



SANDHYASHI HOSPITAL

(A Unit of Sandhya Medicity India Pvt. Ltd)
B-48,49, Sec. 5, Bawana Industrial Area, Delhi-39

UHID No. 0011654/20
Bed No. 05

ADMISSION & DISCHARGED RECORD

Name of Patient (रोगी का नाम) Karam Bie

Name of Father's (पिता का नाम) Bhim Singh

Date of Admission (भर्ती की तिथि) 4/12/20

Time of Admission (समय) 10 am Age (उम्र) 54 yrs Sex (लिंग) M

Referring Doctor (सहायक उपचारक) Dr. Rajni

Doctor Incharge (संचालक उपचारक) Dr. Vikas Gupta

Date of Discharge (छुट्टी तिथि) 11/12/20 Time of Discharge (छुट्टी का समय) 5 pm

Operation (IF any).....

रोग निश्चय (Diagnosis) (भर्ती का समय) Acute Lumbago (Lesion of Annul)

रोग निश्चय (Diagnosis) (छुट्टी का समय) Acute Lumbago (Lesion of Annul)

Address & Phone (पता एवं फोन नं.) house-no 244 - Near M.C.D. School waligali
Lamba Pura Outer Gurgaon

Result	Cured/relived	Left against Medical Advice	Investigation only	Discharge request	Expired
--------	---------------	-----------------------------	--------------------	-------------------	---------

UNDER TAKING FOR TREATMENT INVESTIGATION & FINANCE ETC.

I want to get the patient at sandhyashi hospital at my own and I am ready for and eventually and outcome this concern is given of my own free will after having been made to understand the contents and implications of this documents.

मैं अपनी मर्जी से संध्यासी अस्पताल में भर्ती हो रहा हूँ। मैं तैयार हूँ मेरे साथ होने वाली चिकित्सा पद्यति के लिए, और मैं सब कुछ सोच समझ कर करवा रहा हूँ। एवं मैंने जो विवरण दिया है वह पूर्णतः सही है।

Dated (दिनांक) 4/12/20

Witness (प्रत्यक्षी) राजेश

Signature (हस्ताक्षर) कमल

Relationship of patient (रोगी से सम्बंध) Son

SANDHYASHI HOSPITAL
B-48-49 Sector-5,
Bawana Industrial Area, Delhi-39.
Ph. 7428177717

Terms & Conditions

1. I have opted on my own for admission into this hospital and will pay the bills as per hospital rules and regulations.
2. The management reserves the right to admit or discharge the case amendment/modify rules. Regulations and the charges without notice or assigning any reason there of.
3. Facilities provided in the room are maintained in working order but any failure in their functioning does not affect the charge and the management accepts no liability for the same . The Hospital accepts no responsibility for any loss or inconvenience caused by strike, lock out, water, telephone electricity and air-conditioning failure etc.
4. Patients are advised not be bring any valuable or any jewellery or any other luggage with them. and also advised to deposit. there surplus cash with the hospital and get a receipt The hospital will not be responsible for any loss or left.
5. Suggestions/complaints may be given in writing at the reception.
6. All bills to be paid in cash, cheques are not accepted.

नियम व शर्तें

1. मैंने इस अस्पताल में प्रवेश के लिए अपना खुद का चयन किया है और अस्पताल के नियमों और विनियमों के अनुसार बिल का भुगतान करेगा ।
2. प्रबंधन नियमों को संशोधित करने का अधिकार सुरक्षित रखता है । विनियम और बिना किसी पूर्व सूचना के शुल्क या किसी भी कारण को असाइन करना ।
3. कमरे में उपलब्ध सुविधाएं कामकाजी क्रम में रखी जाती हैं लेकिन उनके कामकाज में कोई विफलता चार्ज को प्रभावित नहीं करती है और प्रबंधन इसके लिए कोई देयता स्वीकार नहीं करता है । अस्पताल स्ट्राइक,लॉक आउट वॉटर, टेलीफोन, बिजली और एयर कंडीशनिंग विफलता इत्यादि के कारण होने वाली किसी भी हानि या असुविधा के लिए कोई जिम्मेदारी स्वीकार नहीं करता है ।
4. मरीजों को सलाह दी जाती है कि वे उनके साथ कोई मूल्यवान या कोई आभूषण या कोई अन्य सामान न लाएं । और जमा करने की भी सलाह दी । अस्पताल के साथ उनके अधिशेष नकद और एक रसीद प्राप्त करें । अतः अस्पताल किसी भी नुकसान या बकाया के लिए जिम्मेदार नहीं होगा ।
5. रिसेप्शन पर लिखित में सुझाव / शिकायतें दी जा सकती हैं ।
6. सभी बिलों का भुगतान नकद में किया जाता है । चैक नहीं लिया जाता है ।

Dated (दिनांक)..... 4-12-20.....

Witness (प्रत्यक्षी)..... शशि

Signature (हस्ताक्षर)..... म.प. शशि

Relationship of patient (रोगी से सम्बंध)..... Son

JATIPSON HOSPITAL
SANDHYASHI HOSPITAL
2-10-12-2020
1111/1851

OPERATION CONCERT

I Karam Singh S/o, D/o, W/o B.M. Singh

R/o.....

..... Age 54y Sex M

has been clearly explained about the Surgery

By Dr.

to be performed underand it have been clearly explained about the

complications and other impacts of surgery by the doctor clearly in my own language I have been

explained about the expence in the surgery clearly I have been explained about the details about the

surgery and if any further reffaral to any higher center in required alone with further expences.

I had read the about clauses clearly and giving my concert for the surgery mention about.

में..... पिता/पति का नाम..... पता.....
..... उम्र..... लिंग..... को होने वाली शल्य प्रक्रिया के बारे में पूर्णतः बता दिया गया
है। जिनके डॉ0..... उसे में पूर्णतः बता दिया है। जिसमें आने
वाले उपद्रवों के बारे में भी मुझे मेरी भाषा में बता दिया गया है। यदि किसी भी आपातकालीन स्थिति में मुझे किसी दूसरे बड़े
अस्पताल में जाना पड़ता है तो इसका पूर्ण खर्चा मुझे स्वयं वहन करना होगा। मैं अस्पताल के सारे नियम व कानून पढ़
चुकी/चुका हूँ, एवं मुझे बता दिया गया है।

Patient's Name (रोगी का नाम)..... Karam Singh

Signature (हस्ताक्षर)..... [Signature]

Date (दिनांक)..... 4-12-20

Place (स्थान)..... Bawana

Witness (प्रत्यक्षी)..... [Signature]

Doctor Name (डॉ0 का नाम) [Signature]

Signature (हस्ताक्षर) [Signature]

SANDHYASHI HOSPITAL
B-48-49, Sector-5,
Bawana Industrial Area, Delhi-39
Ph. 7428177717

OPERATION NOTES

Patient's Name (रोगी का नाम)..... Karan Bix

Father's/Husband Name (पिता/पति का नाम) Bhim Singh

Date (दिनांक) 4-12-20 Age (उम्र) 54y Sex (लिंग) M

Procedure Perform (प्रक्रिया).....

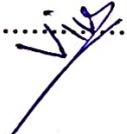
Provisional Dagnosis (रोग निश्चय)

Final Diagnosis (रोग विनिश्चय).....

Surgeon Name (शल्य चिकित्सक नाम).....

Assistant Surgeon (उपशल्य चिकित्सक नाम).....

Doctor's Name (चिकित्सक नाम) Dr. Vikram Gupta

Signature (हस्ताक्षर)..... 



SANDHYASHI HOSPITAL

(A UNIT OF SANDHYA HEALTH CARE)

B-48 Sector-5, Bawana Industrial Area, Delhi-110039

UHD... 6.3.1.20
Bed No... 5.....

