

Cashless Mediclaim

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|------------------------------------------------|------------------------------------|----------------------------|---------------------------------|
| Name Of Hospital | Pulse | Hospital Id | 1037 |
| Phone Number | 9878966543 | Email Id | bhagyashree.avachar03@gmail.com |
| Name Of Treating Doctor | Dr T sharma | Doctor MobileNo | 9005182007 |
| Address | narayan peth pune-12 pune 12 | | |
| Details Of Patient | | | |
| PPO Number | 34564 | Name of Patient | Test |
| Gender | Male | Card Category | General |
| Date Of Birth | 05-09-1943 | Age | 82 |
| Mobile Number | 8400454676 | Email Id | test@gmail.com |
| Organization | DPCL - Delhi Power Company Limited | Department | DTL |
| Designation | Manager | Name of Medicalcard Holder | VIDYA PRAKASH |
| Medical Section Page Number | 0 | Medicalcard Number | 1 |
| Address | Rajghat | | |
| Claim Document Upload | | | |
| Sr. No. | Document Type | | |
| 1 | Aman_Pension Order.pdf | | |
| Bank Detail | | | |
| Account Holder Name | VIDYA PRAKASH | Account Number | 10175010254 |
| Bank Name | SBI | Branch Name | SBI RAGHUBIR NAGAR |
| BIC Code | 12345 | IFSC Number | SBI001478 |
| Requested By Hospital at the time of Discharge | | | |
| Date of Addmission | 03-04-2025 | Date of Discharge | 10-04-2025 |
| Type Of Treatment | Fiver | Diagnosis | Test Gudeseef |
| Claim Amount | 12000.0000 | Signature Of Employee | Rajan test |
| Sign/Stamp Treating Doctor | Dr Raj sharma | | |
| Claim Approval status | | | |
| Approve Amount ₹ | 12000.0000 | In Words ₹ | Twelve thousand rupees only /- |
| Dealing Asistant Remark | Approved by DA | Aso Remark | Approved by ASO |

| So Remark | Approved by SO | |
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