

CLINIC SIGN-UP FORM

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 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.

Personal & Professional Particulars

Name of GP: _____ Mobile No: _____

Email address: _____ MCR No: _____

Participating Clinic Details

Name of Clinic: _____

Clinic address: _____

Clinic Tel No: _____ Clinic Fax No: _____ Name of Clinic Assistant: _____

Preferred mode of contact: Call SMS Email Fax

Operating hours:

(Weekdays) _____

(Weekends) _____ (Public Holidays) _____

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

- CDMP Registered Clinic Medisave Enabled Clinic
 CHAS Registered Clinic Public Health Preparedness Clinic

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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 patients (“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 Teck 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 GP of Participating Clinic 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 Clinic, even with regular feedback provided by WHC and/or KTPH, the Participating Clinic may then be excluded from *GPFirst*. Similarly, if there is any breach in the terms and conditions herein, WHC and/or KTPH may also exclude the Participating Clinic from *GPFirst*. In such event, if requested by WHC and/or KTPH, the Participating Clinic 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 Participating Clinic or Patients.

Declaration and Acceptance

I 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 *GPFirst* on the basis of such information, the Participating Clinic can be withdrawn from *GPFirst* with immediate effect.

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

I hereby authorise WHC and KTPH to disclose any information pertaining to the clinic’s participation in *GPFirst* to satisfy any law, regulation, legal process or government requirements/requests including without limitation such requirements/requests from the Ministry of Health. I 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: _____

Signature

Clinic Stamp

Date