PH No. 7428177717/9313776463

PROGRESS NOTES

4/12/20
10 AM

C/o Senu Balle par
C/o Senu Mee par
C/o Unable to remain
C/o Intra

B p 120

Aa

- NABATI
- GREENA BASTI
- KATI BASTI
- SHIKODHAKA

SLR (P) 600
Q 40'

(PAIR 10/9)

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Bawana Industrial Area, Delhi-39
Ph. 7428177717

4/12/20

BP 120/100

Temp 98:1

PR 90/M

RR 20/M

SpO₂ 100/M

clo Severe Back Pain

clo Severe Neck Pain

clo unable to Move & Stand

clo Insomnia.

Ad

Nasyam

Greeva Basti

Kati Basti

Shirodhara

Tab. Pain cure - 2BD

Tab Neuro Care - 2BD

Tab - Shothas - 2BD

Mijeet



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B-48,49 Sector-05, Bawana Industrial Area Delhi-110039



UHID. 1654/20 OPD. IPD. Bed No. 05

PH NO. 7428177717, 9313776463

PROGRESS NOTES

5/11/20
10: AM

C/o Severe Back pain
C/o Severe Neck pain
C/o Unable to move stand
C/o In Sorrow

Aa

(PAIN 10/9)

Bip 120/80
PR 87/1m
P/R -> 20/6
Cholesterol
C/S @
L
P/S - B/B
10/9

- NASTAYAN
- GYREVA BASTI
- KATI BASTI
- SHIRODHARA

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Bawana Industrial Area, Delhi-39
Ph. 7428177717

5/12/20

BP - 120/90

Temp - 98.1

PR - 90/M

RR - 20/M

SpO₂ - 100/M

do Severe Back Pain

do Severe Neck Pain

do unable to Move stand

do insomnia

Ad

~~to~~ Nassyem
Kati Basti
Girewa Basti
Shirodhara

Tab. Pain cure — 2BD

Tab. Neuro Care — 2BD

Tab. Shothar — 2BD

my next



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B-48,49 Sector-05, Bawana Industrial Area Delhi-110039



UHID. 654/20 OPD. IPD. Bed No. 05

PH NO. 7428177717, 9313776463

6/12/20
10:15

PROGRESS NOTES

C/S / B Primitives

- ↳ Moderate pain Lower Back
- ↳ Severe Neck pain
- ↳ Unable to move stairs

(PAIN 7/8)

B.P. - 130/80

HR 80/Min

Temp 98.5°F

WBC ⊕

RA-SUN ⊕

AA

MASATIAM

KATI BASTI

Greeva Basti

SHIRODHARA

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Bawana Industrial Area, Delhi-39
Ph. 7428177717

6/12/20

BP. 120/90

Temp - 99.1

PR - 90/M

RR - 20/M

SpO₂ - 100/M

clo severe Back Pain

clo severe Neck Pain

clo unable to Move stand

clo 'insomnia'

Ad

kati Basti

Nassyam

Greewa Basti

Shirodhara

Tab - Pain cure — 2BD

Tab - Neuro care — 2BD

Tab - Shothar — 2BD.

mint



SANDHYASHI HOSPITAL

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UHID. 1684120 OPD. IPD. Bed No. 05

PH NO. 7428177717, 9313776463

PROGRESS NOTES

C/S / B Devirias

Gp Same Balle par

Gp Same Nee par

Gp Unable to move stn

Gp Injury

(Part 10/8)

Ad

Kati Basi

Nasa tar

Greena Basi

SMR DPM

7/12/20
10:30

B/P 120/80
P/R 80/17
A/R 20/14
Chin Bala
C/S (D)
R/K (B)
See

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Ph. 7428177717

7/12/20

BP - 120/90
Temp - 98.1
PR - 90/M
RR - 20/M
SPO₂ - 90/M

cl Severe Back Pain
cl Severe Neck Pain
cl unable to Move to stand
cl insomnia

Aed:

Karti Basti
Greenwa Basti
Nasyam
Shirodhara

Tab - Pain cure — 2BD
Tab - Neuro cure — 2BD
Tab - Shothar — 2BD

mipet



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UHID. 654/20 OPD. _____ IPD. _____ Bed No. 05

PH NO. 7428177717, 9313776463

PROGRESS NOTES

8/12/20
10:20 AM

C/o Seema Bhatti par
C/o Seema Nair par
C/o Urable to main kstra
C/o Indira

Bipin 10/20
Pr 20/17
Pr 20/17
Chau Bhatti
C/S
✓
P. 12/20
ccg

Aan
'KATI BASSI'
Gne. V. B. M.
N. S. A. M.
S. P. M.

AIM (10/2)

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Bawana Industrial Area, Delhi-39
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8/12/20

BP. 120/80

Temp. 98.1

PR. 90/M

RR 20/M

SPO₂ - 100/M

clo severe Back Pain

clo severe Neck Pain

clo Unable to Move to stand

clo Insomnia

Ad

- Nasyam
- Koti Basti
- Greeva Basti
- Shirodhara

Tab - Pain cure — 2BD

Tab - Neuro cure — 2BD

Tab - Shothar — 2BD

inject



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UHID. 1684/20 OPD. _____ IPD. _____ Bed No. 05

PH NO. 7428177717, 9313776463

PROGRESS NOTES

8/12/20
10:20A

C/S | B D VIRAS

Up Moderate pain in neck
and back

Up ABLE to move with help

(PAIN 10/16)

B-P 10/20

P/R 8/20

HR 70/20

Chin BSH

CO 1/2

PLAN

NS

AS

1. NASA 400

• KATI BASTI

• QUEVA BASTI

• SHIRODHAN

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B-48,49 Sector-5,
Bawana Industrial Area, Delhi-39
Ph. 7428177717

8:am

9/12/20

Bp - 120/90

clo sever Back Pain

Temp - 98.17

clo severe Neck Pain

PR - 90/M

clo unable to Move to stand

RR - 20/M

clo Insomnia

SPO2 - 100/M

Ad

Nassyam

Kati Basti

Greeva Basti

Shirodhara

Tab - Pain cure — 2BD

Tab - Neurocure — 2BD

Tab - shothur — 2BD

Inject



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UHID. 1054/20 OPD. IPD. Bed No. 05

PH NO. 7428177717, 9313776463

10/12/20

PROGRESS NOTES

C/S/B De VIKAS

C/o Mild pain in neck
and Ball Joints

C/o Able to move legs and arm

Bp - 120/80

PR 80/min

HR 22/min

Cher BGR

C/S ⊕

PRASOFS

tenes

Aas

NAS-IAM

KATI BASTI

Gyreeva BASTI

SHIRODHARA

(Pan 10/4)

• Las part cur 200 mg

• Las Nele 200 mg

• Las 800 200 mg

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Ph. 7428177717

10/12/20

8: Pm

B-P = 120/80

PR = 90/m

Wt = 98.6

R/R = 20/m

SpO2 = 100/m

efo Severe Back Pain

efo Severe Neck Pain

efo Unable to move Spine

Ad

Nasyan

Shradhan

Umara Basha

Kath Basha

efo Pain control

efo Neurological

efo Spinal cord

subject



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UHID. 1654/20 OPD. IPD. Bed No. 05

PH NO. 7428177717, 9313776463

PROGRESS NOTES

11/11/20
10 AM

C/S / B B vikas

Discharge to care

(Pm 10/2)

Bipindoo
Alpash
Alpash

AE

- NABA-1AM
- SHRODHKA
- greeva Bashi
- KATI BASHI

Chubla
C/S
PAS
13

• Ras pak len 200 B3

• Ras Mele 200 B3

• Ras Shobh 200 B3

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RECEIPT BOOK
SANDHYASHI HOSPITAL
(A Unit Of SANDHYA MEDICITY INDIA PVT. LTD)

