



RECEIVE UP TO A

15%

DISCOUNT ON YOUR HOSPITAL INVOICE

Simply present one of the following:

-  Employee ID Card
-  Corporate Member Card
-  Group Insurance Card

- Discount applies only to corporate partner employees and corporate partner employee family members (spouse, children, and parents).
- 15% discount for cash payments; 10% discount for credit card payments.
- 10% discount on dental treatment (excluding orthodontics).
- Discount is applicable towards inpatient rooms, medications, certain laboratory fees, certain medical supply fees, and x-rays – excludes doctor's fees, chemotherapy and other specialized tests/procedures.
- Discount cannot be used in conjunction with other discounts, vouchers, promotions, or packages.
- If using insurance, benefits are only applicable towards costs exceeding coverage.

For more information, please contact us at:

02 011 3111

Email: bhcorp@bumrungrad.com



Bumrungrad
International
HOSPITAL

Corporate Member Card Registration/Renewal Form

**BECOME A
MEMBER
FOR FREE!**

The Corporate Member Card allows for **exclusive discounts** for employees and family members (parents, spouse, and children (under 25 years)) of a Bumrungrad International Hospital corporate partner company.

Mr. Ms. Mrs. First Name Middle Name Last Name

Company Name Policy Code: (For Officer)

Address

Telephone E-mail

The requirement of the corporate member card for family members as follows;

1. Title: Mr. Master Miss Ms. Mrs. Date of birth (dd/mm/yy) HN:
- First Name Middle Name Last Name
2. Title: Mr. Master Miss Ms. Mrs. Date of birth (dd/mm/yy) HN:
- First Name Middle Name Last Name
3. Title: Mr. Master Miss Ms. Mrs. Date of birth (dd/mm/yy) HN:
- First Name Middle Name Last Name
4. Title: Mr. Master Miss Ms. Mrs. Date of birth (dd/mm/yy) HN:
- First Name Middle Name Last Name
5. Title: Mr. Master Miss Ms. Mrs. Date of birth (dd/mm/yy) HN:
- First Name Middle Name Last Name
6. Title: Mr. Master Miss Ms. Mrs. Date of birth (dd/mm/yy) HN:
- First Name Middle Name Last Name

Please submit this approved form **with a copy of your household registration or passport (for expatriates) for each applicant** to the HR department of your organization. You may also present all your documentation at the **Registration Counter** on the 2nd floor of the Bumrungrad International Hospital (BIH) Building or the 10th floor Sky Lobby of the Bumrungrad International Clinic (BIC) Building during your next visit.

- Your Corporate Member Card will be issued within 14 days after receipt of your documents.
- For new members, a temporary card will be provided until your official card is issued.
- For more information, please contact us at 02 011 3111 or bhcorp@bumrungrad.com.
- Your Corporate Member Card will be valid for 1 year after the date of registration.

Applicant Signature

.....

Title:

Date:/...../.....

Authorized Signature

.....

Title:

Date:/...../.....

(Company Sign)