

Reimbursement Application

Name of the benefit Mandatory Health Check-up

Application Number 84371220317

Submission Date 22/11/2023

Status Submitted

Personal Information

ECNO 84371

Name MR. SAINI KAMALESH KUMAR

Grade MM3

Job Function BRANCH HEAD

Account # 06170100007897

Location MALSISAR

CLAIMS NEED TO BE APPLIED WITHIN THE STIPULATED TIME AS PER THE GUIDELINES

Financial Year 2023

For Self

age 36

F.Y. 2023-2024

Date of Check-Up 24/11/2023

Availed:

Claim Type Cashless

Service Provider Mediwheel (Arcofemi Healthcare Limited)

Booking Reference Number 23D84371100076176E

Applicant's Comments

RAJASTHANI DIAGNOSTIC AND MEDICAL
RESEARCH CENTRE ADDRESS - SHOP NO.
B-110, SHUBASH MARG, INDIRA NAGAR,
MANDAWA MOD. JHUNJHUNU

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