B-48, SECTOR-5, BAWANA INDUSTRIAL AREA, DELHI-110039
Authority Ph. No. : 7428177717, 9212735382

Name Karoon Bix S. No 1801
Age 54 yrs Sex M Date

4	12	20
---	----	----

Address H.No-244 New M.C.D School Wate
Gali Lamber Pura Outubgach
Amount

25000

 In words.....
Validto.....
Purpose Punchkason Treatment Rita
Authorised Signature

Collected By

RECEIPT BOOK
SANDHYASHI HOSPITAL

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B-48, SECTOR-5, BAWANA INDUSTRIAL AREA, DELHI-110039

Authority Ph. No. : 7428177717, 9212735382

Name Karan Bir

S. No 2102

Age 54 Sex m

Date

11	12	20
----	----	----

Address H. No 244 New M.C.D. School wali wali

Lamba Rana Outubgarden

Amount

₹ 500

 In words forty five thousand

hundred

Valid to

Purpose

Authorised Signature



Collected By

HOSPITAL BILL

M. : 7428177717
9212735382

SANDHYASHI HOPITAL

B-48, Sector-5, Bawana Industrial Area, Dehi-110039

Serial No. **449** Uhid No. **1654/20**
 Date **11/12/20**
 Name **Rajam Bis** W/o, S/o, D/o **Bhim Singh** Age **54** Sex **M**
 Address **Flax No 244, Near M.C.D School Loalgali, Lamba Pare City**
 Date of Admission **4/12/20** **10AM** Date of Discharge **11/12/20** **5PM**
 Cont. No. Disease **Acute Lumbago Cervical spondylosis**

1.	O.T. Charges		3000
2.	Room Rent 2000x7		14,000
3.	Bed Charges		7000
4.	Doctor fees 500x2x7		4200
5.	Nursing Charges 300x2x7		
6.	Miscellaneous		10,500
7.	Lab Charge	NABAIAM 1500x7	10500
8.	Consumable charge	QALBEVA BASTI 1500x7	10500
9.	Procedure charge	KATI BASTI 1500x7	12600
10.	Medicine	SHIRODHARA 1800x7	400
		Zes paracet 200	400
		Zes shot in	400
		Zes Nole	

Seventy thousand and five hundred only TOTAL **70500**

Terms & Conditions :-
NOT VALID FOR MEDICO LEGAL PURPOSE

For SANDHYASHI HOPITAL


Signature



SANDHYA MEDICITY PVT. LTD.

GROUP OF AYURVEDIC PANCHKARMA & KSHARSUTRA CENTER'S

Pranacharya, Ayurved Shiromani
DR. YUVRAJ KUMAR TYAGI
 B.A.M.S., P.G.S., F.I.S.M., F.I.C.A. (U.S.A.)
 Senior consultant of Ayurveda
 Executive Member - C.C.I.M (2007-2012)
 Ministry of Health & F.W. (Govt. of India)
 Life Time Achievement Award

DR. VIKAS GUPTA
 B.A.M.S., M.D. (AM0 MBA (HCS) D.I.P., C.K.S.V.)
 Senior Anorectal Surgeon & Marma Specialist
 Jewel of Ayurveda I.M.A. (Ayus) Award
 M. : 7428177717

DR. RAJNI GUPTA
 (B.A.M.S., C.G.O., D.I.P., C.K.S.V.)
 Senior Panchkarma Specialist
 Dr. A.P.J. Abdul kalam Award
 M. : 9212735382

TREATMENTS :

ANORECTAL CARE

- Piles
- Fisser
- Fistula
- Ksharsutra Surgeries

GYNAE

- Infertility
- P.C.O.D.
- Fibroid Uterus
- Pre & Post Delivery Care

ORTHO CARE

- Joint Pain
- Cervical
- Low Back Acne
- Neurotherapy

PANCH KARMA

- Purification
- Rejuination
- Shirodhara
- Nasya
- Vaman
- Virachan
- Basti

GESTOCARE

- Acidity
- Castipation
- I.B.S.

SPECIAL TREATMENT

- NAVEL SEATING
- NEURO THERAPY
- SKIN
- HAIR FALL

FACILITY :

- Steamer, Nebulizer
- Panchkarma Room
- Operation Theater
- Beds for Admission
- Ambulance
- Ayurvedic Treatment
- Emergency Care

NAME : KARAM BIR

AGE 54y SEX M

W/o, D/o S/o :

DATE : 24/12/20

TIME :

Diagnosis

C/o Severe Back pain

अष्टविध परिक्षा

C/o Severe Neck pain

स्पर्श (Touch)

C/o Unable to move and Stand

शब्द (Voice)

C/o Insomnia

Face

• NASAYAM

Eye

SLR (R) 600

Jiwha

• GREENA BASTI

(L) 400

Urine

• KATJ BASTI

Kastho (Stool)

• SHIRODHARA

Nadi (वात, पित्त, कफ)

• Tab Pain Cure 2x/30

• Tab Neuro Cure 2x/30

• Tab Shotha neu 2x/30

NO H/O DM/HW/CA

Ayus Admission

Agni :

B.P. : 120/100

Wt. :

DR. VIKAS GUPTA
 BAMS, PGDIP, C.S.V. MBA, HCS
 DBCP/A/8107 Vikas
 SANDHYASHI NEURO PANCHKARMA
 BF-1, Shalimar Bagh, Delhi-110088

Not Valid For Medico Legal Case

Sandhyashi Neuro Panchkarma Centre : BF-1, Near Canara Bank, Shalimar Bagh, Delhi-110088

Sandhyashi Hospital : B-48-49, Sector-5, Bawana Industrial Area, Delhi-110039

Sandhya Health Care Centre : 229A/2, Ambedkar Colony, Haiderpur, Delhi-110088

Sandhya Hot Spring Health Care : Tattapani (H.P.)

Jani Devi Jhawar Panchkarma, Naturopathay & Yoga Hospital

Village Manaklanv-Mathaniya Road, Jodhpur, Rajasthan

SANDHYASHI HOSPITAL

(A UNIT OF SANDHYA MEDICITY INDIA PVT.LTD)

B-48, Sector-5, Bawana Industrial Area Delhi-110039

Patient Name : KARAN BIR Gender M/F.

DoA: 4/12/20

UHID No.:

1654/20

DATE	WEIGHT	TEMPERATURE	BLOOD PRESSURE	PULSE	RESPIRATION Rate	PAIN	SING
4/12/20	70kg	98:1	120/90	90/M	20/M	10/10	Ps
✓	✓	98:2	120/90	90/M	20/M	10/9	Rkm
✓	✓	98:1	120/90	90/M	20/M	10/9	mpket
5/12/20	✓	98:3	120/90	90/M	20/M	10/8	Ps
✓	✓	98:7	120/80	90/M	20/M	10/8	Rkm
✓	✓	98:1	120/90	80/M	20/M	10/7	mpket
6/12/20	✓	98:1	120/90	80/M	20/M	10/7	Ps
✓	✓	98:2	120/90	90/M	20/M	10/6	Rkm
✓	✓	98:2	120/90	90/M	18/M	10/6	mpket
7/12/20	✓	97:7	120/90	90/M	18/M	10/6	Ps
✓	✓	98:1	120/90	90/M	20/M	10/5	Rkm
✓	✓	98:1	120/80	90/M	20/M	10/5	mpket
8/12/20	✓	98:1	120/80	90/M	20/M	10/4	Ps
✓	✓	98:2	120/90	90/M	20/M	10/4	Rkm
✓	✓	98:3	120/90	90/M	20/M	10/5	mpket
9/12/20	✓	98:4	120/80	90/M	20/M	10/3	Ps
✓	✓	98:5	120/90	90/M	20/M	10/3	Rkm

SANDHYASHI HOSPITAL
 B-48-49, Sector-5,
 Bawana Industrial Area, Delhi-39
 Ph. 7428177717



SANDHYASHI HOSPITAL

(A Unit of Sandhya Health Care)

B-48,49 Sector-05, Bawana Industrial Area Delhi-110039

UHID. 1654/20 IPD. Bed No. 05 DATE. 11/12/20

P.H. NO.

