



# United Health Lumina

New Health Plan for New times

## United Health Lumina Private Limited

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CIN: U63999UP2024PTC210915

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**Mr. Testing**  
**Chauhanpur Nirman City Noida**  
**UTTAR PRADESH 12345**  
**Mobile. 8528528520**  
**Email. rohitmaurya.gary@gmail.com**

Dear Sir/Madam,

We Welcome you to the United Health Lumina family.

Thank you for placing your valuable trust on us. We are committed to providing all UHL services needs for you and your family.

This is to certify that **Testing** paid RS 12018.00 towards **MED BENEFIT PRO (MED 2.0), REGULAR HEALTH GUARD (INDIVIDUAL)** on 11 December 2024 Valid till 11 December 2025.

Following are some salient (Reimbursement UHL COIN) features of your REGULAR HEALTH GUARD (INDIVIDUAL) subscription plan:

- 5000 Flexi Diagnostics Wallet
- Doctor Consultation
- Full Checkup Panel 3

Following are some salient (Reimbursement UHL COIN) features of your MED BENEFIT PRO (MED 2.0) subscription plan:

- Diagnostics
- Doctor Consultation
- Day Care Consultation
- Annual Health Checkup
- Fitness And Nutrition Premium Session
- Full Checkup Panel 3

**Vitamin B12 Cyanocobalamin** (Weakness & Brain Health)

**Vitamin D3 Total 25-Hydroxy** (Bone Health, Immunity & Tiredness)

**Iron Profile - Anaemia** (Hair, Skin & Anxiety)

**HbA1c (Glycated hemoglobin)** (Higher HbA1c, Greater diabetes complications)

**Thyroid Profile - T3 T4 TSH** (Weight Gain/Loss, Mood Swings)

**Lipid/Cholesterol Profile (Heart health, Arteries Clogging/Hardening)**

**LFT - Liver Function Tests with GGT** (Jaundice, Weight Loss, Abdominal Pain, Nausea)

**KFT - Kidney Function Tests - RFT** (Kidney Diseases, Frequent Urination)

**CBC - Complete Haemogram** (Blood Cancer, Infection, Hb & Anaemia)

**Electrolytes Profile** (Muscle Cramps, Electrolytes Imbalance)

**Calcium, Phosphorus & ALP** (Healthy Bones & Teeth Profile)

**ESR, Uric Acid and Protein** (Inflammation, Joint Pain or Swelling)

**FBS - Blood Glucose, Urine Glucose** (Diabetic Screen)

**Urine R/M (Urine R/E)** (Detects UTI, Pus Cells, and Bacteria)

This Subscription Kit contains all the details about your health plan benefits, its OPD coverage, terms and conditions, information required for claims, health services etc. We request you to please check the Subscription Kit including name, address, date of birth, contact details chosen area, health plan benefits etc., to ensure completeness and accuracy. In case of any discrepancy or free-look cancellation, we request you to please call our number [1206053551](tel:1206053551) or email us at [support@unitedhealthlumina.com](mailto:support@unitedhealthlumina.com). The Free-Look Request is available on our numbers [www.unitedhealthlumina.com](http://www.unitedhealthlumina.com). You can also visit our website for policy and claim related information and services. If you do not report any discrepancy to us within 15 days of receiving this document, we will assume that the Subscription Kit issued is correct and as per your offer. You will also find the UHL QR code of our Mobile App in this Subscription Kit.

You are requested to download this app which will help you access various health plan services on the go. Welcome once again to United Health Lumina and thank you for choosing us as your health support partner.

Best Regards,

For United Health Lumina Private Limited

Authorized Signatory for

### Subscriber Detail

Purchased By	Testing
Plan Name	MED BENEFIT PRO (MED 2.0),REGULAR HEALTH GUARD (INDIVIDUAL)
Policy Number	UHL231169
Date of Purchase	11 December 2024
Expiry Date	11 December 2025

### Member Detail

#### Member 1 REGULAR HEALTH GUARD (INDIVIDUAL)

Member Name	TESTING
Date of Birth	11-12-2003
Gender	Male
Relationship	MySelf

#### Member 1 MED BENEFIT PRO (MED 2.0)

Member Name	Rohit
Date of Birth	11-12-2003
Gender	Male
Relationship	MySelf

#### Member 2 MED BENEFIT PRO (MED 2.0)

Member Name	Adarsh
Date of Birth	11-12-2024
Gender	Male
Relationship	MySelf

### Purchase Summary

	Amount (INR)
Premium	10,184.75
CGST @ 9%	916.63
SGST/UTGST @ 9%	916.63
<b>Gross Premium</b>	<b>12,018.00</b>