

PART-CLAIMFORM

TO BE FILLED IN BY THE INSURED

The issue of this Form is not to be taken as an admission of liability (To be filled in block letters)

DETAILS OF PRIMARY INSURED

a) Policy No.	131600482025165	b) SI. No./Certificate No.	
c) Company/TPAID No.	VOLO02330224		
d) Name	RANGNATH PANDURANG BORATE		
e) Address	LIG 01 ROOM NO D29 SECTOR 03 KALAMBOLI, KALAMBOLI NOPE RAIGARH		
City	PANVEL	PinCode	410218
State	MAHARASHTRA	Email ID	rangnathborate123@gmail.com
Ph. No.			

DETAILS OF INSURANCE HISTORY

a) Currently covered by any other Mediclaim/Health Insurance	Yes	No	<input checked="" type="checkbox"/>
b) If yes, Company Name			
Policy No.	Sum Insured (₹)		
c) Date of commencement of first Insurance without break	DD/MM/YYYY	(Copies of Policies to be attached)	
d) Have you been hospitalized in the last 4 years? (since inception of the contract)	Yes	No	<input checked="" type="checkbox"/>
	Date	DD/MM/YYYY	
e) Have you been covered by any other Mediclaim/Health Insurance in last 4 years	Yes	No	<input checked="" type="checkbox"/>
f) If yes, Company Name			

DETAILS OF INSURED PERSON HOSPITALIZED

a) Name	SWATI RANGNATH BORATE			
b) Gender	Male	Female	<input checked="" type="checkbox"/>	c) Age years 28 months 10 d) Date of Birth 01/06/1996
e) Relationship to Primary insured	Self	Spouse	<input checked="" type="checkbox"/>	Child Father Mother
	Other	(Please Specify)		
f) Occupation	Service	Self-Employee	Homemaker	<input checked="" type="checkbox"/> Student Retired
	Other	(Please Specify)		
Address (if different from above)	SAME AS	A B O VOLO HEALTH INSURANCE TPA PVT. LTD. (RECEIVED - MUMBAI)		
City				
State				
Ph. No.		27 JUN 2025	Email ID	
			PinCode	

DETAILS OF HOSPITALIZATION

a) Name of Hospital where Admitted	PAWAL POLY CLINIC						
b) Room Category occupied	Day Care	Single occupancy	Twin sharing	3 or more beds per room			
c) Hospitalization due to	Injury	Illness	Maternity <input checked="" type="checkbox"/>				
d) Date of Injury/Date of Disease first detected/Date of Delivery				21/04/2025			
e) Date of Admission	21/04/2025	f) Time	0845	g) Date of Discharge	22/04/2025	h) Time	1800
i) If injury/give cause	Self-inflicted	Road Traffic Accident			Yes	No	
Substance Abuse/Alcohol consumption		i. if Medicolegal			Yes	No	
ii. Reported to police		Yes	No	iii. MLC Report & Police FIR Attached		Yes	No
j) System of Medicine							
k) Date of Surgery	DD/MM/YYYY	l) Claim Intimated			Yes	No	
i. Intimated to whom	SBU	Intermediaries	Call Centre	Health Claims Team			
ii. Intimation No. & date							
iii. If not intimated, reason?							

DETAILS OF CLAIM

a) Details of the treatment expenses claimed			
i. Pre-hospitalization Expenses	ii. Hospitalization Expenses 32362		
iii. Post-hospitalization expenses	iv. Health-Checkup Cost		

v.AmbulanceCharges					vi.Others(code)				
vii. Pre-hospitalizationperiod	Days				Total				
b) ClaimforDomiciliary Hospitalization	Yes	No	<input checked="" type="checkbox"/>	(Ifyes,provideddetailsinannexure)					
c) DetailsofLumpsum/cashbenefitclaimed									
i. Hospital DailyCash					ii.SurgicalCash				
iii.CriticalIllnessBenefit					iv.Convalescence				
v. Pre/Post hospitalization Lumpsum benefit					vi.Others				
Total									
Claim DocumentsSubmitted-Check List					OperationTheatre Notes				
ClaimFormDuly signed					ECG				
Copyof theclaimintimation					Doctor'srequestforinvestigation				
HospitalMainBill					InvestigationReports(CT/MRI/USG/HPE)				
HospitalBreak -upBill					Doctor'sPrescriptions				
HospitalBillPayment Receipt					Pre-Hosp.Bills				
HospitalDischargeSummary					Post-Hosp.Bills				
PharmacyBill					Others				

DETAILSOFBILLENCLOSED

Sl. No.	BillNo.	Date	Issuedby	Towards (Hospitalization/Pre-hospitalization/Post-hospitalization)	Amount (`)
1		DD/MM/YYYY			
2		DD/MM/YYYY			
3		DD/MM/YYYY			
4		DD/MM/YYYY			
5		DD/MM/YYYY			
6		DD/MM/YYYY			
7		DD/MM/YYYY			
8		DD/MM/YYYY			
9		DD/MM/YYYY			
10		DD/MM/YYYY			

Do you want to opt for Automatic Reinstatement of Sum Insured in the event of a claim? If Yes, applicable premium at short period rates would be deducted from the claim amount due to you. This reinstated sum will not be available for the same hospitalization. It will be available for treatment (other than certain chronic diseases) including the same illness or disease but separate independent case of hospitalization which are not case of relapse within 45 days of first hospitalization. Please contact the agent/our office for further details:

Yes No

DETAILS OF PRIMARY INSURED'S BANK ACCOUNT (Please submit a cancelled cheque copy for NEFT)

a) PAN	BCKPB9413P	b) Account Number	50100303348901
c) Bank Name and Branch	HDFC BANK	/NERI JL WEST	
d) Cheque/DD Payable details		e) IFSC Code	HDFC0004435

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize TPA/Insurance company, to seek necessary medical information/documents from any hospital/Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills/receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre/post-hospitalization claim, if any.

DECLARATION BY THE INSURED

Place: Kalamkoli

Date: 24/04/2025

Sweeti

Signature of the Insured

Important:

1. Please submit copy of valid Photo ID.
2. For claimed amount above 1 lac, it is mandatory to submit the KYC (Know your customer) form.

