<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8">

<meta name="viewport" content="width=device-width, initial-scale=1.0">

<title>OPD Health Services</title>

<link rel="stylesheet" href="styles.css">

</head>

<body>

<header>

<h1>Welcome to OPD Health!</h1>

</header>

<main>

<section id="initial-approval">

<h2>Initial Approval Documents</h2>

<ul>

<li>1st and subsequent consultation papers</li>

<li>Supportive investigation reports</li>

<li>Email ID & Contact Number</li>

<li>Present date consultation paper advising admission</li>

<li>Copy of insurance policy</li>

<li>Insurance e-card</li>

<li>Aadhaar card (front & back clear copies of patient and policy holder)</li>

<li>PAN card (front & back clear copies of patient and policy holder)</li>

<li>Registered email ID and contact number of primary insured</li>

<li>Cancelled cheque of primary insured</li>

<li>Employee ID card</li>

</ul>

</section>

<section id="discharge-documents">

<h2>Discharge Documents</h2>

<ul>

<li>Claim Form Part A & B</li>

<li>Final bill</li>

<li>Pharmacy bill breakdown</li>

<li>Lab bill breakdown</li>

<li>Supportive investigation reports (during admission)</li>

<li>Discharge summary</li>

<li>Complete indoor case papers (ICP)</li>

<li>MLC copy / Implant sticker / Invoice</li>

<li>KYC form if bill exceeds 1 lakh</li>

</ul>

</section>

<section id="contact">

<h2>Contact Us</h2>

<p>Our processing team is available from 10:00 AM to 8:00 PM to assist you.</p>

<form id="contact-form">

<label for="name">Name:</label>

<input type="text" id="name" name="name" required>

<label for="email">Email:</label>

<input type="email" id="email" name="email" required>

<label for="message">Message:</label>

<textarea id="message" name="message" required></textarea>

<button type="submit">Submit</button>

</form>

</section>

</main>

<footer>

<p>Thank you and regards, OPD Health Team</p>

</footer>

<script src="scripts.js"></script>

</body>

</html>