Registered Organisation

SOPAN Samarpan Center Of Autism 1st Floor, Mumbai, Mumbai Suburban, Maharashtra-400060

Email: snacmah@gmail.com **Contact No.:** 9702871969 / 022-28328355

Please send your claim forms, which may be downloaded from www.thenationaltrust.gov.in, along with the original copies of doctor's prescription paper, fee receipt, test reports, bill of the medicinesto etc., to the nearest office of RAKSHA TPA or at the below mentioned address:

कृपया पुनर्भुगतान हेतु दावा फॉर्म जो कि राष्ट्रीय न्यास की वेबसाइट www.thenationaltrust.gov.in पर से डाउनलोड किये जा सकते है, को भरकर चिकित्सक की परामर्श पर्ची, शुल्क रसीद, जाँच रिपोर्ट, दवाइयों के बिल आदि की मूल प्रति के साथ रक्षा टी पी ए के समीपस्थ कार्यालय अथवा निम्नलिखित पते पर भेजे |दावा फॉर्म के साथ बैंक खाते का विवरण बैंक मैनेजर से सत्यापित कराकर अवश्य भेजे |

RAKSHA TPA - ORIENTAL INSURANCE,

C/o Escorts Corporate Centre 15/5 Mathura Road, Faridabad, Haryana - 121003 Tel No. : 01294289999 Toll Free: 18001801444

For any query regarding reimbursement of claim, email us to: ashish.trivedi@rakshatpa.com, ashok.narwat@rakshatpa.com

Search your claim status at www.rakshatpa.com

NIRAMAYA HEALTH CARD

Policy No. 214600/48/2020/150

Health ID No. 055642095425092018N

App. ID No. 42095425092018



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NAME	Rajbali Noorali Pirani
FATHER NAME	Noorali Pirani
DATE OF BIRTH	06-Mar-1948
ADDRESS	B-A/10 Aga Khan Building,Yari Road,Andheri(W), Mumbai, , -400061
POLICY PERIOD	01-04-2019 to 31-03-2020
RENEWAL DATE	January to Feburary



The National Trust

for the welfare of Persons with Autism, Cerbral Palsy, Mental Retardation & Multiple Disabilities Ministry of Social Justice & Empowerment, Govt. of India www.thenationaltrust.gov.in