CLAIMFORM-PARTB

TO BE FILLED IN BY THE HOSPITAL

(To be filled in block letters)

DETAILS OF HOSPITAL

a) Nameofthehospital:	PANAL PREGNANCY AND MATERNITY HOME		
b) HospitalID:	MHPMCHIT-5	c) TypeofHospital:	Network <input type="checkbox"/> NonNetwork <input checked="" type="checkbox"/>
d) Nameofthetreatingdoctor:	DR ANAND NAME: DR ANAND NAME: M.D.		
e) Qualification:	MBBS, DMS, PGD, DGP	f) RegistrationNo.withStateCode:	2000/03/1737
g) PhoneNo. 8655008834			

DETAILS OF THE PATIENT ADMITTED

DETAILS OF THE PATIENT ADMITTED

a) NameofthePatient:	<input type="text"/> BORATE <input type="text"/> SWATI <input type="text"/> NAME <input type="text"/> - <input type="text"/> NAME <input type="text"/>						
b) IPRegistrationNumber:	67-25 <input type="text"/>	c)Gender:	Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>	d)Age:	Years <input type="text"/> Months <input type="text"/>	e)Dateofbirth:	DD <input type="text"/> Time: <input type="text"/>
f)DateofAdmission:	21 <input type="text"/> 04 <input type="text"/> 25 <input type="text"/>	g)Time:	08 : 45 <input type="text"/>	h)DateofDischarge:	22 <input type="text"/> 04 <input type="text"/> 25 <input type="text"/>	i) TypeofAdmission:	Emergency <input checked="" type="checkbox"/> Planned <input type="checkbox"/> DayCare <input type="checkbox"/> Maternity <input type="checkbox"/>
				k) IfMaternity	i. Date of Delivery: DD <input type="text"/> MN <input type="text"/> YY <input type="text"/>	MM <input type="text"/> YY <input type="text"/>	ii. GravidaStatus: <input type="text"/> <input type="text"/>
j.) Statusattimeofdischarge: Dischargedtohome <input type="checkbox"/>		Dischargedtoanotherhospital <input type="checkbox"/>		Deceased <input type="checkbox"/>		m) Total claimedamount <input type="text"/> <input type="text"/> <input type="text"/>	

DETAILS OF AILMENT DIAGNOSED (PRIMARY)

a)	ICD10Codes	Description	b)	ICD10PCS	Description
i. PrimaryDiagnosis:		<i>Incomplete</i>	i. Procedure1:		
ii. AdditionalDiagnosis:		<i>Abortion</i>	ii. Procedure2:		
iii. Co-morbidities:			iii. Procedure3:		
iv. Co-morbidities:			iv. DetailsofProcedure		

d) Pre-authorization obtained: Yes No e) Pre-authorization Number: _____

f) If authorization by network hospital not obtained, give reason:

a) Hospitalizationdueto Injury: Yes No i. If Yes, give cause Self-inflicted Road/Traffic Accident Substance abuse/alcohol consumption

Yes No (If Yes, attach reports) (iii). If Medicolegal: Yes No. Reported to Police: Yes No

v.FIRno. _____ vi.Ifnotreportedtopoliceregiveareason: _____

CLAIM DOCUMENTS SUBMITTED- CHECKLIST

- ClaimFormdulysigned
 - OriginalPre-authorizationrequest
 - CopyofthePre-authorizationapprovalletter
 - Copyofphotocardofpatientverifiedbyhospital
 - HospitalDischargesummary
 - OperationTheatrenotes
 - Hospitalmainbill
 - Hospitalbreak-upbill
 - Investigationreports
 - CT/MR/USG/HPEinvestigationreports
 - Doctor'sreferenceslipforinvestigation
 - ECG
 - Pharmacybills
 - MLCreport&PoliceFIR
 - OriginaldeathsummaryfromhospitalwhereapplicableAny
other,please specify

DETAILS IN CASE OF NON-NETWORK HOSPITAL (ONLY FILL IN CASE OF NON-NETWORK HOSPITAL)

a) Address of the Hospital: 201 SITARA COMPLEX BLDG PLOT NO 6
SARDORE SQ.
City: NEW JAHALI BASTI State: MAHARASHTRA
Pin Code: 411 020 | b) Phone No. _____

d) Urea/IDAN

GUIDANCEFOR FILLINGCLAIMFORM –PARTB (Tobefilledin bythehospital)

