

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”. The 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:

| <u>Tel No</u> | | <u>Ext</u> | <u>Email</u> |
|--------------------------|--------------------------------------|------------|--------------------------------|
| | 03-3373 3636 | | |
| Mr. Gan Kah Long | Head of Marketing | 7308 | gan_kahlong@srikotamedical.com |
| Mr. Rubinderjit Singh JS | Asst. Marketing Manager | 7356 | rubin@srikotamedical.com |
| Ms. Jenny Wang | Asst. Manager – Strategic Partnering | 7335 | jenny@srikotamedical.com |
| Ms. Sharmaine Biggs | Marketing Executive | 7313 | sharmaine@srikotamedical.com |
| Ms. Etau Rabung | Marketing Officer | 7313 | etau@srikotamedical.com |

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



Sri Kota Specialist Medical Centre

www.srikotamedical.com

GP AFFILIATION PROGRAMME

PERSONAL DATA

Name (according to I/C underline surname)

Correspondence Address:

Contact No : (O): _____ (H): _____ (H/P): _____

Date of Birth : _____ E-Mail : _____

NRIC No : _____ Gender : M / F
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 (If different from above):

Contact No : (O): _____ (H): _____ (H/P): _____

Date of Birth : _____

NRIC No : _____ Gender : M / F
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

| Room Type | Discount off Published Rates |
|------------------|-------------------------------------|
| 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)
- Above discount applicable to Cash and Credit Card/Debit Card transactions 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.