Healthcare Provider Empanelment Registration Form

SELECTION CRITERIA FOR SELCARE PANEL OF HEALTHCARE PROVIDER

1. Healthcare Provider must be registered with Malaysia Medical Council (MMC) and has a valid Annual Practicing Certificate (APC).

2. Facilities available e.g. : Internet, PC and Telephone.

3. Location.

4. Healthcare Provider Fees charged must adhere to Malaysian Medical Association (MMA)'s terms & conditions.

5. Business Hours.

6. Healthcare Provider Services.

7. For GP clinic applications,
   a) Your GP clinic will be automatically empanelled under Selcare Third Party Administrator program.

   b) Your application will be empanelled under the State Programs handled by Selcare Management subject to each of State Government's discretion. Please tick (X) your GP clinic's location:-
   7.1 Perak (Perak Prihatin program) ☐
   7.2 Selangor (Peduli Sihat program) ☐
   7.3 Terengganu (Kad Sejahtera Terengganu program) ☐
   7.4 Others (Please specify) : _____ ☐
   _____

If Healthcare Provider meets selection criteria, a letter of offer will be prepared upon receiving letter of acceptance from Healthcare Provider, an agreement will be forwarded to Healthcare Provider to be signed by both parties. A copy will be given to panel Healthcare Provider.

HEALTHCARE PROVIDER REGISTRATION CHECKLIST

No.	Documents	Checklist
1	Panel of Healthcare Provider: Letter of Invitation	☐
2	Panel of Healthcare Provider: Details Form	☐
3	Annual Practicing Certificate (APC)	☐
4	Malaysian Medical Certificates (MMC)	☐
5	Private Healthcare Facilities and Services Act 1998 (GP Clinic : Form B/Form F, Dental Clinic : Form C, Hospital : Form G)	☐
6	Healthcare Provider Summary of Charges	☐
7	Company Registration Suruhanjaya Syarikat Malaysia for "Sdn. Bhd." company only (Form 24 and Form 49)	☐
8	Bank Account Statement of Payee	☐

Note: Please submit the completed application to our dedicated email at **provider@selcare.my**. Any enquiries regarding this application to call our Customer Care at 1-800-22-6600.

FOR OFFICE USE ONLY

Approved / Rejected by		Name	
Reason Rejected		Date	/ /

Panel of Healthcare Provider - Letter of Invitation (LOI)

To	**SELCARE Management Sdn Bhd**
Tel. No.	**1-800-22-6600**
Attention	**Provider Management Department**

REPLY OF INVITATION / APPLICATION TO JOIN SELCARE A PANEL GP CLINIC

☐ Hospital ☐ General Practitioner ☐ Dental ☐ Others _____

Please tick either one

☐ **YES.** I would like to be a panel service provider of SELCARE Management Sdn. Bhd. I am pleased to forward to you a quotation of our charges. Please forward to me a copy of the Letter of Appointment of which I shall return to SELCARE Management Sdn. Bhd. signing.

☐ **NO**. I am not interested in being a panel service provider of SELCARE Management Sdn. Bhd.

Healthcare Provider Name			
Doctor-in-charge Name		Staff-in-charge Name	
MyKad / I.C No.		MyKad / I.C No.	
Membership / Valid Practising No.		Membership / Valid Practising No.	
Contact No.		Contact No.	

Please tick where appropriate

Do you have internet connection for your PC? ☐ Yes ☐ No

Where do you station your computer terminal? ☐ Registration Counter ☐ Doctor's Room

Your computer system network? ☐ Stand Alone ☐ Sharing / Networking

Panel of Healthcare Provider - Details Form

To	**SELCARE Management Sdn. Bhd.**
Tel. No.	**1-800-22-6600**
Attention	**Provider Management Department**

Dewan Undangan Negeri/ State Constituency			
Healthcare Provider Name*			
Party to be Named in Service Agreement			
	***(Healthcare Provider Name / Company Name – please provide us "Form 24" & "Form 49" if registered as "Sdn. Bhd.")**		
Group of (if any)			
Address			
Postcode		City / Town	
Healthcare Provider Coordinates	Latitude	Longitude	
Healthcare Provider Hours	☐ 24 Hours a day	☐ Others. Please specify below:	
		☐ i) Monday to Friday. Time	
		☐ ii) Saturday. Time	
		☐ iii) Sunday. Time	
Tel. No.		Mobile No.	
Email			
Bank Details	Payee Name		
	Payee Bank		
	Payee Bank Account No.		
	Payee NRIC (if individual)		
	Payee Business Registration No. (BRN) (if sole Proprietor / Partnership)		
	Payee Company No. (if Company)		

Important note: Please attach the latest copy of "Perakuan Amalan Tahunan" (Annual Practicing Certificate).

Panel of Healthcare Provider - Summary of Charges

No.	Type of treatment	Rate / Charges (RM)	Internal Use
1	Consultation only		
2	Consultation and Medication (General)		
3	Consultation + Medication + Injection		
4	Minor Surgery (procedure)		
5	X-ray		
6	Simple investigation Blood glucose test Urine test (using test strip) ECG Ultrasound examinantion Pap Smear		
7	Pre-employment Medical Check-up **(please list out all the tests)**		

Prepared by

Signature

Name

Designation

Date

Healthcare Provider Stamp