DATAELEMENT	DESCRIPTION	FORMAT
SECTIONA-DETAILSOFHOSPITAL		
a) NameofHospital	Enterthenameofhospital	Nameof hospitalin full
b) HospitalID	EnterIDnumberofhospital	AsallocatedbytheTPA
c) TypeofHospital	IndicatewhetherInnetworkorNonnetworkhospital	Ticktherightoption
d) Nameoftreatingdoctor	Enterthenameoftreatingdoctor	Nameofdoctorin full
e) Qualification	Enterthequalificationsoftreatingdoctor	Abbreviationsof educationalqualifications
f) RegistrationNo. withStateCode	Entertheregistrationnumberofthedoctoralongwiththestatecode	AsallocatedbytheMedicalCouncilofIndia
g) PhoneNo.	Enterthephonenumberofdoctor	IncludeSTDcodewithtelephonenumber
SECTIONB-DETAILSOFTHEPATIENTADMITTED		
a) NameofPatient	Enterthenameofhospital	Nameof hospitalin full
b) IPRegistrationNumber	Enterinsuranceproviderregistrationnumber	Asallottedbytheinsuranceprovider
c) Gender	IndicateGenderofthepatient	TickMaleorFemale
d) Age	Enterageofthepatient	Numberofyearsandmonths
e) DateofBirth	Enterdateofadmission	Usedd-mm-yyformat
f) DateofAdmission	Enterdateofadmission	Usedd-mm-yyformat
g) Time	EnterTimeofadmission	Usehh:mmformat
h) DateofDischarge	Enterdateofdischarge	Usedd-mm-yyformat
i) Time	EnterTimeofdischarge	Usehh:mmformat
j) TypeofAdmission	Indicatetypeofadmissionofpatient	Ticktherightoption
k) IfMaternity		
DateofDelivery	EnterDateofDeliveryifmaternity	Usedd-mm-yyformat
GravidaStatus	EnterGravidastatusifmaternity	Usestandardformat
l) Statusattimeofdischarge	Indicatesstatusofpatientattimeofdischarge	Ticktherightoption
m) Totalclaimedamount	Indicatethetotalclaimedamount	Inrupees(Donotenterpaisevalues)
SECTIONC-DETAILSOFAILMENTDIAGNOSED(PRIMARY)		
a) ICD10Code		
PrimaryDiagnosis	Enterthe ICD 10Codeanddescriptionoftheprimarydiagnosis	StandardFormatand Opentext
AdditionalDiagnosis	EntertheICD 10Codeanddescriptionoftheadditionaldiagnosis	StandardFormatand Opentext
Co-morbidities	Enterthe ICD 10Codeanddescriptionoftheco-morbidities	StandardFormatand Opentext
b) ICD10PCS		
Procedure1	EntertheICD 10PCSanddescriptionofthefirstprocedure	StandardFormatand Opentext
Procedure2	EntertheICD 10PCSanddescriptionofthesecondprocedure	StandardFormatand Opentext
Procedure3	Enterthe ICD10PCSanddescriptionofthethirdprocedure	StandardFormatand Opentext
DetailsofProcedure	Enterthedetailsoftheprocedure	Opentext
c) Pre-authorizationobtained	Indicatewhetherpre-authorizationobtained	Tick YesorNo
d) Pre-authorizationNumber	Enterpre-authorizationnumber	AsallottedbyTPA
e) If authorization by network hospital not obtained, give reason	Enterreasonfornotobtainingpre-authorizationnumber	Opentext
f) Hospitalizationduetoinjury	Indicateifhospitalizationisduetoinjury	Tick YesorNo
Cause	Indicatecauseofinjury	Ticktherightoption
Ifinjuryduetosubstanceabuse/alcoholconsumption,testconductedtoestablishthis	Indicate whethertestconducted	Tick YesorNo
MedicoLegal	Indicatewhetherinjuryismedicolegal	Tick YesorNo
ReportedToPolice	Indicatewhetherpolicerereportwasfiled	Tick YesorNo
FIRNo.	Enterfirstinformationreportnumber	Asissuedbypoliceauthorities
Ifnotreportedtopolice,givereason	Enterreasonfornotreportingtopolice	OpenText
SECTIOND-CLAIMDOCUMENTSSUBMITTED-CHECKLIST		
Indicatewhichsupportingdocumentsaresubmitted		
SECTIONE-DETAILSINCASEOFNONNETWORKHOSPITAL		
a) Address	Enterthefullpostaladdress	IncludeStreet,CityandPinCode
b) PhoneNo.	Enterthephonenumberofhospital	IncludeSTDcodewithtelephonenumber
c) RegistrationNo. withStateCode	Entertheregistrationnumberofthedoctoralongwiththestatecode	AsallocatedbytheMedicalCouncilofIndia
d) HospitalPAN	Enterthepermanentaccountnumber	AsallottedbytheIncomeTaxdepartment
e) NumberofInpatientbeds	Enterthenumberofinpatientbeds	Digits
f) Facilitiesavailableinthehospital	Indicatefacilitiesavailableinthehospital	Ticktherightoption.Ifothers,pleasespecify
SECTIONF-DECLARATIONBYTHEHOSPITAL		
Readdeclaration		

Fwd: Fw: For Non-Receipt of Physical Claim Documents - Claim ID 1448349 -- Emp ID 9173721

1 message

Rangnath Borate <rangnathborate123@gmail.com>
To: Sagar Thombare <sagarthombare620@gmail.com>

Mon, Jun 23, 2025 at 11:20 AM

----- Forwarded message -----

From: **Samir Shridhar Khedekar** <samir.khedekar@volohealthtpa.com>
Date: Sat, 21 Jun, 2025, 2:36 pm
Subject: Fw: For Non-Receipt of Physical Claim Documents - Claim ID 1448349 -- Emp ID 9173721
To: Nisha Shelar <shelarnisha163@gmail.com>
Cc: Rangnath Borate <rangnathborate123@gmail.com>

Dear Madam,

FYI

Thanks & Regards,
Samir Shridhar Khedekar
Executive CRM



Volo Health Insurance TPA Pvt. Ltd.
(Formerly known as East West Assist Insurance TPA Pvt Ltd)
IRDAI CoR 018

| 501 & 502, 5th Floor, Universal Business Park,
Off Saki Vihar Road, Chandidali Farm Road, Saknaka,
Andheri East, Mumbai – 400072

Mob: 9773774062

From: VHIT <automailer@volohealthtpa.in>
Sent: Saturday, June 21, 2025 11:39 AM
To: Samir Shridhar Khedekar <samir.khedekar@volohealthtpa.com>
Subject: For Non-Receipt of Physical Claim Documents - Claim ID 1448349 -- Emp ID 9173721

 A close up of a logo Description automatically generated

2nd floor, J P House Plot No.172, Lane 2, Westend Marg, Saidulajab,
Next to Saket Metro Station New Delhi—110030 +911147222666

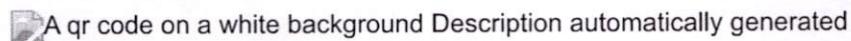
Dear Rangnath Pandurang Borate,

We regret to inform you that we have not yet received the physical claim documents that were expected to be submitted to our office. These documents were intended for Swati Rangnath Borate, claim number 1448349

Once we receive physical file of your claim, we will investigate further and keep you updated on the status of your claim.

The request is for claim 1448349

For any further assistance, you may reach out to reimbursement@volohealthtpa.com OR you can scan for WhatsApp updates on below QR code.



Regards,

Volo Health Insurance TPA Private Limited

(Formerly Known as East West Assist Insurance TPA Pvt. Ltd.)

This is computer generated letter and does not require a signature.