DISCHARGE FILE

PATIENT'S NAME (रोगी का नाम) IRAM BIR Age (उम्र) 54 Sex (लिंग) Male

W/o, S/o, D/o (पिता/पति का नाम) B.H.M. Singh

Address (पता) House No-244, Near M.C.D. School Locali Gali, Lamba par outagum

Date of Admission (भर्ती की तारीख) 4/12/20 Date of Discharge (छुटी की तारीख) 11/12/20

Time of Admission (भर्ती की समय) 10 AM Time of Discharge (छुटी की समय) 5 PM

Chief Consultant (मुख्य चिकित्सक) DR. VIKAS GUPTA (M.S.)

DIAGNOSIS - Avertebrageno C (cervical spondylosis)

CHIEF COMPLAINT AND HISTORY (मुख्य तकलीफ एव उसका वृत्तान्त)

Past Medical History (पुराना चिकित्सक वृत्तान्त)

Family History (कुटुंब वृत्तान्त)

Pain Scale - (10/9)

VITAPARAMETERS

B.P 140/90

PIR 90/6

SUGAR 116/4

WEIGHT 96kg

HEIGHT 5-11 ft

MENSTRUAL HISTORY

Astha Sthana

NADI वृद्धिमान

MALA Normal

MUTRA Normal

JIWHA Coated

SHABDA Clear

SPARSHA Warm

AKRUTI Normal

DRIKA Normal

Dash vidha Pariksha

1) Prakruti वृद्धिमान

2) Vikruti NO

3) Sara Normal

4) Samhana Normal

5) Pramana Normal

6) Satmya Normal

7) Satva 3/4

8) Agni 3/4

9) Vaya NO

10) Vyayam Shakti 3/4

INVESTIGATION

Named

DIAGNOSIS AND TREATMENT SUMMARY (रोग विकित्सक वृत्तांत)

Δ Acute lumbago (Central Spondylosis)

- NASTAM
- GRESWA BASTI
- KATH BASTI
- SHIRODIPTRA

DIET ADVICE ON DISCHARGE (आहार निर्देश) Early Digestible Fcs

Follow Up (दोबारा कब आना है) After 7 days

1. WHEN TO OBTAIN EMERGENCY CALL 9428173317

(अपातकलीन समस्या में सम्पर्क)

- A pair
- B pair
- C pair

2. Medicine After Diseases (औषधि छुट्टी के बाद)

Teas pahar 200 BD
Teas Shol 100 BD
Tea Na 100 BD

Dr. VIJAS GUPTA 7428177717
B.A.M.S., M.D. (HCS)
D.I.P.
DEC
Med
S-48-49, Satna
Name: Runkas
Sign: [Signature]
Date: 11/12/20
Sawana Endl. Area



Star Health and Allied Insurance Company Limited

Customer Identity Card

Name: KARAM BIR
Customer ID No.: 5295995-1
Date of Birth: 7-Jul-61
Sex: M Age: 54
Valid From: 6-May-16
Office Code: 161111 / SH35145 / BA0000246126
Policy No.: P/161111/01/2017/002433



01

SANDHYASHI HOSPITAL
B-48-19, Sector-5,
Bawana Industrial Area, Delhi-39
Ph. 7428177717



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O भीम सिंह, हाउस न० - २४४
ए, एम सी डी स्कूल वाली गली, लाम्बा
पाना, कुतब गढ़, कुतब गढ़, नोर्थ वेस्ट
दिल्ली, दिल्ली, 110039

Address: S/O Bhim Singh,
HOUSE NO - 244 A, NEAR MCD
SCHOOL WALI GALI, LAMBA
PANA, Qutab Garh, Qutabagarh,
North West Delhi, Delhi, 110039



1947
1800 180 1947

हेल्पलाइन

www.uidai.gov.in

P.O. Box No.1947,
Bengaluru-560 001

SANDHYASHI HOSPITAL
B-137/3 Sector-5,
Bawana Industrial Area, Delhi-39
Ph. 7-23-77717



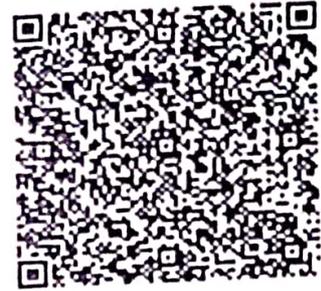
भारत सरकार
GOVERNMENT OF INDIA



करम बीर
Karam Bir

जन्म वर्ष / Year of Birth : 1961

पुरुष / Male



2593 6748 2366

आधार — आम आदमी का अधिकार

SANDHYASHI HOSPITAL
B-48-49, Sector-5,
Bawana Industrial Area, Delhi-39
Ph. 742817717

9/23/2020

Acknowledgement Letter

Acknowledgement Letter

NABH/AH-2018-0141/L-01

28/08/2018

Vikas Gupta
SANDHYASHI HOSPITAL
B 48 SECTOR 5 BAWANA INDUSTRIAL AREA
DELHI ,BAWANA
Delhi 110039
India
vikasgupta.1466@rediffmail.com
Tel: 01127791382,01127791382,
Mob: 7428177717,9212735382,

Sub.: Your application for HCO accreditation.

Dear VIKAS GUPTA,

This has reference to your application which has been received along with application fee Rs 23600/- dated 20/08/2018 for the same.

Your organization has been allotted the following reference number. You are requested to make all correspondence in future using this reference number.

Reference Number: AH-2018-0141

For updates, Please see the remarks in the section of "View Application Form"

Please put your queries and remarks under remark option after logging into your account. No communication related to the accreditation/certification process of your healthcare organization will be entertained on emails or on phone.

This is an automated message. Please do not reply directly to this email. Emails to this id are not monitored. If you have any concern/issue, please contact NABH Secretariat staff/Program Officer.

Thanking You

Secretariat Member

ITPI Building, 5th Floor, 4 - A, Ring Road, I.P. Bawana Industrial Area, New Delhi - 110002
Tel.: +91 - 11 - 42 600 600,
Fax: 2332 3415
Email: helpdesk@nabh.co

SANDHYASHI HOSPITAL
B-48-49, Sector-5,
Bawana Industrial Area, Delhi-39
Ph. 7428177717

Dr. VIKAS GUPTA 7428177717
E.A.M.S, M.D. (MCh) MBA (HCS)
D.L.P., C.K.A.
DRCP/A/CID.
Medical Superintendent
SANDHYASHI HOSPITAL
B-48-49, Sector-5, Bawana Industrial Area



Department of Labour

Government of National Capital
Territory of Delhi

5- Shannath Marg, Delhi-110054



Form C

Registration Certificate of Establishment

Certificate No. :2019088084

Date :7/9/2019

Name of the establishment :

Sandhyashi Hospital

Name of the Occupier/Employer :

Vikas Gupta S/o Sat Narain
Gupta

Postal address of the
establishment :

B 48 Sector 5 Bawana Industrial
Area
Delhi Delhi 110039

Registration No. :

2019088084

Category of Establishment :

Commercial Establishment

Nature Of Business :

Medical, Diagnostic & Hospital
Supplies

It is hereby certified that the establishment as mentioned herein has been registered as a Commercial Establishment under Delhi Shops & Establishment Act, 1954, on this 7 day of September ,2019.

