MEDI-shield

A Project by Expert Medicolegal Consultancy

INDIVIDUAL MEMBERSHIP APPLICATION FORM

New **Renewing**

[State:] [District:][MEMBERSHIP #:]

Name: --Title: ----------------------

Date of Birth : --

Complete Postal Address : --

City: ------------------------------------ District: ------------------------------------ PIN: [ ] [ ] [ ] [ ] [ ] [ ]

Nearest Prominent Landmark: --

Phone (Off.) : ------------------------ (Off.) : ------------------------(Res) : ------------------------Fax : ------------------------

Mobile : ------------------------ E-mail: ------------------------ Website : ------------------------

Doctor's Registration Number : ------------------------ Medical Council : ------------------------

Qualification: ------------------------ Years of Experience : ------------------------

Hospital/Nursing Home/Diagnostic Centre Regd. No.: ------------------------

Number of Beds : General Ward: ------------------------ Semi Special: ------------------------ Special Rooms: ------------------------

Deluxe Rooms: ------------------------ ICU Beds: ------------------------ Day Care Beds: ------------------------

Operation Theatre: Yes No

Ambulance: Yes No Number:

Radiology: **X-Ray**: Yes No **USG**: Yes No

Pathology: Yes No

TMT (Stress Test): Yes No

Blood Bank: Yes No

Any Other services/ Facilities available : --

(Circle the services you wish to avail from MEDISHIELD :

Service for MEDISHIELD Members	PAID Services
✕ Pre-litigationn medicolegal consultation services. ✕ Defending the medical negligence law suits in civil, consumer, criminal courts and all appellate commissions and courts. ✕ Procuring affidavits to strengthen the case ✕ Quarterly Medicolegal update (Bulletin) ✕ Doctor's training sessions in Medicolegal matters ✕ Medical records auditing ✕ Providing immunity from sister concern firms. ✕ Advise on complete range of Forensic Services	✕ Indemnity Cover ✕ Hospital Establishment Cover ✕ Compact Insurance Policy ✕ Procuring certificates required for hospital (Registration, MTP, PNDT etc.) ✕ Insurance / TPA Empanelment ✕ Corporate Companies Empanelment ✕ Assistance in claim settlement by TPAs ✕ Accreditations (ISO/NABL etc.)

(Details of PAID services to be availed should be mentioned overleaf in the space provided)

Complete the membership form and return it with your payment to:

MEDISHIELD, First Floor, Shreeji Milap, Plot No. 52, Sector- 40, Seawoods Station Road, Nerul (W), Navi Mumbai: 400 706. Phone: (022) 2772 9280, Fax: (022) 2771 6787 E-mail: emc@emcindia.org

[STATE:]
[DISTRICT:]
[MEDISHIELD MEMBERSHIP #:]
[Period of MEDISHIELD Contract :]
[Period of Indemnity policy :]

Affix your Recent Colored Passport size Photo

[Please enter details of the services you wish to avail in this box, in very clear unambiguous words]

Any previous medicolegal / legal pending issues :...

TERMS AND CONDITIONS

1. Right of membership is reserved.
2. Doctors/ Hospitals against whom Expert Medicolegal Consultancy (EMC) has already accepted the cases on patient's behalf will not be given membership till the finalization of the existing case.
3. A member will be eligible to receive the Medicolegal consultation services immediately from the date when the payment made by the member is credited in the MEDISHIED account. However, the Indemnity cover will become applicable from the date on which the policy is issued by the insurance company.
4. Payment made to MEDISHIELD does not automatically indemnify the member. It is subject to approval and acceptance of your proposal by the insurance company.
5. If the annual membership fees payable to MEDISHIELD by any member is not paid within 4 days after it becomes due, such member shall automatically lose the membership at the end of the 4th day.
6. Any change in address should be informed to MEDISHIELD in writing immediately for better service.
7. It is expected of you submit true and correct information about your setup. We will not be responsible if any problem arises due to false information being submitted by you for the said purpose.
8. Fees for Pre membership cases will be separate.

DECLARATION

I hereby declare that all the above information is true and correct. I have carefully read all the instructions, terms and conditions of MEDISHIELD. I fully accept and agree to abide by the same. I voluntarily agree to pay the professional fees that are mutually agreed upon us as follows for_____________year/s.

[Cheque/ DD to be drawn in favour of " MEDISHIELD, Navi Mumbai]

Payment details of MEDISHIELD Membership fees :

Date	Drawn On	Cheque/DD No.	Amount

Payment details of PAID SERVICES availed by the member :

Date	Drawn On	Cheque/DD No.	Amount

In witness whereof I hereunder set my hand the ------------------day of ------------- 200--.

ACCEPTED

SIGNATURE