This email has been automatically generated. Please refrain from replying, as responses will not be reviewed or addressed





PAWAL POLYCLINIC

MATERNITY AND NURSING HOME



201, 2nd Floor, Shiva Complex Building,
Plot No. 06, Road No. 17, Sector -19,
New Panvel (E) - 410 206
Tel. No. : 022 - 27458825 / 8655008874

A - 104, 1st Floor, A-Wing,
Nandanvan Park, Plot No. 09,
Sec. 36, Kamothe, Navi Mumbai.
Tel. No. : 8655008870

Dr. Anand P. Pawal

MBBS, DGO, FCPS, DFP (Mumbai)
Reg. No. 1737

Dr. Pallavi A. Pawal (Naik)

MBBS, DGO, FCPS, DFP (Mumbai)
Reg. No. 2032

Name : _____ Age : _____ Date : 6/5/25

To whomsoever it may concern

This is to certify that Mr. Swati R. Bhatia was admitted on 21/4/25 and discharged on 22/4/25 for incomplete abortion and has undergone D and C) exact cause of incomplete abortion - Pt had severe bleeding PN that caused incomplete abortion.

2) Ultrasound report done on 20/4/25

3) Pt has not undergone voluntary abortion.

Dr. ANAND. P. PAWAL
MBBS, DGO, FCPS, DFP
Reg No - 2000/03/1737

PAWAL POLYCLINIC
& MATERNITY
201, Shiva Complex Building, Plot No. 6,
Sector - 19, New Panvel (E) 410206.

FACILITIES

- | | | | | |
|---------------------|-----------------------------------|---|--------------|------------------------------|
| ■ Maternity | ■ Well Equipped Operation Theatre | ■ Govt. Recognised Family Planning Centre | ■ Child Care | ■ Pathology Lab |
| ■ Highrisk Delivery | ■ Cancer diagnosis and treatment | ■ Infertility | ■ Surgical | ■ 24 Hrs. Emergency Services |
| ■ IPD / Nursing | | | ■ Laproscopy | ■ Medical |

PANVEL CITY MUNICIPAL CORPORATION



Certificate Of Registration

(Under Bombay Nursing Home Registration (Amendment) Act 2005 Under Section 5)

This is certify that Dr. Anand . P. Pawar MBBS DGO Rgn 2000/03/1737 has been registered under The Bombay Nursing Home Registration (Amendment) Act 2005 in Respect of Pawar Polyclinic & Maternity Home situated at 201 Shiva Complex plot no 6 sect 1g New Panvel Panvel City Municipal Corporation and has been authorised to carry on said Nursing Home

Registration No. MH/PMC/H- 15

Date of Registration 01 /04/2022

Place P.M.C

Date of issue 23 /09/2022

Terms and Conditions

Facility - MTP Regd. No. _____ TL Regd. No. _____ / PCPNDT Regd. No. _____

- 1) Certificate is valid upto 31 / 03 / 2025
- 2) No. of Indoor patients Sanctioned 16 Maternity Bed - 12 ICU Bed - 3 NICU Bed - Total Bed 16
- 3) There should not be any nuisance or health hazards to the neighboring residents
- 4) Hospital waste should be disposed off as per the Biomedical Waste Act, 1998 other 4 bed bed
- 5) Hospital waste should not be thrown in community dustbins or anywhere in open space.
- 6) All necessary NOC required from various department should be renewed regularly.
- 7) It is necessary to obtain relevant Registration / Licences required under various act applicable to hospital
- 8) Registration should be renewed every three year in the month of March as per the Bombay Nursing Home Registration (Amendment) Act 2005.
- 9) It is mandatory to submit information / report as desired by PCMC
- 10) The Registration is liable to be evoked on violation of above condition.



Local Supervising Authority Cum
Medical Officer of Health
Panvel Municipal Corporation

Zinjwanwar
23.9.22



भारत सरकार
Government of India

Issue Date 03/11/2012



रंगनाथ पंदुरंग बोराटे
Rangnath Pandurang Borate
जन्म तिरीख/DOB: 30/07/1989
पुरुष/ MALE



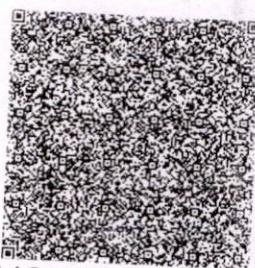
9175 2294 1194
VID : 9164 7312 2263 9012
माझे आधार, माझी ओळख



भारतीय विशेष ऑफिस
Unique Identification Authority of India



पत्ता:
Date 09/03/2021
ललआईजी 1 रूम नं डी 29, सेक्टर 03, कलांबोली,
कलांबोली नोड, रायगढ़,
महाराष्ट्र - 410218



Address:
Date 09/03/2021
LIG 1 Room No D 29, Sector 03, Kalamboi,
Kalamboi Node, Raigarh,
Maharashtra - 410218

9175 2294 1194

VID : 9164 7312 2263 9012



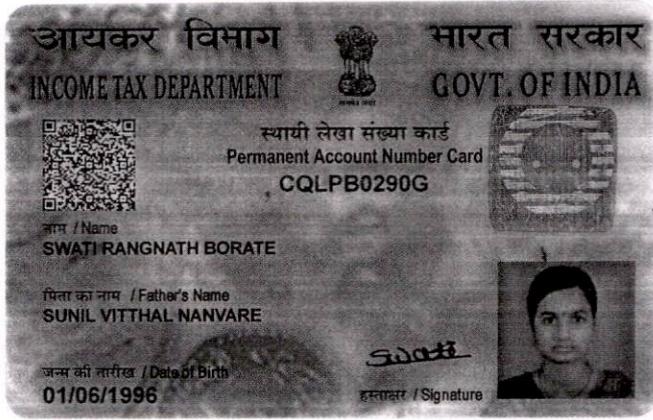
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help@uidai.gov.in

www.uidai.gov.in



S



सत्य प्रति
श्री. रमेश अनंत भगत
नगरसेवक
पुणे नगरपालिका



הנני

הרב הנזקן ר' נחמן
בן אלימלך
רשבב בדור רביעי

आयकर विभाग
INCOME TAX DEPARTMENT



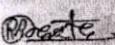
भारत सरकार
GOVT. OF INDIA

BORATE RANGNATH PANDURANG
PANDURANG VITTLA BORATE

30/07/1989

Permanent Account Number

BCKPB9413P



Signature





PAWAL POLYCLINIC

201, SHIVA COMPLEX, PLOT NO - 6, RD NO-17, SEC-19, PANVEL-EAST 410206

TEL-02227458825/8655008874 E -mail- pawalpolyclinic@gmail.com

Discharge Summary

IPD REG NO:67-25

Date :22/04/25

Name: Swati rangnath borate

Age: 29yrs

Sex:female

Add: Kalamboli

DOA: 21/04/25-08.45am

DOD:22/04/25 -06.00 pm

History & Complaints :

