

With Passion to Serve the Community

ADMINISTRATIVE SERVICE AGREEMENT

This Agreement is made between

Eximius Medical Administration Solutions Sdn Bhd (874346-P) hereafter known as

e-MAS & Family Physician

Doctor/Company Name																					
NRIC/ Co. Registration No.																					
Clinic Name																					
Address																					
Post Code																					
State																					

Telephone																					
Fax																					
Email																					

Hereafter known as **“The Provider”**

The Provider hereby agrees to participate with e-MAS as a Primary Care Provider (PCP) subject to the following terms & conditions:

- a) Provider must be registered with the Kementerian Kesihatan Malaysia (KKM) and all medical doctors engaged by your clinic must be registered with the Malaysian Medical Council and possess a valid Annual Practicing Certificate.
- b) Members (i.e. Employees & their registered dependants) seeking treatment from the Provider need not provide any medical card but have to provide their MyKad or passport to ensure verification in the e-MAS Care Plus System.
- c) Providers must strictly follow the drugs and procedures price list as set by e-MAS.
- d) It is the responsibility of the Provider to verify members eligibility via the e-MAS Care Plus System for each and every visit. Please take note of the members coverage & eligibility prior providing cashless treatment in the members confirm visit panel. Different corporate provide different entitlements for their various employees.
 - (i) It shall be the clinics responsibility to collect any co-payment or excess subject to the members eligibility and schedule of benefits.
- e) It is required by the provider to ensure that the “confirm visit” for each member is done upon arrival and registration of the patient.

With Passion to Serve the Community

- f) The provider is expected to be stringent in their practices of Medical Leave Certificate issuance. Providers are also expected to submit medical leave in the system within the same day as this information is automatically emailed to Human Resources Department of the corporate.
- g) All claims should be submitted via the e-MAS Care Plus System within 7 days of confirm visit. The cut of date for all claims is the last day of every month. Claims not submitted by the last day will be carried forward to the following month.
- h) Approved claims will be paid within 45 days from the cut of date. Claims submitted later than 30 days from the visit date are not payable.
- i) Either party can terminate this Agreement by giving 30 days' notice to the other party in writing of such intention without having to provide any reasons whatsoever.
- j) The above appointment is applicable to the above-mentioned clinic at the present address. Branches of clinic can be appointed by completing another set of documents/agreements.
- k) All diagnostic laboratory tests that are medically warranted and covered under the program must be sent to our appointed laboratory provider "Gribbles Pathology (Malaysia) Sdn Bhd".

.....
(Signature)
Dr.S.Kamalanathan
Managing Director
NRIC:
Date:

.....
(Signature)
Name of Doctor :
NRIC:
Date :
Clinic Rubber Stamp :

Witnessed by,

.....
(Signature)
Name:
NRIC:
Date:

PANEL CLINIC ENROLMENT FORM

Attention : Doctor (s) / Clinic Administrator (s)

Please fill up the following for notification:

A. CLINIC PARTICULARS

Healthcare Type	FAMILY PHYSICIAN	TPA NAME	e-MAS
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Owner Type:

Sole Practice	Group Practice	Affiliate Practice
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MOH Registration No.		-		-	
Clinic Name					
Registered Proprietor Name					

Please fill membership numbers of the following:

MMA	Membership Numbers Here	AFPM	Membership Numbers Here	PMPS	Membership Numbers Here
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Address											City										
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State											Post Code										
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Clinic Telephone											Fax										
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Office Telephone										
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Clinic Email																				
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Admin Contact Staff											Designation										
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Admin Email																				
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Website																				
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If group practice or affiliate practice need following details:

Headquarters											City										
Number of Branches			Number of Doctors			Please list each branch in new form															

B. DOCTOR IN-CHARGE PARTICULARS

Doctor in Charge Name

Email

MyKad No./Passport No

MMC No.

Handphone No.

Gender F M

Race (Please tick the appropriate):

Malay	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Others (State)	<input type="checkbox"/>

Specialisation

University

C. BANKING DETAILS

Bank Name	<input type="text"/>
Account No	<input type="text"/>
Payment in Favor of	<input type="text"/>
Company Registration No.	<input type="text"/>

D. COMPUTERISATION DETAILS (Please tick where appropriate)

Streamyx Broadband Connection	Yes	No	Clinic Computerised	Yes	No
Wireless Broadband Connection	Yes	No	Able to Submit E-Claims	Yes	No
Unifi	Yes	No	Website	Yes	No
Willing For Tele-Consultation	Yes	No	Willing for Tele-Conference	Yes	No

E. CLINIC FACILITIES

ECG	<input type="checkbox"/>
X-ray	<input type="checkbox"/>
Urine&Blood Test	<input type="checkbox"/>
Asthma Care	<input type="checkbox"/>
Contraception	<input type="checkbox"/>
Immunization & Vaccination	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>
Minor Outpatient Facilities	<input type="checkbox"/>
Lab Test	<input type="checkbox"/>

Minor Surgery	<input type="checkbox"/>
Stress Test	<input type="checkbox"/>
MRI	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>
CAT Scan	<input type="checkbox"/>
PET Scan	<input type="checkbox"/>
Medical Ventilator	<input type="checkbox"/>
Anesthetic Machine	<input type="checkbox"/>
Dialysis Machine	<input type="checkbox"/>

Others : _____

F. WORKING HOURS

(Please tick where appropriate)

24 Hours	<input type="checkbox"/>	By APPOINTMENT ONLY	<input type="checkbox"/>
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DAYS	MORNING	LUNCH BREAK	EVENING & NIGHT
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Public Holiday			

(Please tick days (public holidays) the clinic will be closed)

<input type="checkbox"/>	Thaipusam	<input type="checkbox"/>	Malaysia Day (Hari Malaysia)
<input type="checkbox"/>	Chinese New Year (2 Days)	<input type="checkbox"/>	Deepavali
<input type="checkbox"/>	Prophet Muhammad’s Birthday (Maulidur Rasul)	<input type="checkbox"/>	Hari Raya Puasa (2 Days)
<input type="checkbox"/>	Labour Day	<input type="checkbox"/>	Christmas Day
<input type="checkbox"/>	Wesak Day	<input type="checkbox"/>	Hari Raya Haji
<input type="checkbox"/>	National Day (Hari Merdeka)	<input type="checkbox"/>	Other (s)

Please list other (s) : _____

G. CHARGES (Please state the charges)

Average Consultation Fees	Print Average Charges Here
Average Medication Cost	Print Average Charges Here
Percentage use of Generic Medication	Print Average Charges Here
Average Treatment Cost	Print Average Charges Here
Any Surcharge (After Normal Working Hours)	Print Average Charges Here
House Call Fees (During Working Hours)	Print Average Charges Here
House Call Fees (After Working Hours)	Print Average Charges Here
Long Term Medication (Hypertension)	Print Average Charges Here
Long Term Medication (Diabetes)	Print Average Charges Here
Long Term Medication (Lipid Disease)	Print Average Charges Here
Long Term Medication (Asthma)	Print Average Charges Here

H. BRANCHES INTERESTED TO BE INCLUDED IN THE PANEL

Please list all the branches in a separate form for each clinic

I. Please attach Copy of MOH Registration Certificate (Borang B), Copy of Doctor's IC, Annual Practising Certificate (Amalan Tahunan) & original e-MAS Service Agreement with doctor’s signature and send it via post