

Here are the benefits our
VIPs will get to enjoy



DISCOUNT ON
RETAIL PHARMACY ITEMS

- Vitamins and Dairy Supplements
- Medical Devices
- Over-The-Counter Medications



DISCOUNT ON ALLIED
HEALTH SERVICES

- Diagnostic Imaging Procedures (Radiology)
- Dietitian Consultation



DISCOUNT ON OUTPATIENT
TREATMENT
(SPECIALIST CLINICS)

- O&G Clinic
- Dermatology Clinic
- Paediatric Clinic
- Paediatric Dermatology Clinic



OTHER SPECIAL
PROMOTIONS

- Birthday Treats
- Priority for Special Promotion Offer
- Free Access to Selected Paid Events



NILAI MEDICAL CENTRE (199501006519)

PT 13717 Jalan BBN 2/1, Bandar Baru Nilai,
71800 Nilai, Negeri Sembilan, Malaysia.
TEL +(60) 6 8505 000 FAX +(60) 6 8500 733

 VISIT US ON FACEBOOK
nilaimedcentre



**NM PRIVILEGE
MEMBERSHIP**

PROVIDING YOU WITH THE
BEST YOU DESERVE



At Nilai Medical Centre, we are always committed to building a healthy society through our medical expertise, nursing excellence and customer-centric care. In view of your continued patronage, we are bringing you something very special – our NM Lady and NM Mom & BB privilege card. These cards entitle you to various benefits and privileges at our hospital.

The Perks of NM Privilege Membership

As a NM membership cardholder, you are entitled to enjoy the very best member privileges that only get better with time at Nilai Medical Centre.

| Category | Rate (RM) |
|--|-----------|
| New Member | 30.00 |
| Renewal (Annually) | 15.00 |
| Female Patients under Antenatal or Maternity package | FREE |
| Babies born in NM under Delivery Package | FREE |

Terms and Conditions

- Membership card must be shown upon registration.
- Discounts applicable to self-paying patients only.
- NM membership cards are a privilege which provides cardholders the benefits of enjoying discounts, privileges, and events from time to time offered by Nilai Medical.
- Not applicable with other discounts or promotions.
- Discount privileges are valid only upon presentation of your card during registration. No reimbursement or refund on previous or back-dated transactions allowed if cardholders fail to present it during registration.
- Membership card is non-transferrable.
- Nilai Medical reserves the right to amend the privileges as well as terms and conditions of the membership card at its sole discretion without prior notice.

Here are the benefits our VIPs will get to enjoy:

| Benefits | NM Lady | NM Mom & BB |
|--|----------------|----------------|
| Discount on Retail Pharmacy Items | | |
| Vitamins and Dairy Supplements | 5% | 10% |
| Medical Devices | 5% | 10% |
| Over-The-Counter Medications | 5% | 5% |
| Discount on Allied Health Services | | |
| Diagnostic Imaging Procedures (Radiology) | 5% | 5% |
| Dietitian Consultation | RM10 per visit | RM10 per visit |
| Discount on Outpatient Treatment (Specialist Clinics) | | |
| O&G Clinic | 5% | 5% |
| Dermatology Clinic | 5% | 5% |
| Paediatric Clinic | - | 5% |
| Paediatric Dermatology Clinic | - | 5% |
| Others Special Promotions | | |
| Birthday Treats | Yes | Yes |
| Priority for Special Promotion Offer | Yes | Yes |
| Free Access for Some Paid Event | Yes | Yes |

MEMBERSHIP CARD APPLICATION FORM

I would like to apply for:

NM Lady NM Mom & BB

Applicant's Information

Full Name as per MyKad / Passport

.....

MyKad Number / Passport Number

.....

Child's Name as per MyKid / Passport (if applicable)

.....

Child's MyKid Number / Passport Number (if applicable)

.....

Age

Date of Birth

Nationality

Home Address

.....

Mobile Phone

Email

Race:

Malay Chinese Indian Others:

.....

Membership Data Usage Consent

I hereby give consent to Nilai Medical Centre to process my personal data in accordance to the Written Notice. I would like to receive direct marketing from Nilai Medical Centre including future events, promotions, updates and any other marketing activities.

Nilai Medical Centre, pursuant to Section 7 of Personal Data Protection Act (PDPA) 2010 has made available at its website: www.nilaimc.com, a copy of the Written Notice which includes the purposes for which your personal data is collected/ processed and classes of third parties to whom Nilai Medical Centre may disclose your personal data to.

(Signature)

Name

.....

Date

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