

## REIMBURSEMENT CLAIM FORM

TO BE FILLED BY THE INSURED  
The issue of this Form is not to be taken as an admission of liability

(To be Filled in block letters)

a) Policy No.: 0526002820 P111762997  
c) Company / TPA ID (MA ID) No.:  
b) SI. No/ Certificate no.

d) Name: Sathesh Kumar Doosa

e) Address: H NO 2-81 RAMNAGAR

City: KARIMNAGAR

State: TELANGANA

Pin Code: 505415

Phone No: 9989884111

Email ID: sathesh.kumar.doosa@spgbd.com

a) Currently covered by any other Mediclaim / Health Insurance: Yes ☒ No ☐

## DETAILS OF INSURANCE HISTORY:

c) If yes, company name:

b) Date of commencement of first insurance without break:

Sum Insured (Rs.):

Policy No.:

Diagnosis:

d) Have you been hospitalized in the last four years since inception of the contract? Yes ☐ No ☐

Date:

f) If yes, company name:

e) Previously covered by any other Mediclaim / Health Insurance: Yes ☐ No ☐

## DETAILS OF INSURED PERSON HOSPITALIZED:

a) Name: Sathesh Kumar Doosa

b) Gender: Male ☒ Female ☐

c) Age years: 33 Months

d) Date of Birth: 29 07 1987

e) Relationship to Primary insured: Self ☒Spouse ☐Child ☐Father ☐Mother ☐Other ☐ (Please Specify)f) Occupation: Service ☒Self Employed ☐Home Maker ☐Student ☐Retired ☐Other ☐ (Please Specify)

g) Address (if different from above):

City:

Pin Code:

Phone No:

State:

Email ID:

## DETAILS OF HOSPITALIZATION:

a) Name of Hospital where Admitted: care dental

b) Room Category occupied: Day care ☒Single occupancy ☐Twin sharing ☐3 or more beds per room ☐c) Hospitalization due to: Injury ☐Illness ☒Maternity ☐

d) Date of injury / Date Disease first detected / Date of Delivery:

e) Date of Admission: 06 12 21

f) Time: 11 30

g) Date of Discharge: 06 12 21

h) Time: 17 45

i) If injury give cause: Self inflicted ☒Road Traffic Accident ☐Substance Abuse / Alcohol Consumption ☐j) If Medical legal ☐Yes ☐ No ☐ii) Reported to Police ☒iii. MLC Report & Police FIR attached ☐Yes ☒

j) System of Medicine:

## a) Details of the Treatment expenses claimed

i. Pre-hospitalization expenses

Rs.

ii. Post-hospitalization expenses

Rs.

v. Ambulance Charges:

Rs.

vii. Pre-hospitalization period:

days

b) Claim for Domiciliary Hospitalization:

Yes ☐No ☐

(If yes, provide details in annexure)

c) Details of Lump sum / cash benefit claimed:

i. Hospital Daily cash:

Rs.

ii. Critical Illness benefit:

Rs.

v. Pre/Post hospitalization Lump sum benefit: Rs.

## DETAILS OF CLAIM:

ii. Hospitalization expenses Rs.

25 300

iv. Health-Check up cost: Rs.

vi. Others (code): Rs.

Total

Rs.

25 300

viii. Post-hospitalization period: days

## Claim Documents Submitted - Check List:

☒ Claim form duly signed☐ Copy of the claim intimation, if any☒ Hospital Main Bill☐ Hospital Break-up Bill☐ Hospital Bill Payment Receipt☐ Hospital Discharge Summary☐ Pharmacy Bill☐ Operation/ Theater Notes☐ ECG☒ Doctor's request for investigation☒ Investigation Reports (Including CT☐ / MRI / USG / HPE)☐ Doctor's Prescriptions☒ Others

## DETAILS OF BILLS ENCLOSED:

Sl. No.	Bill No.	Date	Issued by	Towards	Amount (Rs)
1.				Hospital main Bill	
2.				Pre-hospitalization Bills: Nos	
3.				Post-hospitalization Bills: Nos	
4.				Pharmacy Bills	
5.					
6.					
7.					
8.					
9.					
10.					

## DETAILS OF PRIMARY INSURED'S BANK ACCOUNT:

a) PAN:

ASSPD7296H

b) Account Number:

35176280612

c) Bank Name and Branch:

STATE BANK OF INDIA, CHOPPADANDI

d) Cheque / DD Payable details:

e) IFSC Code:

SBIND014237

## DECLARATION BY THE INSURED:

I hereby declare that the information furnished in the 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.

Date:

31 12 2021

Place:

CHOPPADANDI

Signature of the Insured

Sathesh Kumar Doosa




MEDICLAIM INSURANCE - CLAIM FORM

This claim form is valid only to process uploaded online claims during COVID – 19 lock down and employees have to submit required claim form along with original claim documents mandatorily.

[illegible]

I/We hereby declare below points:

- Above details are true to the best of my/our knowledge and belief that I/We did not suppress any information.
- Hard copies will be submitted post return to normalcy, as soon as asked for
- All claim documents (hard copies) if do not match with uploaded documents entire amount is recoverable.
- I have not made claim elsewhere.

  
Signature of the Employee

Regd. No. 4386



# Care Dental

## MULTI SPECIALITY HOSPITAL

# 3-4-248, Near All Well Diagnostics, 1st Floor Moin Complex,  
Sawaran Street, Karimnagar. Ph. 8688076836

Patient Name:

Goosa Sathulsh Kumar.

Address:

Hb: 2-81, Gomnagar.

