Family Health Plan(TPA) Limited

Claim id: 3609921

REIMBURSEMENT CLAIM FORM

TO BE FILLED BY THE INSURED

The issue of this Form is not to be taken as an admission of liablity

(To be Filled in block letters)

DETAILS OF PRIMARY INSURED:

a) Policy No.: 05260028201117629977 b) Sl. No/ Certificate no.

c) Company / TPA ID (MA ID)No: UIIC 24713516

d) Name: Satheesh Kumar Doosa

e) Address: H-No: 2-81 Ramnagar
Choppadandi

City: Karimnagar

State: Telangana

Pin Code 505415 Phone No: 9989864111 Email ID: satheesh.kumar.doosa@spglobal.com

DETAILS OF INSURANCE HISTORY:

a) Currently covered by any other Mediclaim / Health Insurance: Yes ✓ No b) Date of commencement of first insurance without break:

c) If yes, company name: Policy No.

Sum Insured (Rs.) d) Have you been hospitalized in the last four years since inception of the contract? Yes No Date:

Diagnosis:

f) If yes, company name: e) Previously covered by any other Mediclaim /Health insurance : Yes No

DETAILS OF INSURED PERSON HOSPITALIZED:

a) Name: Satheesh 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 diffrent from above) :

City:

State:

Pin Code Phone No: Email ID:

DETAILS OF HOSPITALIZATION:

a) Name of Hospital where Admited: 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: 14 12 21 f) Time 10 00 g) Date of Discharge 14 12 21 h) Time: 19 35

I) If injury give cause: Self inflicted Road Traffic Accident Substance Abuse / Alcohol Consumption i) If Medico legal Yes No

ii) Reported to Police iii. MLC Report & Police FIR attached Yes No j) System of Medicine:

DETAILS OF CLAIM:

a) Details of the Treatment expenses claimed

i. Pre -hospitalization expenses Rs.

ii. Hospitalization expenses Rs. 72600

iii. Post-hospitalization expenses Rs.

iv. Health-Check up cost: Rs.

v. Ambulance Charges: Rs

vi. Others (code) Rs.

Total Rs. 72600

vii. Pre -hospitalization period: days

viii. Post -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. Surgical Cash: Rs.

iii. Critical illness benefit: Rs.

iv. Convalescence: Rs.

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

vi. Others: Rs.

Total Rs.

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
- OperationTheater Notes
- ECG
- Doctor's request for investigation
- Investigation Reports (Including CT / MRI / USG / HPE)
- Doctors 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: SBIN0014237

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 concealent of any material fact with respect to questions asked in relation to this claim, my right to claim reimbrusement 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 Satheesh

SECTION A SECTION B SECTION C SECTION D SECTION E SECTION F SECTION G SECTION H

IMPORTANT: PLEASE TURN OVER

Claim id: 3609921

MEDICLAIM INSURANCE - CLAIM FORM

DATE: 31-DEC-2021

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.

01. Name of the Corporate	SAP Global Technology Resources (India) LLP.
02. Name of the Insured person **(Employee)**	Sitheesh Kumar Doosa.
03. Employee No.	81083839
04. Contact No. & E-mail ID	9989884111 & sitheesh.kumar.doosa@sapglobal.com.
05. Name of the patient	Sitheesh Kumar Doosa
06. FHPL UHID No. of the patient	24713516.
07. Relationship with employee, Age & Sex	self 32 male
08. Nature of illness	Dental Treatment
09. Name of the Hospital where treated and Address of the Hospital	Care Dental multispeciality hospital. 9-4-248 Karimnagar
10. Date of Admission	14-12-2021
11. Date of Discharge	14-12-2021
12. Amount Claimed in Rupees	72,600/—

Sl. No.	Bill No.	Date	Amount	Sl. No.	Bill No.	Date	Amount	Sl. No.	Bill No.	Date	Amount
(Please attach a separate sheet for more number of bills and receipts)							TOTAL				72,600/—

