

# Membership Sign Up Form

I/We have read the membership plans for Paradise Private Hospital Corporate Medical Lounge and agree to sign up for the following plan/s. (please tick ✓)

Silver Plan       Gold Plan       Platinum

Name: .....

Mobile (preferred): ..... Mobile (secondary): .....

Landline: .....

Email: .....

Company: .....

Position: .....

Spouse Name: .....

Signed: ..... Date: .....

**Please forward your completed application to Paradise Private Hospital Business & Alliance Team.**

**Joy Sagati** Business & Alliance Manager  
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**Sarah Sidney** Communications Officer  
☎ 301 5263 ✉ [ssidney@pahgrp.com](mailto:ssidney@pahgrp.com)

## Terms & Conditions

- Access to Lounge – Silver, Gold, and Platinum members.
- Gold & Platinum members can bring their spouse and a minimum of three (3) children Only to access and receive discount medical services.
- If a spouse or immediate children receives the following discount services listed, they will be charged accordingly to the plan and percentage that is signed up for by the member.
- Discount is only applicable to the specific services listed under Pathology, Radiology, Dental, General Consultation, Telehealth, and Wellness.
- Free Annual Health Check applies to the signed-up member only, spouse and children are excluded.

We appreciate and thank you for choosing Paradise Private Hospital. This is one of our new initiatives and we are proud and delighted for you to join our new Corporate Medical lounge.

## Welcome on Board

☎ 301 5248

✉ [pphenquiries@pahgrp.com](mailto:pphenquiries@pahgrp.com)

🌐 [www.pahgrp.com](http://www.pahgrp.com)

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