



NURIKHAH MEDICAL SERVICES SDN.BHD.(604689-D)

MANAGEMENT OFFICE:
2-8-03/04, Wisma MAIS, Jln RU 3/9A,
Seksyen 3, 40000 Shah Alam,
Selangor Darul Ehsan.

Attn: Marketing & Operation Department

Tel:03-5523 0278 Fax: 03-5523 1465

Email: marketing@an-nisa.com.my



PANEL APPOINTMENT FORM

PANELS' INFORMATION

1. Company's Name & Address:

.....
.....
.....
.....

2. Tel No:..... Fax No:

3. Contact Person:

4. Company branches:

.....
.....
.....

5. Billing Address :

.....
.....
.....
.....

Tel No: fax No:

Same as above

**MARKETING & OPERATION
DEPARTMENT'S FORM**

(PANEL)

- 6. Email Address:
- 7. Total No. of Employees: Local:
Foreigner:
- 8. Type of Business:

APPOINTMENT AS PANELS' CLINIC

(Please / tick accordingly)

- 1. Effective date (getting treatment):
(Please inform us at least 3 working days before the date)
- 2. Limit Cover (exp: RM 1000/ year or no limit for each visit):
 RM/year/visit.
 No. Limit
- 3. Medical Coverage:
 Employee only
 Employee & Dependent (husband/wife & child)
 Employee & Dependent (husband/wife, child & parents)
 Others:.....
- 4. Selection of branches:
 All branches of Poliklinik An-Nisa'
 All branches of Poliklinik An-Nisa' in KL & Selangor
 Selected branches (please specify):
.....
- 5. Selection of Dental clinic
 Yes
 No
- 6. Procedure of getting treatment:
 Poliklinik An-Nisa' Medical form
 Company's Medical Form
 Other registration form (please specify):
.....

7. Treatment Cover :

- Common illness only
- Common illness and others (please specify)
.....
.....
.....
.....

8. Treatment not cover

Please specify:
.....
.....

9. Special Conditions (please specify)

.....
.....
.....
.....

(Please attach this form together with the letter of appointment)

Fill in by: Company's authorised

.....
Name:

Received by: Poiklinik An-Nisa' (NMSSB)

.....
Name: