p> </div>
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pedulihat.com

Careline
+603 5525 6600