



GP AFFILIATION PROGRAM Membership Enrolment Form

Name :

Salutation : Mr Mrs Ms Others

Date of Birth : / / (dd/mm/yy)

IC No : - -

Gender : Male Female

Race : Malay Chinese Indian Others

Clinic Name :

Address :

Postcode :

Contact No : Office -
HP -

Email :

Benefits:
In-patient:
1) 25% discount on all room charges
2) 7% discount on hospital charges including physiotherapy and laboratory services, excluding consignment item, stent and implant
Out-patient:
1) 10% discount on wellness screening program
2) 10% discount on medication
3) 10% discount on physiotherapy and laboratory services
4) 10% discount on cafeteria ala-carte menu

Terms and Conditions:
1) Discount above applicable to cash and credit card / debit card transaction only
2) Not valid with any other discount or promotion
3) Please present this card during registration
4) This card is not transferable
5) Hospitalization benefits for yourself, your spouse and children (in full education and under 23 years old)

The Management of Sri Kota Specialist Medical Centre reserves the right to change the Benefits and Terms & Conditions without further notice.

(For office use only)		_____ Applicant Signature
Membership No	: <input type="text"/>	
Date	: _____	
Issuing Dept. / Level	: _____	

Information below should be according to IC

1) Spouse Name : _____

IC No : - -

2) Child's Name : _____

IC No : - -

3) Child's Name : _____

IC No : - -

4) Child's Name : _____

IC No : - -