

## **United Health Lumina Private Limited**

B403 FLOOR 4, NA TOWER NX ONE COMMERCIAL SECTOR 1, GAUTAM BUDH NAGAR, UTTAR PRADESH, INDIA 201306 CIN: U63999UP2024PTC210915

> www.unitedhealthlumina.com support@unitedhealthlumina.com

Mr.Testing S/O Chauhanpur Nirman City Noida UTTAR PRADESH 201301 Mobile. 8528528120 Email. admin@uhl.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 14999.00 towards **REGULAR HEALTH PLAN(Individual)** on 16 November 2024 Valid till 16 November 2025.

Following are some salient (Reimbursement UHL COIN) features of your subscription plan:

- Diagnostices
- Doctor Consultation
- Fitness
- Day Care Consultation
- Early Joining Benefits
- Free Annual Health Check-up claims
- Fitness & Nutrition Premium Session
- Cover for Modern treatment procedures
- 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 or email us at <a href="mailto:support@unitedhealthlumina.com">support@unitedhealthlumina.com</a>. The Free-Look Request is available on our numbers <a href="www.unitedhealthlumina.com">www.unitedhealthlumina.com</a>. 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 REGULAR HEALTH PLAN(Individual)

Policy Number UHL777377

Date of Purchase 16 November 2024

Expiry Date 16 November 2025

## **Member Detail**

## **Member 1 Details**

Member Name aaaan

Date of Birth 16-11-2024

Gender Male

Relationship son

Purchase Summary		Amount (INR)
Premium		12,711.02
CGST @ 9%		1,143.99
SGST/UTGST @ 9%		1,143.99
Gross Premium		14,999.00