

Dear Doctor,

**INVITATION TO JOIN THE “GP AFFILIATION PROGRAMME”**

Warmest greetings from Sri Kota Specialist Medical Centre Klang. It is my pleasure to invite you to join the “Sri Kota GP Affiliation Programme”. Their key objectives of this programme are:

- To enhance communication between General Practitioners and Sri Kota's Consultant's Specialist, Management and other team members.
- To provide an integrated patient care services
- To thank all family Practitioners who have been supporting Sri Kota for the past years

Medical Director  
Tel No: 03-3373 3636 Ext 7310

Assisted by our Marketing team:

<b><u>Tel No</u></b>		<b><u>Ext</u></b>
	03-3373 3636	
Mr. Gan Kah Long	Head of Marketing	7308
Mr. Rubinderjit Singh JS	Asst. Marketing Manager	7356
Ms. Jenny Wang	Asst. Manager – Strategic Partnering	7335
Ms. Sharmaine Biggs	Marketing Executive	7313
Ms. Etau Rabung	Marketing Officer	7313

We welcome you and thank you for joining the GP Affiliation Programme

Yours sincerely,

Dr.Sadasivam Kandiah  
Medical Director

Cc: Ms. Tan Suet Guan-Hospital Director



**GP AFFILIATION PROGRAMME**

**PERSONAL DATA**

Name (according to I/C underline surname)

---

Correspondence Address:

---

---

Contact No : (O): \_\_\_\_\_ (H): \_\_\_\_\_ (H/P): \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Place of Birth : \_\_\_\_\_

NRIC No : \_\_\_\_\_ Gender : \_\_\_\_\_

Religion :  Muslim  Buddhist  Christian  Hindu  Others

Marital Status :  Single  Married  Others

Ethnic Group :  Malay  Chinese  Indian  Others: \_\_\_\_\_

**PERSONAL DATA**

Spouse's name (according to I/C underline surname):

---

Correspondence Address:

---

---

Contact No : (O): \_\_\_\_\_ (H): \_\_\_\_\_ (H/P): \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Place of Birth : \_\_\_\_\_

NRIC No : \_\_\_\_\_ Gender : \_\_\_\_\_

Religion :  Muslim  Buddhist  Christian  Hindu  Others

Ethnic Group :  Malay  Chinese  Indian  Others: \_\_\_\_\_

1. Child's Name (according to I/C underline surname):

---

Date of Birth : \_\_\_\_\_ NRIC No : \_\_\_\_\_

2. Child's Name (according to I/C underline surname):

---

Date of Birth : \_\_\_\_\_ NRIC No : \_\_\_\_\_

3. Child's Name (according to I/C underline surname):

---

Date of Birth : \_\_\_\_\_ NRIC No : \_\_\_\_\_

4. Child's Name (according to I/C underline surname):

---

Date of Birth : \_\_\_\_\_ NRIC No : \_\_\_\_\_

# **SRI KOTA SPECIALIST MEDICAL CENTRE**

## **GENERAL PRACTITIONERS (GP) AFFILIATION PROGRAMME**

### **YOUR BENEFITS AS AN AFFILIATE GP**

(a) Participation in Sri Kota's continuing Medical Education Programmes.

(b) Hospitalization benefits for yourself, your spouses and children (in full time education and under 23 years old)

- Discount on Room & Board

<b>Room Type</b>	<b>Discount off Published Rates</b>
4 Bedded	25%
2 Bedded	25%
Single Bedded	25%
Single Suite	25%

- 10% on outpatient treatment
- 7% discount on Hospital charges except on stents and implants
- Discount above applicable to Cash and Credit Card/Debit Card only
- Discount at Sri Kota cafeteria (staff price)

## **SRI KOTA SPECIALIST MEDICAL CENTRE**

### **GENERAL PRACTITIONERS (GP) AFFILIATION PROGRAMME**

#### **HOW TO USE YOUR BENEFITS**

As an Affiliate GP, you will receive an identification card that will ensure you receive your benefits in the Hospital. Please review the procedures outlined below to ensure you fully enjoy your Affiliation with Sri Kota.

#### **CONFERRING PRIVILEGES**

Please present your identification card to the Person-in-charge of the Unit.

#### **ADMISSION**

Have either you or a member of your family present the identification card to the Admission staff.