

AIICOMULTISHIELD LIMITED

INSPECTION CHECKSHEET ON HEALTHCARE PROVIDERS

FOCUS: To be appointed a Healthcare Provider under the AIICOMULTISHIELD Healthcare Service Scheme, established standards and conditions must be met. To this end, AIICOMULTISHIELD has the responsibility of verifying the claims made by each prospective Healthcare Provider as per the profile sent to AIICOMULTISHIELD earlier in respect of services rendered, personnel, and amenities.

Date of Inspection: _____

1. Name & Location of Facility: _____

2. Inspection Guide/Facilitator: _____

3. Type of Facility: _____

4. Sighting of Documents/Credentials

(a) Certificate of Incorporation: Sighted Not Available

Comments: _____

(b) SHMB Registration: Sighted Not Available

Comments: _____

(c) Credentials of Proprietor(s): Sighted Not Available

Comments: _____

(d) Payroll/Personnel Records: Sighted Not Available

Comments: _____

5. Quality/Availability of Resources & Amenities

Resource/Amenity	Assessment (State whether Adequate/Acceptable/Functional/Sanitary/etc. or otherwise)
(a) Personnel – Doctors - Nurses - Nurse`s Aids - Lab. Scientists	

<ul style="list-style-type: none"> - Cooks/Stewards - Admin/Finance 	
<p>(b) Diagnostic Equipment (indicate type)</p> <ul style="list-style-type: none"> I. _____ II. _____ III. _____ <p>(c) Stock of Drugs and medical aids</p> <p>(d) Ambulance</p> <p>(e) Utilities</p> <ul style="list-style-type: none"> - Genset - Water - Telephone <p>(f) House-keeping: Cleanliness of</p> <ul style="list-style-type: none"> - General ward - Private Rooms - Kitchen - Toilets/Bathrooms - Premises 	

6. Comments on Overall Assessment of Facility

7. Inspection Team Members

(a) _____ (b) _____

(c) _____ (d) _____

Team Leader's Signature: _____ Date: _____