G3P1L1MTP1 with 2ma with bleeding p/v

Diagnosis : Incomplete abortion

Operation: Dt - 21/04/25 D&C done under short GA

Investigations:

As Attached,blood gr-B-ve

Operation notes: Dt - 21/04/25 D&C done under short GA

Course in Ward: Uneventful



PAWAL POLYCLINIC

201, SHIVA COMPLEX, PLOT NO - 6, RD NO-17, SEC-19, PANVEL-EAST 410206

TEL-02227458825/8655008874 E -mail- pawalpolyclinic@gmail.com

Treatment Given:

Inj DT 0.5 mg IM STAT

Inj Ceftriaxone 1gm IV STAT

Inj Pantoprazole 40 mg IV STAT

Inj Ondansetron 8 mg IV STAT

Inj Anti D 150 IM

Treatment Advised :

Tab Coxpod twice daily after food for 5 days

Cap Rabepraz D (Rabeprazole +Domperidone),twice daily before food for 5 days

Tab Drotin SOS

Follow Up:

1)F/U sos if pain in abdomen,bleed p/v

2)F/U after 7days.

3)IN case of **emergency contact -022-27458825**

(R)
Signature

PAWAL POLY CLINIC

201, 2nd Floor, Shiva Complex Bldg. Plot No. 6, Road No. 17, Sector - 19, New Panvel (East).

Phone No : 27458825

No. 359

Date : 22/4/25

Name of the Patient Swati R. Bdate

Received in Cash / Cheque : Twenty Seven thousand

we indeed thirtyone only

For : F Clinic



Pawal Polyclinic

357

**201, 2nd Floor, Shiva Complex Building, Plot No. 06, Sector-19,
New Panvel (East) - 410 206. Tel No. : 022 - 2745 8825**

Bill No.: _____

Date: 22/4/25

Patient Name : Swati Borate

Dr. Name : Anand Pawar

 PAWAL POLYCLINIC Total

**& MATERNITY HOME
201, Shiva Complex Bldg., Plot No. 6,
Sector - 19, New Panvel (E) 410206.**

Signature

Pawal Polyclinic

**201, 2nd Floor, Shiva Complex Building, Plot No. 06, Sector-19,
New Panvel (East) - 410 206. Tel No. : 022 - 2745 8825**

Bill No.: 358

Date: 21/4/25

Patient Name : Swati B date

Dr. Name : Anand Pawar.

R

Signature

325

PAWAL POLYCLINIC
& MATERNITY HOME
201, Shiva Complex Bldg., Plot No. 6,
Sector-19, New Panvel (E) 410206.



325

Pawal Polyclinic

Bill No.: 355

201, 2nd Floor, Shiva Complex Building, Plot No. 06, Sector-19,
New Panvel (East) - 410 206. Tel No. : 022 - 2745 8825

Date: 22/4/25

Patient Name: Swati Borate Dr. Name: Anand Pawal

Sr.No.	Product Name	Company	Batch No.	Exp.Date	Quantity	MRP	Amount
	Scalp	TOP	3B025	6/25	1	46	46
	IV Set	Polymed	41228339	6/25	1	184	184
	Inj C-one	Abbott	T2033444	4/26	1	70	70
	Inj Pantop	J.B	2JK6123	12/26	1	56	56
	Inj Ondem	Intas	XN9024003	10/26	1	13	13
	Syr 10ml	BD	A4AM342	4/26	2	37	74
	Syr 5ml	BD	KN3220	9/26	2	20	40
	Syr 3ml	BD	41433646	10/26	2	10	20
						Total	503

PAWAL POLYCLINIC

& MATERNITY HOME

201, Shiva Complex Bldg., Plot No. 6,
Sector - 19, New Panvel (E) 410206.

Signature

Pawal Polyclinic

Bill No.: 356

201, 2nd Floor, Shiva Complex Building, Plot No. 06, Sector-19,
New Panvel (East) - 410 206. Tel No. : 022 - 2745 8825

Date: 22/4/25

Patient Name: Swati Borate Dr. Name: Anand Pawal

Sr.No.	Product Name	Company	Batch No.	Exp.Date	Quantity	MRP	Amount
	IV RL	Abaris	A3841045	4/26	1	63	63
	Inj Pyrolylate	Neon	338419	10/25	1	16	16
	Inj Butadol	Neon	V305822	3/28	1	58	58
	Inj Propofol	Neon	MH338204	2/26	1	72	72
	Inj Ketamin	Neon	41383828	2/26	1	67	67
	Inj Mizolam	Neon	V138302	2/29	1	66	66
	Tab Misoprost	Cipla	4H105411	11/26	2	18	36
	Gloves F.N.O	Nulife	TSP5MPS21	12/26	2@	80	160
						Total	538/-

PAWAL POLYCLINIC

& MATERNITY HOME

201, Shiva Complex Bldg., Plot No. 6,
Sector - 19, New Panvel (E) 410206.

Signature

382

PAWAL POLYCLINIC
& MATERNITY HOME
 201, Shiva Complex Bldg., Plot No. 6,
Sector - 19, New Panvel (E) 410206.

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Government of Maharashtra
Public Health Department



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Welcome PAWAL CLINIC AND MATERNITY HOME

DECLARATION OF PREGNANT WOMAN

1. --Select-- ▼ Name of Patient

Swati Borate

अती खालित करते की अनुद्ध-सोनोग्राफी/प्रतिग्राम स्कैनिंग करना मी शहुया गर्भीये विंग आणुन घड्याचिन नाही./declare that by undergoing ultrasonography/image scanning etc, I do not want to know the sex of my foetus.