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: Sathish
Address:
City, Zip Code: Karimnagar, 505001
Telephone :

PROCEDURE(S)	PRICE	TOTAL
Root Canal Treatment in $\frac{}{321\,|\,12}$	5 x 3000/-	15,000/-
Fixed Partial Denture in $\frac{76\,|\,67}{7654321\,|\,1234567}$	18 x 3000/-	54,000/-
Temporary Crowns in $\frac{76\,|\,67}{7654321\,|\,1234567}$	18 x 200/-	3,600/-
	Total →	Rs. 72,600/-

Seventy Two Thousand and Six hundred Rupees only.

Signature

CARE DENTAL
MULTI SPECIALITY HOSPITAL
3-4-248, 1st Floor, Moin Complex
Sri Nagar, KARIMNAGAR-505 001
09246961656, 8688...

Ph : 9246934656,8688076836

Care Dental
MULTI SPECIALITY HOSPITAL

Date: 06/02/2021

Name: Sahil Age/Sex: 32 / Male

Address: Karimnagar 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.
Orthodontiist

Rx

C/c: Pt complains about bleeding of gums & mobile teeth.

M/H: Not significant

I/G: → Calculus ++ Stains +

→ Generalized BOP + Pocket

→ Generalized Recession 6/3 | 6/3

→ Grade III mobility 1/3, II 21|12

Tx Adv: O.P.C

(1) Gum check up

(2) Tab. Pcm DSR — (5)
— 0 —

(3) Tab. Ketorol DT — (4)

(4) Tab. ACB Plus — (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

25 k

06-12-21 = 20,000/-

06/12/2021

→ LANAP (Laser Assisted New attachment Procedure) full Mouth. (Laser flap design).

→ Access flap + Debridement

wrt
$$\frac{8-3}{8-3}\Big|\frac{3-8}{3-8}$$

→ Suture Placed.

→ Pt. given Oral Hygiene Instruction.

→ Pt recall after 1 week

Dr. [illegible]

17/12/2021

① Sensodyne F toothpaste

② Soft tooth brush.

③ Vendin Mouthwash.

Suture removal done.

Dr. Naveen

AISHWARYA DENTAL IMAGING CENTER
#24, 1st Floor, Reddy Residency,
Court Chowrasta,Karimnagar.
PH:9247820303

