

Cashless Mediclaim

Name Of Hospital	Pulse	Hospital Id	1037
Phone Number	9878966543	Email Id	bhagyashree.avachar03@gmail.com
Name Of Treating Doctor	Dr T	Doctor MobileNo	9005182007
Address	narayan peth pune-12 pune 12		
Card Holder Details			
Name of Medical card Holder	VIDYA PRAKASH	Medicalcard Number	
Card Category	General	Medical Section Page Number	0
Email Id	test@gmail.com	PPO Number	34564
Date Of Birth	05-09-1943	Age	81
Organization	DPCL - Delhi Power Company Limited		
Department		Designation	
Mobile Number	8400454676	Date of Retirement	07-02-2024
Address	Rajghat		
Details Of Patient			
Name of Patient	Test	Relationship with retiree	Self
Gender	Male	Date Of Birth	05-09-1943
Age	82		
Claim Document Upload			
Sr. No.	Document Type		
No Document Found			
Bank Detail			
Account Holder Name	VIDYA PRAKASH	Account Number	10175010254
Bank Name	SBI	Branch Name	SBI RAGHUBIR NAGAR
BIC Code		IFSC Number	
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
Claim Amount	12000.0000	Signature Of Employee	Rajan
Sign/Stamp Treating Doctor	Dr Raj		

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