

Health Check up Booking Request(bobS3619), Beneficiary Code-156416

1 message

Mediwheel <wellness@mediwheel.in>  
To: idc.allahabad.corporate@gmail.com  
Cc: customercare@mediwheel.in

Tue, Dec 26, 2023 at 5:54 PM



011-41195959

Dear Chandan Healthcare

We have received the following request for Health Check up from

**Name** : MR. ANILKUMAR  
**Package Name** : Mediwheel Full Body Health Checkup Female Below 40  
**Package Code** : PKG10000475  
**Location** : 55/23/1 Kamla Nehru Road, Old Katra  
**Contact Details** : 8957040867  
**E-mail id** :  
**Booking Date** : 26-12-2023  
**Appointment Date** : 30-12-2023

Member Information		
Booked Member Name	Age	Gender
SANTOSH DEVI	37 year	Female

Please login to your account to confirm the same. Also you mail us for confirmation

**Hospital Package Name** : Mediwheel Full Body Health Checkup Female Below 40

**User Package Name** : Mediwheel Full Body Health Checkup Female Below 40

**23 Tests included in this Package** :

- Pap Smear
- Stool Test
- Gynae Consultation
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

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Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	SANTOSH DEVI
DATE OF BIRTH	15-08-1986
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	14-10-2023
BOOKING REFERENCE NO.	23D152552100072122S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. ANILKUMAR
EMPLOYEE EC NO.	152552
EMPLOYEE DESIGNATION	SUBSTAFF
EMPLOYEE PLACE OF WORK	ALLAHABAD, BANSMANDI
EMPLOYEE BIRTHDATE	01-06-1965

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **12-10-2023** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

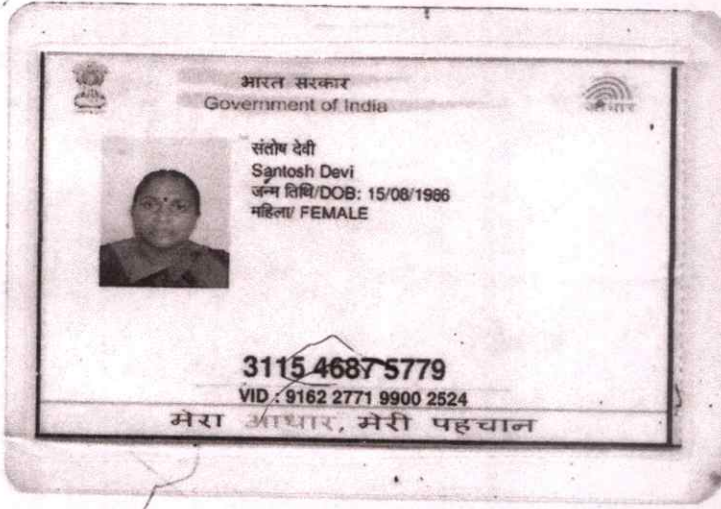
We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



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