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APPLICATION FORM

APPLICATION NO-

DATE-

CARD TYPE- PLATINUM GOLD SILVER

❖ PERSONAL DETAILS (FORM TO BE FILLED IN BLOCK LETTERS)

PRIMARY MEMBER

FULL NAME -

ADDRESS –

D.O.B –

PHONE –

E-MAIL ID –

GENDER- MALE FEMALE OTHER

MARITAL STATUS – MARRIED UNMARRIED DIVORCED

AADHAR NO -

QUALIFICATION –

PAN NO -

NATIONALITY –

RELIGION –

NOMINEE - 1

FULL NAME -

ADDRESS –

D.O.B –

PHONE –

E-MAIL ID –

GENDER- MALE FEMALE OTHER

MARITAL STATUS – MARRIED UNMARRIED DIVORCED

AADHAR NO -

QUALIFICATION –

PAN NO -

NATIONALITY –

RELIGION –

CARD DETAILS:-

EMBOSSING NAME -

CHEQUE NO -

CARD TYPE –

BANK NAME -

CARD NO –

AMOUNT –

NOMINEE – 2

FULL NAME -

ADDRESS –

D.O.B –

PHONE –

E-MAIL ID –

GENDER- MALE FEMALE OTHERMARITAL STATUS – MARRIED UNMARRIED DIVORCED

AADHAR NO -

QUALIFICATION –

PAN NO -

NATIONALITY –

RELIGION –

CARD DETAILS:-

EMBOSSING NAME -

CHEQUE NO -

CARD TYPE –

BANK NAME -

CARD NO –

AMOUNT –

NOMINEE – 3

FULL NAME -

ADDRESS –

D.O.B –

PHONE –

E-MAIL ID –

GENDER- MALE FEMALE OTHERMARITAL STATUS – MARRIED UNMARRIED DIVORCED

AADHAR NO -

QUALIFICATION –

PAN NO -

NATIONALITY –

RELIGION –

CARD DETAILS:-

EMBOSSING NAME -

CHEQUE NO -

CARD TYPE –

BANK NAME -

CARD NO –

AMOUNT –

NOMINEE – 4

FULL NAME -

ADDRESS –

D.O.B –

PHONE –

E-MAIL ID –

GENDER- MALE FEMALE OTHERMARITAL STATUS – MARRIED UNMARRIED DIVORCED

AADHAR NO -

QUALIFICATION –

PAN NO -

NATIONALITY –

RELIGION –

CARD DETAILS:-

EMBOSSING NAME -

CHEQUE NO -

CARD TYPE –

BANK NAME -

CARD NO –

AMOUNT –

NOMINEE – 5

FULL NAME -

ADDRESS –

D.O.B –

PHONE –

E-MAIL ID –

GENDER- MALE FEMALE OTHERMARITAL STATUS – MARRIED UNMARRIED DIVORCED

AADHAR NO -

QUALIFICATION –

PAN NO -

NATIONALITY –

RELIGION –

CARD DETAILS:-

EMBOSSING NAME -

CHEQUE NO -

CARD TYPE –

BANK NAME -

CARD NO –

AMOUNT –

DATE-**PLACE-****SIGNATURE (FULL NAME)**APPROVED BY -CFOCEODIRECTORCMD**Terms & Conditions:**

The following exclusions have to be borne by the patient or customers.

- Ambulance charges
- Medicine charges, Dietary Supplements.
- All type of devices e.g- Pace maker, Stents,Implants,
- Robotic surgeries charges ,
- Rehabilitation, rest-cure, respite Care ,
- Obesity / Weight Control,
- Change of gender,
- Cosmetic or Plastic Surgery ,
- Injury due to hazardous or Adventure Sports ,
- Expenses incurred towards treatment in any other hospital or by medical practitioner other than Prashanti

Hospital.

- Treatment for Alcoholism, drug or Substance abuse or any addictive condition and consequences thereof
- Refractive error,
- Birth Control, Sterility and infertility e.g- IVF, ZIFT, GIFT, ICSI, Artificial Insemination. Gestational Surrogacy, Contraception,
- Hepatitis B, CKD, Liver Cirrhosis etc.
- Organ transplant,
- HIV & AIDS,
- Stem cell therapy, Immunotherapy,
- Oral Chemotherapy,
- Balloon Sinuplasty,
- Deep Brain stimulation,
- Stereotactic radiosurgery,
- Bronchial Thermoplastics,
- Intra Operative Neuro Monitoring etc.