SRI KOTA
SPECIALIST
MEDICAL CENTRE
The Heart of Healthcare

KIDS CLUB PRIVILEGE 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 ☐

Parent's Name : Father / Mother

Address :

Postcode :

Contact No : Office ___ - ____

HP ___ - ____

Email :

Benefits:

In-patient:

1) 10% discount on all room charges
2) 5% discount on hospital charges including physiotherapy and laboratory services, excluding imaging services, consignment item, stent and implant

Out-Patient:

1) 10% discount on wellness screening program for parents
2) 10% discount on medication
3) 5% discount on physiotherapy and laboratory services

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) Valid for patient age 12 and below only
6) Self-terminated upon Kids reaching age 13

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)

Membership No :

Date : _____

Issuing Dept. / Level : _____

_____

Applicant Signature