Disclaimer

- The Certificate is based on the information provided by the Occupier/ Employer and has not been verified.

NOTE:

1. The Occupier/Employer is required to notify the Chief Inspector of any change in respect of information contained in the form.
2. This is computer generated certificate and does not require signature.

SANDHYASHI HOSPITAL
B-48-49, Sector-5,
Bawana Industrial Area, Delhi-39
Ph. 742817717



ROHINI
BUREAU OF INSURANCE INFORMATION

रोहिणी
(for those who are in a bind)



Home (1) About (2) FAQs (3)
(/about_us) (/FAQs) (/co

Logged in as: Sandhyashi hospital

Change Password (/ho

[Profile \(/HosDetails/profile\)](#)

[Facilities \(/HosDetails/facility\)](#)

[Doctors \(/HosDetails/doctor\)](#)

[Empanelment \(/HosDetails/empanelment\)](#)

[Hospital Contacts \(/HosDetails/contacts\)](#)

[Accreditation & Certification \(/HosDetails/certification\)](#)

[Awards/Accolades \(/HosDetails/awards\)](#)

Profile

Name of the Hospital/Facility

Sandhyashi hospital

Hospital Unique ID

8900080447080

Address

B 48 sector 5 bawana industrial area delhi , Shalimar Bagh (North West Delh , Delhi , Delhi , 110088

Address Coordinates

Latitude:

Longitude:

Precise Coordinates

Latitude:

Longitude:

Telephone No.

40189634

Mobile No.

7428177717

Email Address

vikaagupta.1466@rediffmail.com

Website Link

www.sandhyamedicityindia.com

PAN No.

AJNPG3889M

Hospital Reg. No.

2019088088

Date of Registration

09-Jul-2019

Registration Expired on

14-Jul-2023

Next Renewal Date

15-Jul-2023

Hospital / Facility Reg. Certificate

[View Document \(/hihr_hos_files/Delhi/110088028_Reg_Certificate_hospital Registration.Pdf\)](#)

Address Proof (Electricity/Telephone Bill)

[View Document \(/hihr_hos_files/Delhi/110088028_Address_Proof_bill.jpeg\)](#)

Edt

SANDHYASHI HOSPITAL
B-48 Sector-5,
Bawana Industrial Area, Delhi-39
Ph. 7428177717



Registration No. DBCP / A / 8107

S. No. 015347

DELHI BHARATIYA CHIKITSA PARISHAD



Certificate of Registration

This is to certify that the withsigned

Holder's Signature



Doctor Shri/Shrimati/Kumari VIKAS GUPTA

Son/Daughter of Sh. SAT NARAIN GUPTA

born on 30-11-1983

passing the qualification of B. A. M. S. (AYURVEDACHARYA) 2005

from S. K. B. S. AYURVEDIC MEDICAL COLLEGE

R. G. U. H. S. BANGLORE

College affiliated to

Board/Examining body/

University has been duly registered under the Delhi Bharatiya Chikitsa Parishad Act, 1998 in part A of the Register.

In witness where of are herewith affixed the seal of the Delhi Bharatiya Chikitsa Parishad, Delhi and the signature of the Registrar subject to the provisions of the said Act.

This certificate is valid upto a period of 5 years, i.e. 28-05-2024

SANDHYASHI HOSPITAL
B-48-49, Sector-5,
Bawana Industrial Area, Delhi-39
Ph. 7428177717

Dated 29-08-2019

Place DELHI

SEAL

Yogita Munjal
Registrar

The information regarding change of address is essential otherwise action shall be taken under provisions of the Rules/Act.

9/28/2020

Welcome to Rediffmail: Inbox

rediffmail

Mailbox of vikasgupta.1466

Subject: Re: ROHINI Request Approve Success

From: Vikas<vikasgupta.1466@rediffmail.com> on Thu, 24 Sep 2020 14:31:50

To: <rohini@lib.gov.in>

Hello Can You Send me Rohini Registration PDF File with Rohini ID No Thanks

From: rohini@lib.gov.in
Sent: Wed, 15 Jul 2020 14:52:07
To: vikasgupta.1466@rediffmail.com
Subject: ROHINI Request Approve Success

Dear Sandhyashi hospital,

Greeting from ROHINI (Registry of Hospitals in Network of Insurance)!

We are happy to inform you that you have been registered with ROHINI.

ROHINI ID : 8900080447080

User Id : vikasgupta.1466@rediffmail.com

Password : 89b1h76RWJ

Your registration is valid for the period 15/07/2020 to 14/07/2023

For security reasons, please ensure that the password provided above is changed after your first login. The changed password will be applicable to your subsequent logins.

Please click on the below link to login to Account:

<https://rohini.lib.gov.in>

In case you have any queries, write to us at (www.rediffmail.com/cgi-bin/ired.cgi?red=javascript%3Aavoid%280%29%3B&istimage=0&Blockimage=0&rediffng=0&rcgje=bfdf872946f7b5p4e84Stf25df71Gdc26c1or&rdt=VnVWPVc7XjpUelZIASaRdQUiXzoNeFJmVjcbYFc3) on-click="top.ajaxMail.ext.switchTo('@Compose','mode=mail_to_individual&email=rohini@lib.gov.in');" target='_blank' rel=external>rohini@lib.gov.in)

Yours truly,

ROHINI

(Registry of Hospitals in Network of Insurance)

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Dr. VIKAS GUPTA 7103177717
B.A.H.S, M.D. (C) M.B.B.S
D.I.P., C.K.S.V.
DBC/P/8107

Medical Superintendent

SANDHYASHI HOSPITAL

L-40-43, Sector-5, Bawana

SANDHYASHI HOSPITAL
L-40-43, Sector-5,
Bawana Industrial Area, Delhi-39
Ph. 7103177717

ಕ್ರ.ನಂ. 050557



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ
ಕರ್ನಾಟಕ



RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
KARNATAKA

ಡಾ|| ವಿಕಾಸ್ ಗುಪ್ತಾ

ಈವರು, ಪದವಿಗೆ ಯುಕ್ತ ಯೋಗ್ಯವಾದ ಅಭ್ಯರ್ಥಿಗಳನ್ನು

ಆಗಸ್ಟ್ 2007 ರ ಪರೀಕ್ಷೆಯಲ್ಲಿ ಪೂರೈಸಿದವರಿಂದ ದೃಢೀಕರಿಸಿತ್ತು

ಅಯುರ್ವೇದಾಚಾರ್ಯ (ಬ್ಯಾಚುಲರ್ ಆಫ್ ಅಯುರ್ವೇದಿಕ್ ಮೆಡಿಸಿನ್ ಅಂಡ್ ಸರ್ಜರಿ)

ವಿದ್ಯೆಯನ್ನು ಪೂರೈಸಿತು. ಫುಲರ್‌ಲಾಡಿವೆ. ಕುಲಸಚಿ ಹಾಗೂ ಸೆನೇಟ್ ಮೆಂಬರ್‌ಸಿಂಧಿಕೆಟ್ ಸದಸ್ಯರುಗಳಿಂದ

ಏಪ್ರಿಲ್ 2007 ರಂದು ನಡೆದ 01 ನೇ ಘಟಕೋತ್ಸವದಲ್ಲಿ

ವಿಶ್ವವಿದ್ಯಾಲಯದ ಅಧಿಕಾರ ಮುದ್ರೆಯೊಡನೆ ಪ್ರದಾನ ಮಾಡಿದ್ದೇವೆ.

