

GP Sign-Up Form

Name of Doctor(s):	(1)	(2)
MCR No: (Doctor's stamp acceptable)		
Clinic Name:		Registered company name: (if different from Clinic Name)
Clinic Address:		
Clinic Tel:		Company Registration No (UEN):
Mobile No.: (For receiving info via WhatsApp/update of critical results)		HCI License Number:
Email: (mandatory for informing clinic on any critical results, e-billing and other related matters)		
Is this clinic part of a Medical group?	<input type="checkbox"/> Yes (Please state group name)	<input type="checkbox"/> No
Special Remark (e.g., instruction for re-directing of patient's result if new clinic is responsible for patients from the previous clinic)		

Thank you for your interest in NHG Diagnostics services.

- Please provide your clinic's ACRA registration and HCI licence certificates.
- We will update your clinic about any new or changes in centres / services by e-mail.
- For more information, please visit: www.nhgd.com.sg/

NHGD SERVICES' TERMS AND CONDITIONS

The following terms and conditions are effective between "NHG Diagnostics" and the "Clinic" (Clinic account registered under NHGD). NHG Diagnostics reserves the rights to change, modify or otherwise alter these terms and conditions without prior notice.

1. Use of NHG Diagnostics Services

The Clinic shall request NHG Diagnostics services through NHG Diagnostics Request Forms or memorandum, which must be duly signed by a doctor and includes:

- a) Name and MCR of referring doctor b) Name, address and contact number of Clinic (Clinic stamp)

2. Payment

NHG Diagnostics shall send a monthly consolidated invoice by email to the Clinic within the next billing month for clinics that have applied for credit facility. The Clinic shall pay NHG Diagnostics invoices **within 30 days** from invoice date. Clinic will be given a 10% prompt payment credit note for payment received within 30 days of the invoice date (not applicable for services already on corporate rates and clinics with outstanding amount due). A late payment charge of 1% per month on the outstanding amount will be imposed after 30 days from the invoice date. Back-end billing arrangement and credit facility shall be removed should payment not be received within 75 days from invoice date.

3. Pricelist

NHG Diagnostics reserves the rights to change, modify the pricelist for our services without prior notice.

4. Validity of Clinic Account

The Clinic shall be responsible to update NHG Diagnostics of any change in contact information.

By submitting this application form, I hereby accept and agree to the Terms and Conditions stated herein.

Doctor's Signature & Date

Please email this form to: nhgd.ask@nhghealth.com.sg

FORM REV 30072025

Application for Credit Facility

*All applications are subjected to approval by NHG Diagnostics. You will receive a notification via email when the credit facility is approved.

All patients who have been referred for laboratory or radiological investigations should make payment at the respective NHG Diagnostics counter while the application is still under review.

Company Type: Sole-proprietorship Partnership
 Limited Liability Partnership (LLP) Private Limited Company

Total Staff Strength: [] employees as at [] Years of Incorporation: []

Billing Address (if different from clinic address above): []

Contact Person: [] Designation: []
Contact no: [] Email: []

By submitting this application, I/We hereby confirm our application for a credit account and agree to pay for services rendered within the credit term set by NHG Diagnostics.

Name
Designation:



Date: