PATIENT	ONBOARDING FORM
	A mouerd
Policyholder Name	Ashvinsholi porjetti.
Policyholder Contact no.	9106532159
Diagnosis	Typhoide paratyphoid puer,
Past History and duration (If any)	HO-HIN CSINCE 25 YEAR)
Surgery Name	often-land, Esonney
Treatment	and em, hantify of perion,
Reason of hospitalization	Abd-Perin, nomitting 1 fer
Previous utlization of current year police	
Implant Yes / No	Amount
Estimate Total	45000 - 46000
Bi	furcation of Estimate
Charges Name	Amount = 300
contribility operagei	2300 X 4 2 11000 1700 X 8 3 12000
00. VISIA	250 20 4 2 1000
mellound!	15000-16000
Reports:	4000 - 5000 (-
	45,300

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