We, the Chancellor, the Pro-Chancellor, the Vice-Chancellor and the members of the Senate and the Syndicate Confer

AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)

on

Dr. VIKAS GUPTA

in recognition of fulfillment of the requirements for the said

Degree in the examination held during AUGUST 2007

Given under the seal of the University. in the

11th Convocation held on

26th March 2008

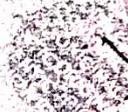


Dr Vikas Gupta
B.K.A.M.C
Reg No. 02A0248

Reg. No. : 02A0248

College : SRI KARNOTRAVESHWARA SWAMY INSTITUTE OF AYURVEDIC MEDICAL, BANGALORE

Vikas Gupta
Vice-Chancellor



Bangalore

26/03/2009

VIKAS SANDHYASHI HOSPITAL
B-49/148 Sector-5,
Bajaj Industrial Area, Delhi-39
Ph. 742817717



S. Gupta

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17/09/14 156470



पंजाब नैशनल बैंक
punjabnational bank

कुतुबगढ़, दिल्ली
Qutabgarh, DELHI - 110039
RTGS/NEFT IFS Code : PUNB0295800

सभी शाखाओं पर देय PAYABLE AT ALL BRANCHES

DDMMYYYY

PAY

या धारक को OR BEARER

रुपये RUPEES

अदा करें ₹

खाता सं०
A/c. No. 2958000100029398

बचत खाता
SAVINGS A/c

FQU

KARAMBIR S/O BHIM SINGH
Please sign above

केवल तीन माह के लिये वैध VALID FOR THREE MONTHS ONLY

156470 1100240971 31



DECLARATION BY THE INSURED:

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, 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.

SECTION H

Date: 19 12 20

Place: DELHI

Signature of the Insured

(Handwritten Signature)

GUIDANCE FOR FILLING CLAIM FORM - PART A (To be filled in by the Insured)		
DATA ELEMENT	DESCRIPTION	FORMAT
SECTION A - DETAILS OF PRIMARY INSURED		
a) Policy No.	Enter the policy number	As allotted by the insurance company
b) Sl. No/ Certificate No.	Enter the social insurance number or the certificate number of social health insurance scheme	As allotted by the organization
c) Company TPA ID No.	Enter the TPA ID No	License number as allotted by IRDA and printed in TPA documents.
d) Name	Enter the full name of the policyholder	Surname, First name, Middle name
e) Address	Enter the full postal address	Include Street, City and Pin Code
SECTION B - DETAILS OF INSURANCE HISTORY		
a) Currently covered by any other Medclaim / Health Insurance?	Indicate whether currently covered by another Medclaim / Health Insurance	Tick Yes or No
b) Date of Commencement of first Insurance without break	Enter the date of commencement of first insurance	Use dd-mm-yy format
c) Company Name	Enter the full name of the insurance company	Name of the organization in full
Policy No.	Enter the policy number	As allotted by the insurance company
Sum Insured	Enter the total sum insured as per the policy	In rupees
d) Have you been Hospitalized in the last 4 years	Indicate whether hospitalized in the last 4 years	Tick Yes or No
Date	Enter the date of hospitalization	Use mm-yy format
Diagnosis	Enter the diagnosis details	Open Text
e) Previously Covered by any other Medclaim/ Health Insurance?	Indicate whether previously covered by another Medclaim / Health Insurance	Tick Yes or No
f) Company Name	Enter the full name of the insurance company	Name of the organization in full
SECTION C - DETAILS OF INSURED PERSON HOSPITALIZED		
a) Name	Enter the full name of the patient	Surname, First name, Middle name
b) Gender	Indicate Gender of the patient	Tick Male or Female
c) Age	Enter age of the patient	Number of years and months
d) Date of Birth	Enter Date of Birth of patient	Use dd-mm-yy format
e) Relationship to primary Insured	Indicate relationship of patient with policyholder	Tick the right option. If others, please specify.
f) Occupation	Indicate occupation of patient	Tick the right option. If others, please specify.
g) Address	Enter the full postal address	Include Street, City and Pin Code
h) Phone No	Enter the phone number of patient	Include STD code with telephone number
i) E-mail ID	Enter e-mail address of patient	Complete e-mail address
SECTION D - DETAILS OF HOSPITALIZATION		
a) Name of Hospital where admitted	Enter the name of hospital	Name of hospital in full
b) Room category occupied	Indicate the room category occupied	Tick the right option
c) Hospitalization due to	Indicate reason of hospitalization	Tick the right option
d) Date of Injury/Date Disease first detected/ Date of Delivery	Enter the relevant date	Use dd-mm-yy format
e) Date of admission	Enter date of admission	Use dd-mm-yy format
f) Time	Enter time of admission	Use hh:mm format
g) Date of discharge	Enter date of discharge	Use dd-mm-yy format
h) Time	Enter time of discharge	Use hh:mm format
i) If Injury give cause	Indicate cause of injury	Tick the right option
If Medico legal	Indicate whether injury is medico legal	Tick Yes or No
Reported to Police	Indicate whether police report was filed	Tick Yes or No
MLC Report & Police FIR attached	Indicate whether MLC report and Police FIR attached	Tick Yes or No
j) System of Medicine	Enter the system of medicine followed in treating the patient	Open Text
SECTION E - DETAILS OF CLAIM		
a) Details of Treatment Expenses	Enter the amount claimed as treatment expenses	In rupees (Do not enter paise values)
b) Claim for Domiciliary Hospitalization	Indicate whether claim is for domiciliary hospitalization	Tick Yes or No
c) Details of Lump sum/ cash benefit claimed	Enter the amount claimed as lump sum/ cash benefit	In rupees (Do not enter paise values)
d) Claim Documents Submitted-Check List	Indicate which supporting documents are submitted	Tick the right option
SECTION F - DETAILS OF BILLS ENCLOSED		
Indicate which bills are enclosed with the amounts in rupees		
SECTION G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT		
a) PAN	Enter the permanent account number	As allotted by the Income Tax department
b) Account Number	Enter the bank account number	As allotted by the bank
c) Bank Name and Branch	Enter the bank name along with the branch	Name of the Bank in full
	Enter the name of the beneficiary the cheque/ DD should be	



Star Health and Allied Insurance Co. Ltd.

IRDA Regn.No.129

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Mungambakkam, Chennai - 600034.
Phone: 044 - 28288800 Telefax: 044 - 28260062 Website: www.starhealth.in

CORPORATE CLAIMS DEPARTMENT: # No 15, 1st & 2nd Floor, Sri Balaji Complex Whites Lane, Whites Road, Royapettah Chennai - 600014. Phone 044 2888 6475.

CLAIM No : _____

PATIENT ADMISSION NO / IP NO / MRD NO: 1654/20

To: (Name of the Hospital & Address)

SANOHASHI Hospital
Bux, Sector 5 Okhla Industrial Area
DELHI - 110031

Dear Sirs,

Re: AUTHORISATION TO STAR HEALTH AND ALLIED INSURANCE CO. LTD.,

I have undergone treatment for Acute Lumbago - Acute Cervical Artery
from 4/12/20 to 11/12/20 in your Hospital.

I hereby authorize M/s. Star Health and Allied Insurance Company Ltd. and its representatives, who is my Health Insurer to seek any medical information/records from you or from the Medical Practitioners who have attended on me in connection with the above ailment and the treatment given. In case they seek any such information/records/indoor case papers, kindly oblige.

