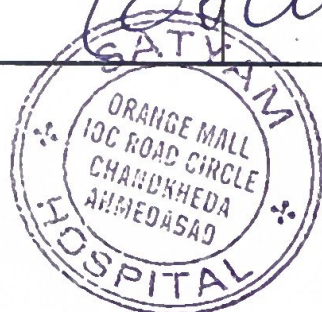


Patient Onboarding form		
Patient Name	Chandrilaben Vaghela	
Policyholder Name	Girish K Vaghela	
Policyholder Contact no.	7383304056	
Second contact no (Reference) for emergency contact		
Self employed / Salaried		
Work profile (please tick once)	Government Lawyer Police Others <input checked="" type="checkbox"/>	
Income range (Please tick once)		
Less than 25000		
25000-50000		
50000 and more		
Policyholder's Email Id		
Date of Admission	13/7/2025 12:30 PM	
Diagnosis	congestive cardiac failure	
Past History and duration (if any)		
Surgery Name		
Treatment	medical management	
Reason of hospitalization		
Previous Claim Amount in current year policy		
Implant Yes / No	Amount	
Estimate-Bifurcation <i>Estimated</i>		
Charges Name	Amount	
Room Charge (LOS) ICU	4800 x 3 = 14400/-	
Dr.Visit Charge ICU + Room	= 16000/-	
Nursing Charge ICU + Room	2800/-	
Medicine Charge	32000/-	
Lab Charge	22000/-	
Radiology Charge	21000/-	
Operation Charge		
Operation Theatre Charge		
Anesthesia Charge		
Delux Room	3000 x 2 = 6000/-	
<i>stitching</i>	5000/-	
Estimate Total	<i>72000</i> 100,300/-	



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 MD Medicine
 Reg. No.: G-14999
 Ex. Asso. Prof. & H. O. D.
 Civil Hospital, GMERS