Patient Name :SATHISH

Ref Dr.CARE DENTAL

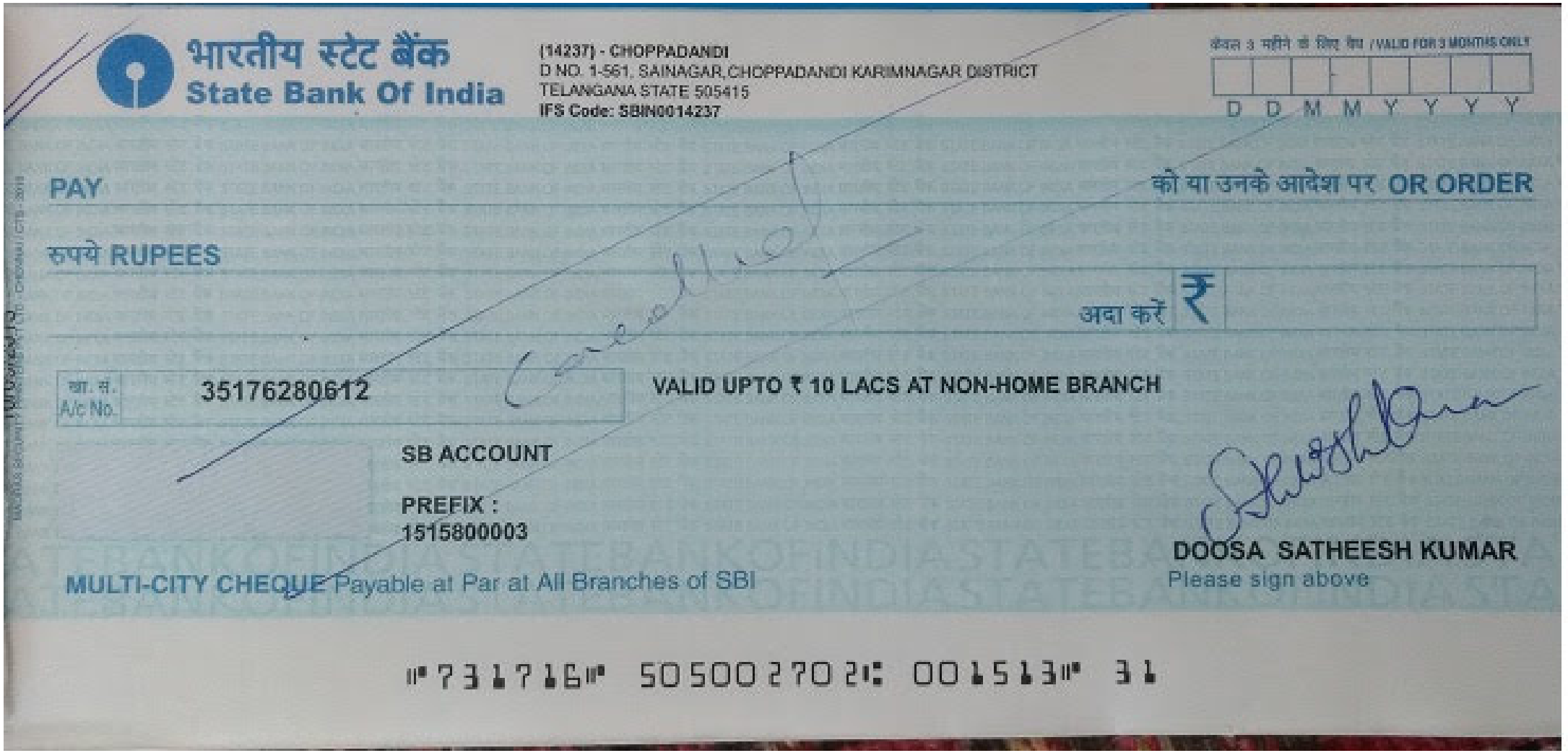
10/12/2021

IMG : 1

NOTES :

X 0 [kVp]
0 [mA]

R
L
A



भारतीय स्टेट बैंक
State Bank Of India

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

केवल 3 महीने के लिए वैध / 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 ₹

बा. सं. A/c No. 35176280612

VALID UPTO ₹ 10 LACS AT NON-HOME BRANCH

SB ACCOUNT

PREFIX :
1515800003

DOOSA SATHEESH KUMAR
Please sign above

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

⑈731716⑈ 505002702⑆ 001513⑈ 31

भारत सरकार

आधार

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 Veeraiah
2-81
Ramnagar
Near Hanuman Temple
Choppadandi
Karimnagar Telangana - 505415
9989884111

Signature valid

మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

3585 9309 7179

VID : 9199 3054 4734 2714

నా ఆధార్, నా గుర్తింపు

Government of India

AADHAAR

సమాచారం

- ఆధార్ ఒక గుర్తింపు మాత్రమే పౌరసత్వం కాదు
- సురక్షితమైన క్యూఆర్ 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 ఐడిని ఆధార్ లో అప్ డేట్ చేసి ఉండండి
- ఎమ్-ఆధార్ ఆప్ 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 ప్రభుత్వం
Government of India

Issue Date: 31/07/2011

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

3585 9309 7179

VID : 9199 3054 4734 2714

నా ఆధార్, నా గుర్తింపు

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

Download Date: 31/12/2021

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

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

3585 9309 7179

VID : 9199 3054 4734 2714

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