Thanking you,

Yours faithfully,

[Signature]

(Signature of the Claimant)

Address of the Insured:

DATE: 19/12/20
DELHI
PLACE: DELHI



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034.
15, Balaji Complex, Whites Lane, 1st Floor, Royapettah, Chennai - 600 014.
Ph: 044 2888 6495

CIN: U65010TN2005PLC056849 Email: support@starhealth.in Website: www.starhealth.in IRDAI Regn. No: 120

CLAIM FORM - PART - B

TO BE FILLED IN BY THE HOSPITAL

The issue of this Form is not to be taken as an admission of liability. Please include the original preauthorization request form in lieu of PART A (To be filled in block letters)

DETAILS OF HOSPITAL

a) Name of the hospital: SANDHASHI Hospital

b) Hospital ID: _____ Star's Hospital ID: _____ c) Type of Hospital: Network Non Network (If non network fill section E)

d) Name of the treating doctor: DR VIKAS Gupta e) Qualification: BAMS

f) Registration No. with State Code: DBLP/1A/1107 g) Phone No. 7428173712 h) Email ID: VIRASGupta.1466
(C) Rediffmail.com

DETAILS OF THE PATIENT ADMITTED

a) Name of the Patient: KARAM BIR

b) IP Registration Number: 1654/20 c) Gender: Male Female d) Age: Years 54 Months 0 e) Date of birth: _____/_____/_____
f) Date of Admission: 4/12/20 g) Time: 10 AM h) Date of Discharge: 11/12/20 i) Time: 5 PM

j) Type of Admission: Emergency Planned Day Care Maternity k) If Maternity: _____ l) Date of Delivery: _____ m) Gravidity Status: _____

l) Status at time of discharge: Discharge to home Discharge to another hospital Deceased

DETAILS OF AILMENT DIAGNOSED (PRIMARY)

a)	ICD 10 Codes	Description	b)	ICD 10 PCS	Description
i. Primary Diagnosis:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Atrial fibrillation</u>	i. Procedure 1:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
ii. Additional Diagnosis:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>ECG abnormality</u>	ii. Procedure 2:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
iii. Co-morbidities:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		iii. Procedure 3:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
iv. Co-morbidities:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		iv. Details of Procedure:		
v. Duration of illness:					
vi. Past Medical History:					

c) Present ailment is a complication of PED? Yes No (If Yes, specify details) _____

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

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

g) Hospitalization due to Injury: Yes No i. If Yes, give cause: Self-inflicted Road Traffic Accident Substance abuse / alcohol consumption

ii. If Injury due to Substance abuse / alcohol consumption, Test Conducted to establish this: Yes No (If Yes, attach reports) iii. If Medico legal: Yes No iv. Reported to Police: Yes No

v. FIR no: _____ vi. If not reported to police give reason: _____

CLAIM DOCUMENTS SUBMITTED - CHECK LIST

<input checked="" type="checkbox"/> Claim Form duly signed	<input type="checkbox"/> Investigation reports
<input checked="" type="checkbox"/> Original Pre-authorization request	<input type="checkbox"/> CT/MRI/USG/HPE investigation reports
<input checked="" type="checkbox"/> Copy of the Pre-authorization approval letter	<input type="checkbox"/> Doctor's reference slip for investigation
<input checked="" type="checkbox"/> Copy of photo ID card of patient verified by hospital	<input type="checkbox"/> ECG
<input checked="" type="checkbox"/> Hospital Discharge summary	<input type="checkbox"/> Pharmacy bills
<input type="checkbox"/> Operation Theatre notes	<input type="checkbox"/> MLC report & Police FIR
<input type="checkbox"/> Hospital main bill	<input type="checkbox"/> Original death summary from hospital where applicable
<input type="checkbox"/> Hospital break-up bill	<input type="checkbox"/> Any other, please specify

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

a) Address of the Hospital: SANDHASHI Hospital
B48, Sector 5 Rawana Industrial Area Delhi

City: DELHI State: DELHI

Pin Code: 110039 b) Phone No. 7428173712 c) Registration No. 1654/20
Pohim 890080447080

d) PAN: AJNPQ3889M e) Number of Inpatient beds 15 f) Facilities available in the hospital: I OT: Yes No ii ICU: Yes No

iii. Others: A-YURVEDA

DECLARATION BY THE HOSPITAL

We hereby declare that the information furnished in this Claim Form is true & correct to the best of our knowledge and belief. If we have made any false or untrue statement, suppression or concealment of any material fact, our right to claim under this claim shall be forfeited. The signature of the insured is taken on this form after Claim Form B is fully filled up by us.

Date: 11/12/20

Vikas

SECTION A
SECTION B
SECTION C
SECTION D
SECTION E
SECTION F

Not to be Faxed / Scanned



GUIDANCE FOR FILLING CLAIM FORM - PART B (To be filled in by the hospital)

DATA ELEMENT	DESCRIPTION	FORMAT
SECTION A - DETAILS OF HOSPITAL		
a) Name of Hospital	Enter the name of hospital	Name of hospital in full
b) Hospital ID	Enter ID number of hospital	As allocated by the TPA
c) Type of Hospital	Indicate whether In network or non network hospital	Tick the right option
d) Name of treating doctor	Enter the name of the treating doctor	Name of doctor in full
e) Qualification	Enter the qualifications of the treating doctor	Abbreviations of educational qualifications
f) Registration No. with State Code	Enter the registration number of the doctor along with the state code	As allocated by the Medical Council of India
g) Phone No.	Enter the phone number of doctor	Include STD code with telephone number
SECTION B - DETAILS OF THE PATIENT ADMITTED		
a) Name of Patient	Enter the name of hospital	Name of hospital in full
b) IP Registration Number	Enter insurance provider registration number	As allotted by the insurance provider
c) Gender	Indicate Gender of the patient	Tick Male or Female
d) Age	Enter age of the patient	Number of years and months
e) Date of Admission	Enter date of admission	Use dd-mm-yy format
f) Time	Enter time of admission	Use hh:mm format
g) Date of Discharge	Enter date of discharge	Use dd-mm-yy format
h) Time	Enter time of discharge	Use hh:mm format
i) Type of Admission	Indicate type of admission of patient	Tick the right option
j) If Maternity		
Date of Delivery	Enter Date of Delivery if maternity	Use dd-mm-yy format
Gravida Status	Enter Gravida status if maternity	Use standard format
k) Status at time of discharge	Indicate status of patient at time of discharge	Tick the right option
SECTION C - DETAILS OF AILMENT DIAGNOSED (PRIMARY)		
a) ICD 10 Code		
Primary Diagnosis	Enter the ICD 10 Code and description of the primary diagnosis	Standard Format and Open text
Additional Diagnosis	Enter the ICD 10 Code and description of the additional diagnosis	Standard Format and Open text
Co-morbidities	Enter the ICD 10 Code and description of the co-morbidities	Standard Format and Open text
b) ICD 10 PCS		
Procedure 1	Enter the ICD 10 PCS and description of the first procedure	Standard Format and Open text
Procedure 2	Enter the ICD 10 PCS and description of the second procedure	Standard Format and Open text
Procedure 3	Enter the ICD 10 PCS and description of the third procedure	Standard Format and Open text
Details of Procedure	Enter the details of the procedure	Open text
c) Present Ailment is a Complication of PED	Indicate whether present ailment is a complication of some pre-existing disease	Tick Yes or No
d) Pre-authorization obtained	Indicate whether pre-authorization obtained	Tick Yes or No
e) Pre-authorization Number	Enter pre-authorization number	As allotted by TPA
f) If authorization by network hospital not obtained, give reason	Enter reason for not obtaining pre-authorization number	Open text
g) Hospitalization due to injury	Indicate if hospitalization is due to injury	Tick Yes or No
Cause	Indicate cause of injury	Tick the right option
If injury due to substance abuse/alcohol consumption, test conducted to establish this	Indicate whether test conducted	Tick Yes or No
Medico Legal	Indicate whether injury is medico legal	Tick Yes or No
Reported To Police	Indicate whether police report was filed	Tick Yes or No
FIR No.	Enter first information report number	As issued by police authorities
If not reported to police, give reason	Enter reason for not reporting to police	Open Text
SECTION D - CLAIM DOCUMENTS SUBMITTED-CHECK LIST		
Indicate which supporting documents are submitted		
SECTION E - DETAILS IN CASE OF NON NETWORK HOSPITAL		
a) Address	Enter the full postal address	Include Street, City and Pin Code
b) Phone No.	Enter the phone number of hospital	Include STD code with telephone number
c) Registration No.	Enter the registration number of patient	As allocated by the Hospital
d) PAN	Enter the permanent account number	As allotted by the Income Tax department
e) Number of Inpatient Beds	Enter the number of inpatient beds	Digits
f) Facilities available in the hospital	Indicate facilities available in the hospital	Tick the right option. If others, please specify
SECTION F - DECLARATION BY THE HOSPITAL		

