



sanjeet singh <idcallahabad.corporate@gmail.com>

**Fwd: Health Check up Booking Request(bobS5067),Package Code(PKG10000237),Beneficiary Code(81710)**

1 message

**Bipin Kumar Singh** <BIPIN.SINGH@bankofbaroda.com>  
To: "idcallahabad.corporate@gmail.com" <idcallahabad.corporate@gmail.com>

Sun, Nov 28, 2021 at 9:57 AM

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**From:** Mediwheel <santosh@policywheel.com>  
**Sent:** Thursday, November 25, 2021 10:50:07 AM  
**To:** Bipin Kumar Singh <BIPIN.SINGH@bankofbaroda.com>  
**Cc:** Mediwheel CC <customercare@mediwheel.in>; Mediwheel CC <mediwheelwellness@gmail.com>  
**Subject:** Health Check up Booking Request(bobS5067),Package Code(PKG10000237),Beneficiary Code(81710)

**\*\*सावधान:** यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.

**\*\*CAUTION:** THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW THE SENDER.



**Mediwheel**  
...Your wellness partner



**011-41195959**

**Email:wellness@mediwheel.in**

Dear Mitu,

Thanks for booking Health Checkup and we have required following document for confirmation of booking health checkup.

1. HRM Letter
2. Bank of Baroda Employee ID
3. Your photo ID

Please note following instruction for HRM letter.

1. For generating permission letter for cashless health check-up in the HR Connect, the path to be followed is given below:

- a) Employee Self Service-> Reimbursement-> Reimbursement application ->Add New value ->Reimbursement Type: Mandatory Health Check-up – Click Add
- b) Select Financial Year 2021-22, Self or Spouse, Claim Type - Cashless and Submit
- c) After submission, click print button to generate 'Permission Letter'

**Booking Date** : 25-11-2021  
**Health Check up Name** : Bob Full Body Health Checkup Female Above 40  
**Health Check Code** : PKG10000237  
**Name of** : Chandan Healthcare LimitedAllahabad

**Diagnostic/Hospital****Address of Diagnostic/Hospital-** : 55/23/1 Kamla Nehru Road, Old Katra**Appointment Date** : 28-11-2021**Preferred Time** : 09:00:AM

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
Mitu	42	Female	Cashless
Total amount to be paid			Cashless

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

**Package Name** : Bob Full Body Health Checkup Female Above 40 - Includes (41) Tests

Ecg, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, Gynec Consultation, Blood Sugar Postprandial, Dental Consultation, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Pap Smear, Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Mammography, Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Tests included in this Package : Consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4, Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total & Direct and Indirect, Albumin, Globulin

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**bob**  
World  
आज़ादी का  
अमृत महोत्सव  
Azadi Ka  
Amrit Mahotsav

अस्वीकरण: \*\*\*\*\*

\*\*\*\*\* यह ईमेल (किसी भी संलग्नक सहित) केवल अपेक्षित प्राप्तकर्ता/ओं के उपयोग के लिए है और इसमें ऐसी सामग्री हो सकती है जो कंपनी की गोपनीय और निजी सूचना हो. दूसरों द्वारा इसमें कोई भी संशोधन या इसे आधार बनाना या इस संदेश की किसी भी या सभी सामग्री को कॉपी करना या वितरित करना या अग्रहित करना पूरी तरह से वर्जित है. यदि आप अपेक्षित प्राप्तकर्ता नहीं हैं, तो कृपया ईमेल द्वारा संबंधित प्रेषक से संपर्क करें और सभी प्रतियां हटा दें. इस संबंध में आपका सहयोग वांछनीय है. \*\*\*\*\*

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Government of India  
ಭಾರತ ಸರ್ಕಾರ  
Government of India



ಮಿಟು ಸಿಂಗ್  
Mitu Singh  
ಜನ್ಮ ದಿನಾಂಕ/ DOB: 05/07/1979  
ಸ್ತ್ರೀ / FEMALE



8908 3359 8395

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To,

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

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	MITU SINGH
DATE OF BIRTH	05-07-1979
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	21-11-2021
BOOKING REFERENCE NO.	21D170054100006830S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. SINGH BIPIN KUMAR
EMPLOYEE EC NO.	170054
EMPLOYEE DESIGNATION	RISK MANAGEMENT
EMPLOYEE PLACE OF WORK	PRAYAGRAJ,RO PRAYAGRAJ
EMPLOYEE BIRTHDATE	05-12-1982

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 **20-11-2021** till **31-03-2022**.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))