

PATIENT ONBOARDING FORM

Patient Name	Maheshkumar R Shah	
Policyholder Name	MAHESHKUMAR R. SHAH	
Policyholder Contact no.	9825069729	
Policyholder's Email Id		
Date of Admission	12-10-2024	
Diagnosis	P. vivex malaria gr II + Severe Thrombocytopenia	
Past History and duration (If any)	No any	
Surgery Name	—	
Treatment	INJ. FALCIGO, INJ. DALACIN, INJ. RAZONE-ES, INJ. PAN (40), INJ. EMESET, INJ. PCN, INJ. NS, T. LINTIA-M, T. FOLVITE	
Reason of hospitalization	P. Vivex malaria + Severe Thrombocytopenia (59000/cu ³)	
Previous Claim Amount in current year policy	—	
Implant	Yes / No <input checked="" type="checkbox"/>	Amount —

Estimate-Bifurcation

Charges Name	Amount
Room Charge (LOS)	2000 X 5 = 10000
Dr. Visit Charge	1000 X 10 = 10000
Nursing Charge	200 X 5 = 1000
Medicine Charge	20000 ∴ 20000
Lab Charge	2500 ∴ 2500
Radiology Charge	2000 ∴ 2000
Operation Charge	—
Operation Theatre Charge	—
Anesthesia Charge	—
Estimate Total	45500