

CLINIC SIGN-UP FORM

A GP AND SKH ED COLLABORATIVE PROGRAMME FOR THE NORTH-EASTERN COMMUNITY

Version: 17112020

SCHEME DETAILS

OBJECTIVE:

To partner GPs in the private sector in providing right-siting of care for mild and moderate conditions within the north-eastern region of Singapore.

PROGRAMME BENEFITS:

A patient who visits a Participating Clinic of **GPFIRST** for a condition(s) that may require a referral to Sengkang General Hospital Emergency Department ("SKH ED"), will be given priority when referred through this Programme and pay an amount lesser than the prevailing SKH ED attendance fee.

PERSONAL & PROFESSIONAL PARTICULARS

Name of GP: Dr _____ Mobile No: _____

Email Address: _____ MCR No: _____

Year of Registration: _____ Qualifications: MBBS GDFM Others: _____

CLINIC'S DETAILS

Clinic Name: _____

Clinic Add: _____

Clinic Tel: _____ Clinic Fax: _____

Name of Clinic Assistant: _____

Preferred Mode of Contact: Mobile SMS Clinic Tel
 Email Fax

Operating Hours:

(Weekdays) _____

(Weekends) _____

(Public Holidays): _____

Attach Clinic / Doctor's Name Card

Please fill in the respective details required if they are not reflected in this card. Thank you!

Please tick accordingly if your clinic participates in the initiatives/programmes below:

- Medisave Enabled Clinic CDMP Registered Clinic
 CHAS Registered Clinic Public Health Preparedness Clinic (PHPC)

Patient Profile: (1) Private _____% Corporate _____% (2) Elderly _____% Adult _____% Children _____%

Type of Conditions: Chronic _____% Acute _____% **Average Consultation Fee:** \$ _____

Other Information (other support services available in the clinic i.e. lab/diagnostic) : _____

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TERMS & CONDITIONS

1. Clinic participation in **SKH's GPFIRST** is by invitation only and includes clinics within the north-eastern region of Singapore.
2. All referrals of patients through this programme ("Patients") must be made via the original and serialized **GPFIRST** Referral Form ("Original Referral Form") provided by SKH and CGH.
3. Only Original Referral Forms issued by SKH and CGH are valid. Participating clinic shall inform Patient of the terms and conditions of referral and treatment at SKH ED, in particular items 4-8 and 11 below before the referral is made.
4. The Original Referral Form must be duly completed with participating clinic's stamp, date and time clearly indicated and Patient must produce this at SKH ED together with his/her NRIC / Passport / Work Passes / Permits for verification.
5. The Original Referral Form is only valid on the day of issue, and up to 0200hrs of the following day if the referral form is issued close to midnight.
6. Patient will pay the prevailing SKH ED Fee less S\$50 if the Patient is referred through this Programme.
7. Specialized investigations and non-standard medication required at SKH ED will be separately charged.
8. SKH ED supports Participating clinics with aids/guides which includes SKH ED 24/7 Consultant Hotline as shown in [Annex A](#).
9. Participating Clinics shall ensure they keep themselves updated on continuing medical education (CME) including in relation to how to make appropriate referrals to ED.
10. SKH will monitor participating clinics on the types of referral sent through **GPFIRST** Programme. SKH reserves the right in its sole discretion to exclude participating clinics from this Scheme if SKH is of the view that the participating clinic persistently refers inappropriate cases despite SKH feedback, or breach the terms and conditions of this Programme. In such event, if requested by SKH, participating clinic shall return to SKH any un-utilized referral forms and Programme materials.
11. SKH reserves the right to change the terms and conditions of this Programme, or terminate/withdraw this Programme without prior notice, which shall be deemed effective immediately upon such change or withdrawal and without liability towards participating clinics and the Patients.

DECLARATION AND ACCEPTANCE OF TERMS

We declare that the information provided on this form is true and correct. I understand that any inaccurate or false information will render this application invalid and if admitted to this Programme on the basis of such information, participating clinic can be withdrawn from this Programme with immediate effect.

As a **GPFIRST** participating clinic, we will abide by the terms and conditions, guidelines, and procedures applicable to this Programme. SKH reserves the right at all times in its sole discretion to withdraw any doctor and/or participating clinics from this Programme if there is violation(s) of the terms and conditions of this Programme or non-compliance with SKH instructions.

We hereby authorize SKH to disclose any information pertaining to our participation in **GPFIRST** Programme to satisfy any law, regulation, legal process or government requirement/request where government request shall include those coming from Ministry of Health and/or governmental agencies. We also authorize SKH to share such information as it deems necessary with its affiliated companies, and to use such information for programme analysis which can be for monitoring, tracking, improvement and evaluation purposes, internal and external communications and any other reasonable uses that SKH in its sole discretion deems fit.

Name of authorized signatory:

For and on behalf of:

Signature of GP

Affix Clinic Stamp

Date

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ANNEX A

SKH ED HOTLINES & SUPPORT - FOR GPs/CLINICS ONLY

- **ED Consultant Hotline**
For GPFIRST clinical-related matters (Operates 24/7)
- **GPFIRST Programme Coordinator Hotline: 6930 4282**
For GPFIRST administrative matters (Operates Mon-Fri Office Hours)
- **Mobile Application for GPFIRST GP**
 - Provides clinical decision rules / calculators
 - Allows GP to provide feedback on use of mobile app