MA		PLEASE FAX / SCAN PAGE			
Medi Assist	REQUEST FOR CASHLE	SS HOSPITALISATION FO	R MEDICAL INSURANCE	E POLICY	
Name of the Hospital	0917528300	ALHA PAT W	and the state of t	tentallo	
	Medi Assist Insurance TPA Pvt	Itd hiteless there are	1000 125 0 110		ck letters
The state of the s	The straight modulation of the Pyl			TollFree FAX Number: 1800 42	5 9559
a) Normal of the Patient:	Magonpies	To Be filled in By Insured / P		ngggggg	700
b) Gender:		Years Monds W M	di Date of birth 1911	OH THE	
e) Contact number:	828004145	() Sheured Con	diD Number: 4019	635672	1111
g) Policy number/Numeral co		MSULTAN	KY SAR WHES IN	imployeeto 15 963	1) 7
h) Currently do you have an	y other Mediclain/HoalthInsurance: Yes	No CompanyName	dungune	ug coconc	
3 Doyouhove a family physic	cian [] Yes [] No () Name of the	family physician	COLORO	nnaanaa	m
k) Contact outsides if any:]	(PLEASE COMPLETE DECLAR	ATION ON THE REVERSE SIDE OF TI	HS FORM)
a) Name of the treating doctor	- DY OF RIA ICT	E FILLED BY THE TREATING DOCTO		(20 can senior to 10 can senior	
c) Name of ILLNESS / Disease with presenting complaint		boun Bale 4 days Rolous	nt clinical findings	on 08 PILIS 080	300
The state of the s	Pain radiating to	rack onocialid with	h bulativo		
e) Duration of the present pin	to lingging pain in	chest since 4 days	and pospatation	us, decreased of	ep.
() Provisional diagnosis:	- Janes		If Pent history of present		-
	CAD_ACS +UN	ISTABLE ANGIN	4	Drime Jaco	1
P) Proposedlines/ treatment		Surgical Management	ALICO 10Co		וווו
h) if investigation / or Medica Management provide			rug gdininistration: D	Acute Co. 10 . D.	ic treatmen
details:	By: cleane 0.68/c	BO, Zuf Thomas	(//)	loue cef 1gm 21	11.
fill Surgical, name of surgery:	procedure " (Ah	To make	Histrad , Ly.	10 1 1 1 amp 450	ullho
ji if other treatments provide			LICE TOPICS COO	• 0000000	JOC
details :		kijitos	s did Injuryoccur:		-
	Lis it IITA: Yes	* MA TYLE THE	iii Reported to Police	Yes No scene No.	may
 W/Lay/Disease caused due to militarise of Materiaty: G 	substance abuse / alcohol consumption:	W6 vi. Test conducted to	Company of the Control of the Contro	j Yes No 34 FIR No	1
Details of the patient admitted			Date of Del Mandatory,	Hery/LMP: [D] D W [M]	Y
al Detecfacinission:	12 72 17 "	13 39	Past History of any chronic@ness	flyes, since (Month) ye	wet
 d) its thibian emergency is plann 		Plenned	Diabetes		v v
di Expected no. of days stay in h	CONTRACTOR OF THE PROPERTY OF THE PERSON OF	Sharing A/C	Heart Disease		A [2]
fi Per Day Room Rent + Massing	R Service charges + Patients Diet Rs.	6000	Hyperlipidemias	(77)	70
g) Expected cost for investigation h) Ku Charges (@ 3, 000	N+diagnostics III.	20000	Distogenthritis	to the same of	Y
NOT Charges	CAG' package charge	6000	Asthma/COPD /Bronch	nits M 24	
() Professional fees Surgeon - An	estheliki Facs + Consultation Charges: As.	10000	Caricar	1000	1
Al Medicines - Consumables Co	st of Implants (if applicable please is a	5 000	Arylilly or STD / Rolated		시(V)
specify). Other hospital expension of All including package (horges &	iesifany:		Any other Ailmant give o		
	Tuesday Services	THE PROPERTY OF THE PARTY OF TH	- [
mil Sum fortal expected cost of he	ospitalization Rt.	62000			
		DECLARATION DECLARATION		(PLEASE READ VERY CAREFUL	LY)
	ood and agreed to the Declaration on the reverse of				
a) Name of the troating dictor b) Qualification: INT	DO WEAVI	KUMARI	JEMEUNLE		E
IAU.	0.00 d Registration No. with	State Code:	34.3		9377
Hospital Seal (Must Include Hospi	tal ID)	The State of the S	1	10/	7
	RAVI HUMAR, MO.	DM. Patient/InsuredNames IMPORTANT, PLEASE	\$44.50 PER		
	Regd. No. 50031	erse 2007 1950 park park park park		***************************************	1.5
OMNI	Consultarit Gardiologist RK Super Special of	spital			
(A Unit o	INCOR Hospital	P) Ltd.)			
	Visakhapatnam-4				