



Reimbursement Application

Reimbursement Application

Name of the benefit Mandatory Health Check-up
Application Number 153926120940 Submission Date 12/12/2023
Status Submitted

Personal Information

ECNO 153926 Name MR. ADLAKHA NARESH
Grade JM1 Job Function CENTRALIZED TRANSACTION MONITO
Account # 76900400000284 Location NEW DELHI,RO NORTH DELHI

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

Financial Year 2023 For Self age 59
F.Y. 2023-2024
Claim Type Cashless Date of Check-Up 13/12/2023
Service Provider Mediwheel (Arcofemi Healthcare Limited)
Booking Reference Number 23D153926100078876E

Applicant's Comments

Entered by ID: NA153926

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