गरेटर हाईटी राही/अंगदवारा ठाळा./Signature/Thump impression of pregnant woman

DECLARATION OF DOCTOR

1. Dr. --Select Name of Doctor--

Anand Pawar

▼ declare that while undergoing ultrasonography/image scanning on patient

--Select-- ▼ Name of Patient

Swati Borate

I have neither detected nor disclosed the sex of her foetus to anybody in any manner.

Signature of the person conducting Ultrasonography/Image scanning/Director or owner of genetic clinic/ ultrasound clinic/Imaging centre.



Patient ID	: 19234	Registration Date	: 21-Apr-2025 10.07 AM
Patient Name	: MRS. SWATI BORATE	Report Date	: 21-Apr-2025 10.07 AM
Age / Gender	: 29 Years / Female	Barcode	 * 1 9 2 3 4 *
Referred By Dr	:		
Referred Lab/Dr	: DR. PAWAL HOSPITAL		

Sample processed at Alpha Diagnostics and Imperial Specialty Labs

COMPLETE BLOOD COUNT

Investigation	Result	Unit	Bio. Ref. Interval
Haemoglobin (HB.)	10.1	gm/dl	12.5-15.5
Total R.B.C. Count	4.55	$10^6/\mu\text{L}$	3.90-5.13
PCV/HCT	30.9	%	35.5-45.0
MCV	67.9	fL	76-96
MCH	22.2	pg	27-31
MCHC	32.7	g/dL	32-36
RDW-CV	16.4	%	11.5-14.5
Total W.B.C. Count	6730	/ curnm	4000-11000

DIFFERENTIAL COUNT

Neutrophils	67	%	40-75
Lymphocytes	27	%	20-40
Eosinophils	02	%	1-6
Monocytes	04	%	2-10
Absolute Neutrophils	4509	/ cumm	2000-7000
Absolute Lymphocyte	1817	/ curnm	1000-3000
Absolute Monocytes	269	/ cumm	200-1000
Absolute Eosinophils	135	/ cumm	20-500
Platelet count	359000	/ cumm	150000-450000
MPV	11.4	fL	7.2-11.7

PERIPHERAL SMEAR EXAMINATION

RBC Morphology	Microcytosis (+).
WBC Morphology	Within Normal limits
Platelets	Adequate with Normal morphology

**COMPLETE BLOOD COUNT PERFORMED ON FULLY AUTOMATED HEMATOLOGY ANALYSER HORIBA
MICROS ES60 (JAPAN)**



Patient ID	: 19234	Registration Date	: 21-Apr-2025 10.07 AM
Patient Name	: MRS. SWATI BORATE	Report Date	: 21-Apr-2025 10.07 AM
Age / Gender	: 29 Years / Female	Barcode	 * 1 9 2 3 4 *
Referred By Dr	:		
Referred Lab/Dr	: DR. PAWAL HOSPITAL		
Sample processed at Alpha Diagnostics and Imperial Specialty Labs			

HAEMATOLOGY.

Investigation	Result
---------------	--------

BLOOD GROUP ABO & RH TYPING

(EDTA Whole Blood)

Blood group (ABO Typing) "B"

RhD Factor (Rh typing) Negative

Method

Manual Slide Hemagglutination.

The classification of blood group is based on the presence or absence of inherited antigenic substances on the surface of RBCs. The antigens may be protein, carbohydrates, glycoproteins or glycolipids depending on blood group. Blood groups are inherited and represent contribution from both parents. The most important blood group system in human is ABO System. The 2nd most important system is RH typing. ABO system has antibodies A and B which are of IgM type, produced in the first year of life by sensitization to food, bacteria & viruses. The RH system has more than 50 antigens but the most significant being 'D' antigen. 'D'-Negative individuals can produce Ig G anti-D antibodies following a sensitization, usually a fetomaternal transfusion of blood from fetus to mother or occasionally a blood transfusion of 'D' positive blood group. Rh disease can develop in these cases.

Almost always the individual has same blood group for life, but very rarely individual's blood group changes through addition or suppression of an antigen in infection, malignancy, or autoimmune disease. Another more common cause of blood group change is bone marrow transplantation.

----- END OF REPORT -----



PAWAL POLYCLINIC

MATERNITY AND NURSING HOME



201, 2nd Floor, Shiva Complex Building,
Plot No. 06, Road No. 17, Sector -19,
New Panvel (E) - 410 206
Tel. No. : 022 - 27458825 / 8655008874

A - 104, 1st Floor, A-Wing,
Nandanvan Park, Plot No. 09,
Sec. 36, Kamothe, Navi Mumbai.
Tel. No. : 8655008870

Dr. Anand P. Pawal

MBBS, DGO, FCPS, DFP (Mumbai)
Reg. No. 1737

Name : Swati Barate

Dr. Pallavi A. Pawal (Naik)

MBBS, DGO, FCPS, DFP (Mumbai)
Reg. No. 2032

Age : 29yrs Date : 20/4/28

clot bleedig per : 2 days.

Comp - 14/2/25

G₁ - 6yrs post op adv

G₂ - MTP'd.

G₃ - PP.

Adv

- At JLN

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P. 10

Dr
Vishu - incomplete abdm

FACILITIES

- | | | | | |
|---------------------|-----------------------------------|---|--------------|------------------------------|
| ■ Maternity | ■ Well Equipped Operation Theatre | ■ Govt. Recognised Family Planning Centre | ■ Child Care | ■ Pathology Lab |
| ■ Highrisk Delivery | ■ Cancer diagnosis and treatment | ■ Infertility | ■ Surgical | ■ 24 Hrs. Emergency Services |
| ■ IPD / Nursing | | | ■ Laproscopy | ■ Medical |

Pawal Polyclinic & Maternity Home

Add.: 201, 2nd Floor, Shiva Complex Bldg., Plot No. 6, Road No. 17, Sector -19, New Panvel (E). P : 2745 8825 / 8655008874

OBSTETRIC ULTRASOUND EXAMINATION

Gynaecologist Dr Anand

Name Swati B date Age 29 yr Date 20/4/25

Referring Physician Dr Anand

Indication A 38 wks min.

History _____ LMP 14/2/25 Gestation 9 Wks

Gestational Sac Location in lower uterine segment and curved cord Volume cu mm Cardiac Activity _____

Crown-Rump Length _____ mms. Weeks of Gestation _____ Wks

Internal Os : Closed / Open Cervical Length _____ mms.

