

## GP Sign-up Form

CLINIC CODE: \_\_\_\_\_

DATE CREATED: \_\_\_\_\_

<b>Name of Doctor(s):</b>  <b>MCR No:</b> (Doctor's stamp acceptable)	(1)	(2)
<b>Clinic Name:</b>  <b>Clinic Address:</b>  <b>Clinic Tel:</b>  <b>Email:</b> (mandatory for informing clinic on any critical results, e-billing and other related matters)		<b>Registered company name:</b> (if different from Clinic Name)   <b>Company Registration No (UEN):</b>
<b>Is this clinic part of a Medical group?</b>	<input type="checkbox"/> Yes (pls state group name) <input type="checkbox"/> No	
<b>Special Remark</b> (e.g., instruction for re-directing of patient's result if new clinic is responsible for patients from the previous clinic)		

Thank you for your interest in NHG Diagnostics (NHGD) services.

- Please attach a copy of the ACRA registration certificate
- We will update your clinic about any new or changes in centres / services by e-mail.
- For more information, please visit: [www.diagnostics.nhg.com.sg](http://www.diagnostics.nhg.com.sg).

### **NHGD SERVICES' TERMS AND CONDITIONS**

The following terms and conditions are effective between "NHGD" and the "Clinic" (Clinic account registered under NHGD).

NHGD reserves the rights to change, modify or otherwise alter these terms and conditions without prior notice.

#### **1. Use of NHGD Services**

The Clinic shall request NHGD services through NHGD Request Forms or memorandum, which must be duly signed by a doctor and includes

- a) Name and MCR of referring doctor      b) Name, address and contact number of Clinic

#### **2. Payment**

NHGD shall send a monthly consolidated invoice by email or post to the Clinic's email or billing address within the next billing month for clinics that have applied for credit facility. The Clinic shall pay NHGD invoices within 30 days from invoice date. Clinic will be given a 15% prompt payment rebate for payment received within 30 days of tax invoice date (not applicable for services already on corporate rates and clinics with outstanding amount due). A late payment charge of 1% per month on the outstanding amount will be imposed after 30 days from the billing date. Back end billing arrangement and credit facility will also be removed.

#### **3. Pricelist**

NHGD reserves the rights to change, modify the pricelist for our services without prior notice.

#### **4. Validity of Clinic Account**

The Clinic shall be responsible to update NHGD of any change in contact information.

**By submitting this application form, I hereby accept and agree to the Terms and Conditions stated herein.**

\_\_\_\_\_  
**Doctor's Signature & Date**

Please email this form to: [askNHGD@diagnostics.nhg.com.sg](mailto:askNHGD@diagnostics.nhg.com.sg)

## Application for Credit Facility

\*All applications are subjected to approval by NHGD. You will receive a notification via email when the credit facility is approved.

**All patients who have been referred for laboratory or radiological investigations should make payment at the respective NHGD counter while the application is still under review.**

Company Type:

Sole-proprietorship

Partnership

Limited Liability Partnership (LLP)

Private Limited Company

Total Staff Strength:  employees as at  Years of Incorporation:

Billing Address (if different from clinic address above):

Contact Person:  Designation:

Contact no:  Email:

By submitting this application, I/We hereby confirm our application for a credit account and agree to pay for services rendered within the credit term set by NHG Diagnostics.

\_\_\_\_\_  
Name  
Designation:

Company Stamp

\_\_\_\_\_  
Date:

**NEW!**

**Payment to NHGD can now be made easily using the following methods!**

Acct No.: 0329000287

Acct Name: NHG DIAGNOSTICS

Acct Type: SGD CURRENT ACCOUNT

**PayNow**

Via UEN: 200002150H287

Via Mobile Banking App:

