

SHREE HUMAD JAIN SAMAJ MUMBAI

REGD. OFF.:- 188,.KALBADEVI ROAD 3RD FLOOR , MUMBAI 400002

CORR.OFF.:- B/606, Green View Apt. Bldg. 2, L. T. Road,

Babhai Naka, Borivali (West), Mumbai - 400091

E.MAIL ID. :- shreehumadjainsamaj1969@gmail.com

WEB SITE :- www.shreehumadjainsamaj.com

APPLICATION FOR MEDICAL HELP.

Name of Applicant :

Address of Applicant:

Relation to Mwmber:

due to

Date of Birth

Age:

Gender

Male

Female

Occupation

Telephone No.

Mobile No.

Are you personally covered with any mediclaim or

health insurance;

yes

no

If yes, please give detail - co./policy no./sum insured.(attach policy copy)

HOSPITALIZATION DETAILS

IF HOSPITALISED

Name of the Hospital where admitted:

Room type day care /single/ twin

Past Hospitalisation Y/N Month/ Year Diagnosis:

Hospitalisation due to: illness/injury Details:

Name of treating Dr. reg.no.

Mobile No.

EXPENSES AND BILLING DETAILS

Pre hospitalisation expenses	rs.	hospitalisation expenses	rs.
Post hospitalisation expenses	rs.	health check up cost	rs.
Ambulance Charges	rs.	others	rs.
Detail of Lumpsum /cash benefit claim			

Detail of bill enclosed:

Sr, No.	Bill no.	Date	Issued by	towards	Amt.
	Column1				

SEPARATE SHEET TO BE ATTACHED FOR EXTRA DETAIL

PAYMENT DETAIL :-

CH NO.
BANK

PRESIDENT

DATE

SECRETARY

AMT

OS