Gestation : Single / Multiple Presentation : Cephalic / Breech / Oblique

Biometry: Biparietal Diameter _____ cm. _____ Wks Head Circumference _____ cm. _____ Wks

Femur Length _____ cm. _____ Wks Abdominal Circumference _____ cm. _____ Wks

HC / AC Ratio _____

FL / AC Ratio _____

Estimated Baby Wt. _____

E.D.D. _____

C.G.A. _____

Congenital Malformations : Nil / _____

Placental Location : Upper Segment / Lower Segment / Fundal

: Anterior wall : Left Lateral || Posterior wall : Left Lateral
Right Lateral || Right Lateral

: Lower Segment : Distance From Int. os. _____ cm.

Evidence of Praevia : None / Marginal / Central

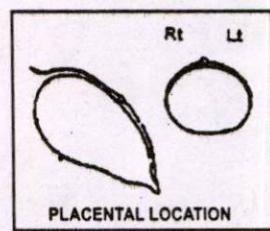
Placenta : Grade _____

Abnormality : Retroplacental Clot _____ Size _____

Amniotic Fluid : Normal / Polyhydramnios / Oligohydramnios, AFI _____

Umbilical Cord : Normal / Abnormal _____

Adnexal Pathology _____



Note - All congenital anomalies are not detected on USG.

I have not disclosed sex of foetus to the patient / or relative in any manner.

Impression and comments R.T 16 mm C cord seen in lower uterine segment and curved cord s/o decapitated ablation

Thanking you and with regards


Signature

Ultrasound Image Report

Page 1 / 1

Patient

ID
Name
Birth Date
Gender

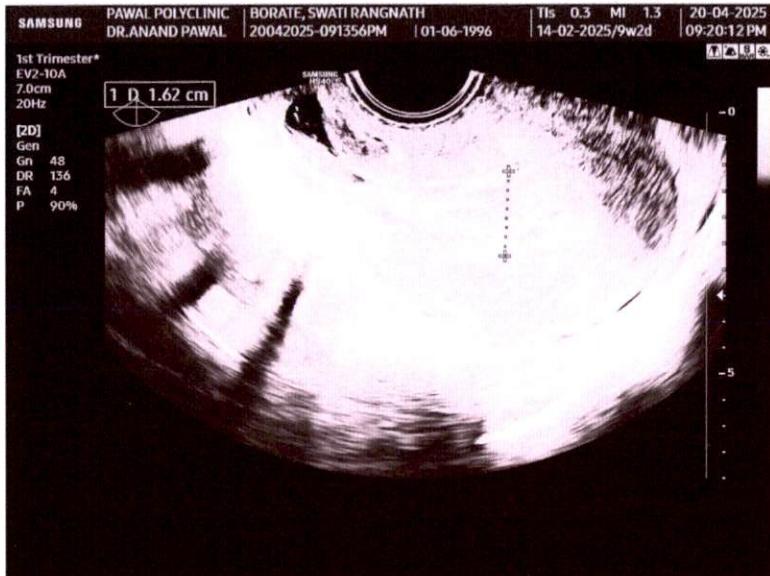
20042025-091356PM
BORATE, SWATI RANGNATH
01-06-1996
Female

20-04-2025

Exam

Accession #
Exam Date
Description
Operator

DR.ANAND PAWAL



KL-5, Bldg. No. 13, Room No. 4, Sector-3E,
Behind Shanti.com Xerox Shop,
In front of Kalamboli Bus Depot,
Kalamboli, Navi Mumbai - 410 218.
M : 72080 13341

Shop No. 5, Trimurti Complex,
Plot No. 57, Sector - 11,
Kamothe,
Navi Mumbai - 410 209.
M : 72080 23341

| Facilities : **DIGITAL** X-Ray, Sonography, Color Doppler, 2D ECHO, 3D/4D Sonography, Digital OPG

Dr. Vinit A. Gawand

DNB, DMRD, DMRE (MUM.)

Consulting Radiologist & Sonologist



Name : MRS. SWATI BORATE
Ref By : Dr. A D NAIK

Age/Sex : 29 YEARS/F
Date : 18 Apr 2025

SONOGRAPHY OF GRAVID UTERUS

LMP: 14/02/2025

GA BY LMP: 9 WEEKS 0 DAY.

Uterus is bulky.

Regular gestational sac is seen.

G sac measurement is 1.7 cm corresponds to 6 weeks 4 days.

Chorio-decidual reaction is seen

Approximately 1.0 cm x 0.2 cm size subchorionic bleed is seen.

Yolk sac is visualized.

Fetal pole is not seen yet.

Cervix is normal.

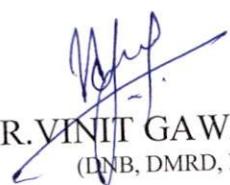
Both ovaries are normal.

No adnexal mass lesion is seen at present.

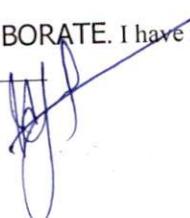
IMPRESSION:-

- Early intrauterine gestational sac of 6 weeks 4 days with subchorionic bleed.
- Growth lag is seen compare to gestational age by LMP.
- Follow up sonography after 1-2 week for fetal pole visualization.
- Suggest: Clinico-pathological correlation and further evaluation.

Thanks for reference.


DR. VINIT GAWAND
(DNB, DMRD, DMRE.)

Note: Not all anomalies can be detected by sonography due to various factors. All measurements are subject to statistical variations.

I Dr. Vinit Gawand declare that while performing sonography on **MRS. SWATI BORATE**. I have neither detected nor disclosed the sex of fetus to any body in any manner. Signature 

DECLARATION OF THE PERSON UNDERGOING PRENATAL DIAGNOSTIC TEST / PROCEDURE

I, Miss./Mrs. Swati Obrete declare that by undergoing ultrasonography / Image Scanning etc., I do not want to know the sex of my foetus / असे घोषित करते की अल्ट्रा-सोनोग्राफी / प्रतिमा स्कैनिंग करन मी माझ्या गर्भाचे लिंग जाणून घेऊ इच्छत नाही. मैं घोषणा कर रही हूँ की अल्ट्रा-सोनोग्राफी / प्रतिमा स्कैनिंग करके मैं मेरे गर्भ के लिंग की जांच करना नहीं चाहती.
(Received duplicate copy of Declaration)

Date : 18/4/25


Signature / Thump impression of the person
undergoing the Prenatal Diagnostic Test / Procedure.

