

**GROUP PRACTICE SIGN-UP FORM**

Version: 12032020

**Programme Details**

**Objective:**

To encourage and incentivise residents in the Northern region of Singapore to visit their GPs for mild and moderate medical conditions rather than going to any of the following medical facilities at the first instance:

1. Khoo Teck Puat Hospital Acute & Emergency Care Centre (“KTPH A&E Care Centre”)
2. Urgent Care Centre @ Admiralty (“UCC @ Admiralty”)
3. Woodlands Health Campus Emergency Department (“WHC Emergency Department”)^

**Programme Benefits:**

A patient who visits a GPFIRST Participating Clinic for a condition(s) that may require a referral to any of the above medical facilities, will be given priority when referred through GPFIRST and pays a reduced amount for the attendance fees at the prevailing rates.

**Participating Group Practice Details**

Name of Group Practice/UEN No: \_\_\_\_\_

Name of Medical Director/Doctor-in-charge of Group Practice: \_\_\_\_\_

Contact details of Medical Director/Doctor-in-charge of Group Practice: \_\_\_\_\_ (Office No.) \_\_\_\_\_ (Mobile No.) \_\_\_\_\_ (Email)

Name of Group Admin Manager: \_\_\_\_\_

Contact details of Group Admin Manager: \_\_\_\_\_ (Office No.) \_\_\_\_\_ (Mobile No.) \_\_\_\_\_ (Email)

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

- |   |  |
|---|--|
| <input type="checkbox"/> CDMP Registered Clinic | <input type="checkbox"/> Medisave Enabled Clinic           |
| <input type="checkbox"/> CHAS Registered Clinic | <input type="checkbox"/> Public Health Preparedness Clinic |

**Group Practice Participating Clinics Sign-up List (Clinics in the northern region only)\***

Clinic Name	Clinic Address	Clinic Contact No.	Clinic GP Doctor's Name

\*Attach additional sheet if required

Has the Medical Director/Doctor-in-charge been informed about this sign up?  Yes  No  N.A.

^ Applies to Woodlands Health Campus (WHC) Emergency Department which may commence in first half of 2022.

All information is valid at time of printing March 2020

## GROUP PRACTICE SIGN-UP FORM

### Roles and Responsibilities

1. The *GPFirst* programme is applicable for referrals to UCC @ Admiralty, KTPH A&E Care Centre and WHC Emergency Department (when it commences operation)^ (each a “medical facility”).
2. To participate in *GPFirst*, sign-up is required.
3. All referrals of patient (“Patient”) through *GPFirst* must be made via the original and serialised *GPFirst* Referral Form (“Original Referral Form”) provided by Woodlands Health Campus (WHC) and/or Khoo Tech Puat Hospital (KTPH).
4. For Patients referred through *GPFirst* to receive the \$50 waiver on the prevailing attendance fee at the relevant medical facility, please complete the Original Referral Form with the clinic stamp, date and time clearly indicated on the form and inform the Patient about the following when making the referral:
  - i. Visit the specified medical facility indicated on the referral form as soon as possible and that all referrals are valid for 1 day from the time of issue by the referring clinic.
  - ii. Produce the Original Referral Form together with photo identification for verification at the specified medical facility indicated on the form.
  - iii. The \$50 waiver on the prevailing fee attendance fee applicable for *GPFirst* will be utilised at the medical facility where payment is made.
  - iv. Specialised investigations and any other services required at the medical facility will be charged separately.
5. The GPs of the Participating Group Practice as well as the Medical Director/Doctor-in-charge of the Group Practice may be contacted by WHC and KTPH for programme evaluation purposes.
6. WHC and KTPH will monitor Patient referrals to ensure appropriate referrals are being made by the Participating Clinics. If there is a high incidence of inappropriate cases made by the Participating Clinics, even with regular feedback provided by WHC and/or KTPH, the Group Practice and/or the relevant Participating Clinics may then be excluded from *GPFirst*. Similarly, if there is any breach of the terms and conditions herein, WHC and/or KTPH may also exclude the Group Practice and/or the relevant Participating Clinics from *GPFirst*. In such event, if requested by WHC and/or KTPH, the Group Practice and its Participating Clinics shall return to WHC and KTPH any un-used referral forms and programme materials.
7. WHC and KTPH may in their sole discretion change these terms and conditions, or suspend/terminate/withdraw *GPFirst* at any point in time by providing written notice, which shall be effective immediately, without being liable for any compensation to the Group Practice, its Participating Clinics or the Patients.

### Declaration and Acceptance

We declare that the information provided on this form is true and correct. We understand that any inaccurate or false information will render this application invalid and if admitted to *GPFirst* on the basis of such information, the Group Practice and its Participating Clinics can be withdrawn from *GPFirst* with immediate effect.

As a *GPFirst* Participating Group Practice, our Group Practice and Participating Clinics will accept the roles and responsibilities and will abide by the guidelines and procedures applicable to *GPFirst*. We agree that WHC and KTPH reserve the right at all times in their sole discretion to withdraw the Group Practice and/or our Participating Clinics from *GPFirst* if there is violation(s) of the terms and conditions or non-compliance with WHC’s and/or KTPH’s instructions.

We hereby authorise WHC and KTPH to disclose any information pertaining to our participation in *GPFirst* to satisfy any law, regulation, legal process or government requirement/request including without limitation such requirement/request from Ministry of Health. We also authorise WHC and KTPH to share such information as they deem necessary with their 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 WHC and KTPH in their sole discretion deem fit.

Name of authorised signatory: \_\_\_\_\_

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

For and on behalf of \_\_\_\_\_ (name of Group Practice)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company Stamp

\_\_\_\_\_  
Date

^ Applies to Woodlands Health Campus (WHC) Emergency Department which may commence in first half of 2022.