

Eligibility Check
Patient Information
Patient Information
Insurance Company
Member ID-CardNo
Member Name
DOB/Gender
DOS/celluler 24 Peb 1997 Pellule Matemity No
Nationality INDIA No No
Valid Till
Status MEMBER IS ELIGIBLE IN YOUR FACILITY FOR MEDICAL SERVICES OP Network Op - Std + Hospital
Deductible Diagnostic & Treatment Services For Dental & Gum Company
Company Comp
Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes Chronic Yes
Deductible
Diagnostic & Treatment Services For Dental & Gum
Company Comp
Details
Details Hearing & Vision Aids 0.00 20.00 Other multi- session treatment like injections, nebulization Other multi- session treatment like injections, nebulization
0.00
Password Medicine 0.00 In 0.0 Lab or radiology investigations
Wedicine-Waterinity 0.00 -
impanelment Op Ante-Natal Services 0.00 10.00 In Case Of OTHERS, Please specify the reason/s in Remark
Outpatient Materinty 0.00 10.00
Physiotherapy 0.00 0.00 Procedure 25.00 20.00
Procedure 22.00 20.00 Radiology 0.00 0.00
Spl 25.00 20.00 Spl Maternity 0.00 10.00