In case of thumb Impression :

Identified by (Name) _____ Age : _____ Sex. : _____

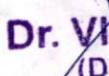
Relation (if any) : _____ Address & Contact No. : _____

Signature of a person attesting thumb impression : _____ Date : _____

DECLARATION OF DOCTOR / PERSON CONDUCTING PRENATAL DIAGNOSTIC PROCEDURE / TEST

I, Dr. Vinit A. Gawand (name of the person conducting ultrasonography / image scanning)
declare that while conducting ultrasonography/image scanning on Miss. / Mrs. Swati Obrete
(name of the pregnant woman or the person undergoing pre natal diagnostic procedure / test), I have neither detected nor
disclosed the sex of her fetus to anybody in any manner.

Om Sai Advanced Diagnostic Cent.
KL-5, Bldg. No. - 13, Room No. - 4
Sec.-3E, Behind Galaxy Mobile Shop
In Front of Kalamboli Bus Depo
Kalamboli, Navi Mumbai - 410 218
Tel. - 27423341


Dr. VINIT GAWAND
(DNB, BMRD, DMRE)
CONSULTING RADIOLOGIST
SONOLOGIST
Reg. No. - 90092

Name, Signature and Registration Number
with Seal of the Gynaecologist/Radiologist/
Registered Medical Practitioner performing
Diagnostic Procedure/s

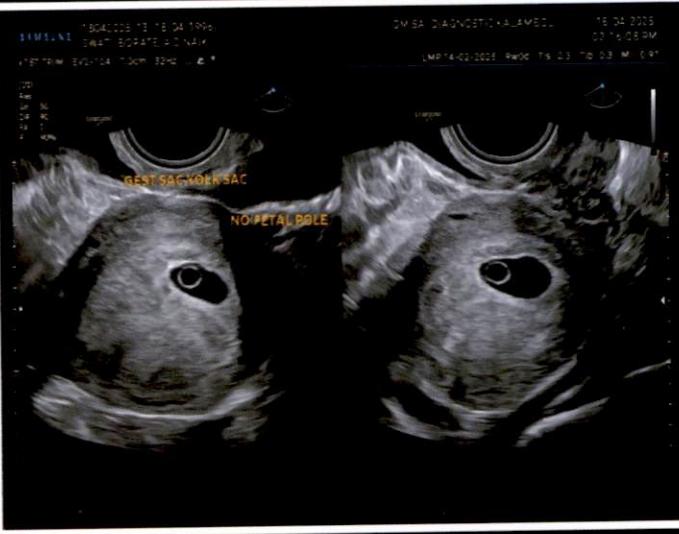
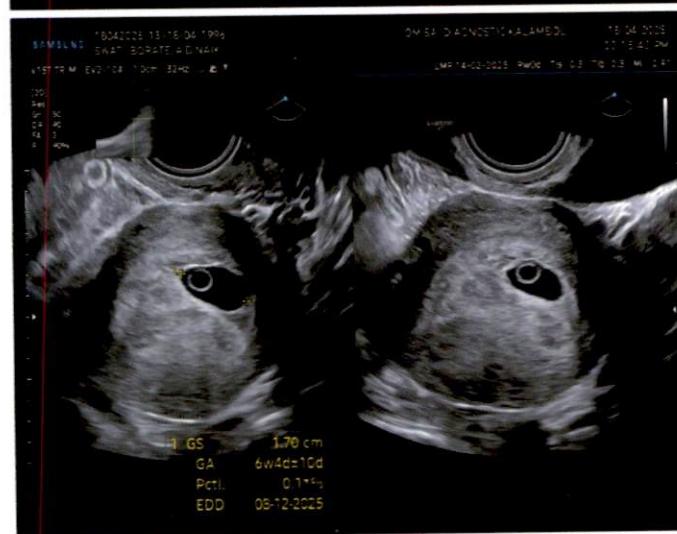
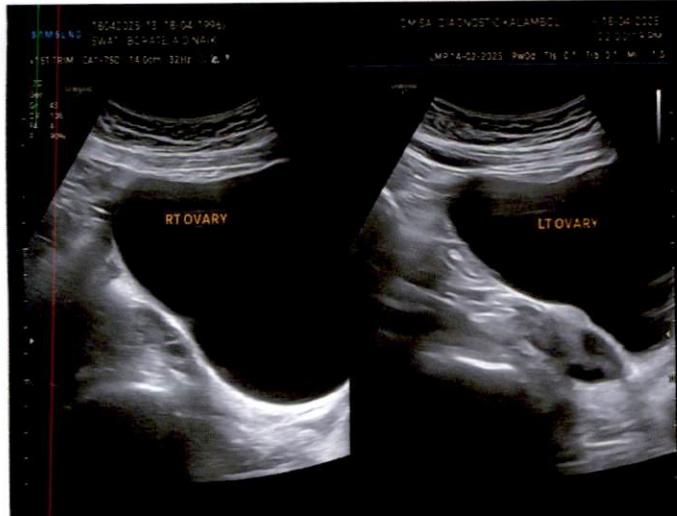
Date : 18/4/25

Signature :

OM SAI ADVANCED DIAGNOSTIC CENTRE

18 Apr 2025 02:00 PM Study : Free Form

Name : SWATI BORATE A D NAIK



ID	18042025-13	Name	SWATI BORATE, A D NAIK		
Date of Birth(Age)	18-04-1996(29y0m)	Gender			
Indication		Exam Date	18-04-2025		
Diag. Physician		Ref. Physician			
Operator					
OB					
LMP	14-02-2025	GA(LMP)	9w0d		
Composite GA Average		GA(AUA)	6w4d		
DOC		Ovulation Date	EDD(AUA)		
Fetal Biometry	m1	m2	m3	GA	GP
GS	1.70	1.70		cm Avg 6w4d (5w1d-8w0d)	Rempen 0.1% Rempen