City, Zip Code:

Choppadandli Karimnagar.

Telephone:

9989884111

PROCEDURE(S)	PRICE	TOTAL
① Consultation		300 = ₹
② Dental Surgery & d.A (full mouth)		25,000 - ₹
	Total :	25,300 - ₹



Signature





# Care Dental

## MULTI SPECIALITY HOSPITAL

Date: 06/02/2021

Name: Sabir

Age/Sex: 32/Male

Address: Bangalore Referred by:

**Dr. Md. Numanuddin**

M.D.S.

Periodontist, Implantologist  
Laser Specialist.**Dr. Sarath**

B.D.S.

Cosmetic Dental surgeon

**Dr. Suhasini**

B.D.S.

Senior Dentist

**Dr. Thousif Ahmed**

M.D.S.

Oral & Maxillofacial Surgeon  
Implantologist**Dr. Marwa Fathima**

B.D.S.

**Dr. Navya Krishna**

M.D.S.

Orthodontist

Rx

4/6 11 months old study of gum

2 months full

M/A &amp; Not Sufficient

3/6 2 + Calute Shree

→ Amalgam BOP + Packed

→ Amalgam Retain  $\frac{6}{3} \div \frac{6}{3}$ → Under the table  $\frac{1}{3}$  =  $\frac{1}{12}$ 

P.O. Am. D.P.C

① Gum Check up

② Tst. Pulpum DSR - (5)

③ Tst. Ketone 27 to (4)

④ Tst. ACB Plan - (10)



Scan for Address

Address: H. No:3-4-248, Near All Well Diagnostics, Doctors Street, Karimnagar, 505001

Off Ph : 9700 786 594, 89191 50229

LOTUS DIAGNOSTIC CENTRE KARIMNAGAR  
SATHISH KUMAR.30X C/O SELF 5115124 W OPG 04-Dec-21 08:44 PM





भारतीय स्टेट बैंक  
State Bank Of India

(14237) - CHOPPADANDI  
D NO. 1-561, SAINAGAR, CHOPPADANDI KARIMNAGAR DISTRICT  
TELANGANA STATE 505415  
IFS Code: SBIN0014237

वैधता 3 महीने के लिए है / VALID FOR 3 MONTHS ONLY

D	D	M	M	Y	Y	Y	Y

PAY

को या उनके आदेश पर OR ORDER

रुपये RUPEES

अदा करें



खा. सं.  
A/c No.

35176280612

VALID UPTO ₹ 10 LACS AT NON-HOME BRANCH

SB ACCOUNT

PREFIX :  
1515800003

MULTI-CITY CHEQUE Payable at Par at All Branches of SBI

DOOSA SATHEESH KUMAR  
Please sign above

⑈ 731716⑈ 505002702⑈ 001513⑈ 31





## భారత ప్రభుత్వం Government of India

### భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 2081/12005/04427

To  
దూస సతీష్ కుమార్  
Doosa Satheesh Kumar  
S/O, Doosa Veeraliah  
2-81  
Ramnagar  
Near Hanuman Temple  
Choppadandi  
Karimnagar Telangana - 505415  
9989884111

Signature valid

Digitally signed by  
Doosa Satheesh Kumar  
DN: cn=Doosa Satheesh Kumar,  
o=Unique Identification Authority of India,  
c=IN, email=satheeshk@uidai.gov.in,  
date=2021.11.15 15:48:41  
+05'30'



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

**3585 9309 7179**

VID : 9199 3054 4734 2714

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం  
Government of India



దూస సతీష్ కుమార్  
Doosa Satheesh Kumar  
పుట్టిన తేదీ/DOB: 29/07/1987  
ప్రభుత్వం/ MALE

**3585 9309 7179**

VID : 9199 3054 4734 2714

నా ఆధార్, నా గుర్తింపు



Government of India



#### సమాచారం

- ఆధార్ ఒక గుర్తింపు మాత్రమే పోలికలే కాదు
- సురక్షితమైన ట్యాబ్ కోడ్ / ఆఫ్లైన్ ఎక్స్ ఎం ఎల్ / ఆన్లైన్ ప్రామాణీకరణను ఉపయోగించి గుర్తింపును ధృవీకరించండి.
- ఇది ఎలక్ట్రానిక్ పద్ధతిలో వ్రాయబడిన లేఖ.

#### INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- ఆధార్ దేశవ్యాప్తంగా చెల్లుబాటు అవుతుంది.
- వివిధ ప్రభుత్వ మరియు ప్రభుత్వేతర సేవలను సులువుగా పొందటానికి ఆధార్ మీకు సహాయపడుతుంది.
- ఎల్లప్పుడూ మీ మొబైల్ నెంబర్ మరియు ఇమెయిల్ వదిలి ఆధార్ లో అప్ డేట్ చేసి ఉంచండి
- ఎమ్-ఆధార్ ఐడ్ ఉపయోగించండి - మీ ఆధార్ ను ఎల్లప్పుడూ మీ స్మార్ట్ ఫోన్ లో ఉంచండి.

- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ  
Unique Identification Authority of India



పిరువామా:

దూస వీరయ్య, 2-81, రాంనగర్, హనుమాన్ దేవాలయం  
దగ్గర, చొప్పదండి, కరీంనగర్,  
తెలంగాణ - 505415

Address:

S/O, Doosa Veeraliah, 2-81, Ramnagar, Near  
Hanuman Temple, Choppadandi, Karimnagar,  
Telangana - 505415



**3585 9309 7179**

VID : 9199 3054 4734 2714

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