

Mr. OMPRAKASH YADAV S/O MAHENDRA YADAV
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Email – uofcharity@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 **OMPRAKASH YADAV** paid RS 49999.00 towards
RAGULAR HEALTH PLAN on 21th Navambr 2024 Valid till 21th Navambr 2025.
Following are some salient (Reimbursement UHL COIN)features of your subscription plan :

- Diagnostics
- 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, Artries 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 toll-free number 1206053551 or email us at support@unitedhealthlumina.com The Free-Look Request Form is available on our website: 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	Omprakash Yadav
Plan Name	Regular Plan
Policy Number	UHL235566
Date of Purchase	08/07/2024
Expiry Date	08/07/2025
Member Detail:	
Member Name	Omprakash Yadav
Date of Birth	08/05/1991
Gender Relationship	Male
Phone Number	8700313923
Email Id	uofcharity@gmail.com

Purchase Summary:	
Premium	41000:00
CGST @ 9%	4500:00
SGST/UTGST @ 9%	4500:00
Gross Premium	50000:00