



anurag sri &lt;anurag.idc@gmail.com&gt;

**Health Check up Booking Confirmed Request(bobS45197),Package Code-PKG10000239, Beneficiary Code-59541**

1 message

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

Fri, Aug 25, 2023 at 11:08 PM



**Mediwheel**  
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Hi **Chandan Healthcare Limited,**

Diagnostic/Hospital Location : **Indradeep Complex, Sanjay Gandhi Puram, City: Lucknow**

We have received the confirmation for the following booking .

**Beneficiary Name** : PKG10000239

**Beneficiary Name** : Achal

**Member Age** : 34

**Member Gender** : Female

**Member Relation** : Spouse

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

**Location** : JAGATPUR, Uttar Pradesh-229402

**Contact Details** : 83829 37303

**Booking Date** : 25-08-2023

**Appointment Date** : 27-08-2023

**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

We request you to facilitate the employee on priority.



27/8/23  
PC-2612

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भारत सरकार

13:46



अंचल

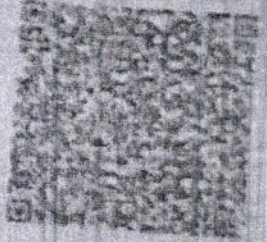
Anchal

जन्म तिथि/ DOB: 13/08/1989

महिला / FEMALE

7626 6469 1014

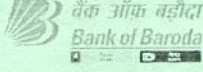
Anchal.



मेरा आधार, मेरी पहचान

Forwarded

Forwarded



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	ANCHAL CHAURASIA
DATE OF BIRTH	13-08-1989
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	27-08-2023
BOOKING REFERENCE NO.	23S106099100067802S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. CHAURASIA NITIN
EMPLOYEE EC NO.	106099
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	MADHUPURI
EMPLOYEE BIRTHDATE	08-04-1985

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 **25-08-2023** 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))

