



**APOLLO-TTDIRA EMERGENCY MEDICAL
TREATMENT SERVICES SCHEME
AT
APOLLO TTDI MEDICAL CENTRE
REGISTRATION FORM**



I, NRIC No.residing at
.....
hereby apply to participate in the Apollo -TTDIRA Emergency Medical Treatment Services Scheme for myself and my immediate dependants as stated in Appendix A attached, under terms of arrangement between Apollo TTDI Medical Centre (AMC) and Taman Tun Dr. Ismail Residents' Association (TTDIRA).

This Apollo - TTDIRA Emergency Medical Treatment Services Scheme is specifically restricted for emergency medical treatment at or by AMC.

I fully understand that:

- i) AMC will provide such emergency treatment, and if necessary, arrange for ambulance services to the University Hospital, Kuala Lumpur or to such other Hospitals within Kuala Lumpur.
- ii) I will be liable for payment of such treatment and services provided or arranged by AMC.
- iii) I will immediately arrange to settle the payment due from me. However in the event I am unable to settle the payments due immediately AMC will provide such emergency medical treatment and services and I will arrange to settle the payments within seven days.
- iv) In the event I do not settle the payment due within a period of seven days, AMC may seek the assistance of TTDI RA in recovering such overdue payment, notwithstanding the right of AMC to seek other means for the recovery of such overdue payment.
- v) The normal obligations and responsibility of AMC in providing medical treatment and services will apply for the medical treatment and services provided under this arrangement.
- vi) I understand that this arrangement will be subjected to the annual renewal of the on-going agreement between AMC and TTDI RA for the provision of the said Emergency Medical Treatment Services Scheme.

Signed :

Name of Member:

Membership No. NRIC No.

For Official Use Only

| | Date (dd/mm/yy) | Name of Person | Signature |
|--------------------------|-----------------|----------------|-----------|
| Received at AMC | | | |
| Submitted to TTDIRA | | | |
| Received by TTDIRA | | | |
| Verified by TTDIRA | | | |
| Returned/Received by AMC | | | |

APPENDIX A

| | | |
|----|---------------------------------------------------------------|---------------------------------|
| | <i>Name of Member</i> | <i>Membership No.</i> |
| | <i>Particulars of my immediate dependants are as follows:</i> | |
| | | |
| 1. | <i>Name of Dependent</i> | <i>NRIC/Birth Cert. No.</i> |
| | | <i>Relationship with Member</i> |
| | | |
| 2. | <i>Name of Dependent</i> | <i>NRIC/Birth Cert. No.</i> |
| | | <i>Relationship with Member</i> |
| | | |
| 3. | <i>Name of Dependent</i> | <i>NRIC/Birth Cert. No.</i> |
| | | <i>Relationship with Member</i> |
| | | |
| 4. | <i>Name of Dependent</i> | <i>NRIC/Birth Cert. No.</i> |
| | | <i>Relationship with Member</i> |
| | | |
| 5. | <i>Name of Dependent</i> | <i>NRIC/Birth Cert. No.</i> |
| | | <i>Relationship with Member</i> |
| | | |
| 6. | <i>Name of Dependent</i> | <i>NRIC/Birth Cert. No.</i> |
| | | <i>Relationship with Member</i> |
| | | |
| | <i>Signature of Member</i> | <i>NRIC NO:</i> |
| | | <i>Date:</i> |