CLAIM-MED/V2/2016-17

SECTION A SECTION B SECTION C SECTION D SECTION E SECTION F



Star Health and Allied Insurance Company Limited

STAR COMPREHENSIVE INSURANCE POLICY SCHEDULE (INDIVIDUAL) UNIQUE ID:SHAHLIP2077V041920

Policy No. : P/161111/01/2021/001545	Previous Policy No. : P/161111/01/2020/002194
Customer Code : AA0003509722	GSTIN : 07AAJCS4517L1Z0
Customer Name : Mr.KARAM BIR	SAC Code : 997133/Accident and Health Insurance Services
Proposer's Code : 5295995	Issuing Office Code : 161111
Proposer's Name : KARAM BIR	Issuing Office Name : Branch Office - East Delhi
Address : HOUSE NO. 244A NEAR MCD SCHOOL WALI GALI LAMBA PANA, QUTABGARH NORTH WEST DELHI. New Delhi, North West, Delhi-110039	Address : 209-210, Lakshmi Deep Building, DIST Centre, Lakshmi Nagar, Delhi - 110 092.
Phone No : /9212403637/	Phone No : 011-40455276,40454964,40454938
E-mail Id : rajeshlamba42@gmail.com	E-mail Id : eastdelhi@starhealth.in
Proposer GSTIN : -	Place of Supply : -
Proposal date : 06/05/2016	Fulfiller Code : SO161111
Date of Inception of first policy : 06/05/2016	Intermediary Code : OL0000000028 Name : M/S.M11 Insurance Agents Private Ltd Phone No : /09717489240 E-mail Id :
Renewal Year : Fourth Year	
Collection Number : 1106001425	
Receipt Date : 23/04/2020	
Premium :Rs 18,700/- CGST @9% : 1,683/- SGST / UTGST @9% : 1,683/- Stamp Duty :Rs 1/- Total Premium :Rs 22,066 /-	
Total Premium In Words : Rupees Twenty Two Thousand Sixty Six Only	
Period of Insurance : FROM 06/05/2020 00:00:00 TO : Midnight Of 05/05/2021	

Details of Insured Persons :

Sl. no.	Name of the Insured	Sex	Date of Birth	Age In Yrs	Relationship with Proposer	ID Card No	Co-Pay	Section 1		Section 10	Buy Back PED Opted	Inception Date
								Basic Sum Insured (Health) (Rs.)	Cumulative Bonus Rs	Capital Sum Insured (Rs.)		
1	KARAM BIR	M	07/07/1961	58	SELF	5295995-1	0	500000	500000	500000	No	06/05/2016

PED : Treatment of diseases related to CardioVascular System

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured

Entered by : PREMIA

For Star Health and Allied Insurance Company Ltd.

IRDAI Regn. No 129

Corporate Identity Number U66010TN2005PLC056649

Email ID : info@starhealth.in

R. Mohan

Authorised Signatory



Star Health and Allied Insurance Company Limited

Attached to and forming part of Policy No : P/161111/01/2021/001545

person given in the policy schedule are deemed to have been accepted by you.

Warranted that in case of dishonor of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

THE INSURANCE UNDER THIS POLICY IS SUBJECT TO CONDITIONS, CLAUSES, WARRANTIES, EXCLUSIONS ETC., ATTACHED.

IMPORTANT

IN THE EVENT OF HOSPITALIZATION OF INSURED PERSON, INTIMATION SHOULD BE GIVEN TO THE COMPANY IMMEDIATELY HOWEVER, WITHIN 24 HRS FROM THE TIME OF ADMISSION.

Sector Classification :

Urban

Toll Free No: 1800 425 2255/1800 102 4477 Email: support@starhealth.in, Fax No: 1800 425 5522

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee
1	Rajesh Lamba	Son	31	100			

In witness whereof the undersigned being authorised by and on behalf of the company has set his hand at Branch Office - East Delhi on 23rd Day of April 2020.

Entered by : PREMIA

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory



Star Health and Allied Insurance Company Limited

Hospitalisation Benefit Policy

Premium Certificate for the purpose of deduction under Section 80 D of Income Tax (Amendment) Act,1986

Policy No : P/161111/01/2021/001545
Issue Office : 161111 - Branch Office - East Delhi
Address : 209-210, Lakshmi Deep Building, DIST Centre,
Lakshmi Nagar, Delhi - 110 092.
Toll Free No : 011- 40455276,40454964,40454938
Email : eastdelhi@starhealth.in

Type Of Policy : Star Comprehensive Insurance Policy - Individual

This is to certify that KARAM BIR has paid Rs 22066 (Total Premium In Words : Indian Rupees Twenty-Two Thousand Sixty-Six Only) towards Premium for Hospitalization Insurance vide Policy No: P/161111/01/2021/001545 for the Period 06-MAY-20 To 05-MAY-21 issued on 23-APR-20 .

Payment received by Cheque/Credit/Debit Card vide collection No:1106001425

Note :- This Certificate must be surrendered to the Insurance Company for issuance of fresh Certificate in case of Cancellation of the Policy or any alteration in the Insurance affecting the Premium.

For and on behalf of
Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Entered by : PREMIA

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory



Star Health and Allied Insurance Company Limited

TAX Invoice



Invoice No. : 7A106Y21P0001390	Customer ID : AA0003509722
Invoice Date : 23/04/20	Policy No : P/161111/01/2021/001545
Recipient	Supplier
GSTIN : -	GSTIN : 07AAJCS4517L1Z0
Proposer's Name : KARAM BIR	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - East Delhi
Address : HOUSE NO. 244A NEAR MCD SCHOOL WALI GALI LAMBA PANA, QUTABGARH NORTH WEST DELHI.	Address : 209-210, Lakshmi Deep Building, DIST Centre, Lakshmi Nagar, Delhi - 110 092.
City : New Delhi, North West, Delhi-110039	City : EAST DELHI
State : Delhi	State : Delhi
Pincode : 110039	Pincode : 110 092
Client Category : IND	Place of Supply : 7 - Delhi

HSN / SAC Code	Description of Service(s)	Total	Discount	Taxable Value	IGST @ 18%	CGST @9%	UT/SGST@9%	CESS@1%	Total Invoice Value
		A	B	C = A - B	D = C * IGST	E = C * CGST	F = C * UT/SGST or SGST	G=C*Cess	H =C+D+E +F+G
997133	Insurance Services	18700	0	18700		1683	1683		Rs. 22066

Total Invoice Value (in Figures) : Rs. 22066
 Total Invoice Value (in Words) : Rupees: Twenty-two thousand sixty-six only
 Amount of Tax Subject to reverse Charge : No

Important Note:

The invoice is issued as per Section 31 of the CGST Act
 In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

E. & O.E

This is a digitally signed document and hence no physical signature is required
IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : PREMIA

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory